

Discourses on Psychological Well-Being and Mental Health of Forced Internally Displaced Persons

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Abstract

The number of internally displaced persons (IDPs) has risen at an unprecedented rate in recent years, resulting in profound psychological, social, and economic consequences for affected populations. This study provides a comprehensive exploration of the unique challenges and needs experienced by IDPs, synthesising existing literature to offer critical insights for researchers, practitioners, and policymakers striving to improve the mental health and psychosocial well-being of forcibly displaced persons. Employing a qualitative discourse analysis (DA) approach, the study critically examines how psychosocial vulnerabilities among IDPs are constructed, represented, and contested within academic, policy, and humanitarian narratives. It draws upon a range of discourses, including national and international policy documents (e.g., reports from UNHCR, IOM, the Tanzanian government, and humanitarian NGOs), academic literature (peer-reviewed journals and scholarly reports), and public communications (news articles, advocacy texts, and press releases). The analysis centres on key themes such as psychosocial well-being, post-traumatic stress disorder, and the multifaceted challenges and potential opportunities arising from forced displacement. Findings reveal that forced displacement generates both immediate and long-term adverse effects on the mental health and well-being of displaced persons and host communities. Women, children, and other highly vulnerable groups are disproportionately affected by the loss of livelihoods, protective services, social networks, and shelter, factors that intensify psychosocial distress. The study advocates for the integration of mental health and psychosocial support into relocation and displacement planning, emphasising the need to restore dignity, resilience, and hope among displaced populations.

Keywords: Forced Relocation; Internally Displaced Persons; Psychosocial Well-Being; Mental Health; Vulnerable Groups.

Introduction

In recent years, the number of forcibly and internally displaced persons has increased at an unprecedented rate, creating immense hardships and exposing affected populations to a wide range of risks and vulnerabilities (Muguruza et al., 2017; UNHCR, 2021). In many developing countries, a significant proportion of people are displaced to accommodate large-scale development projects in inhabited areas, thereby threatening their safety and well-being (Vanclay, 2017; Eray et al., 2020). Additional drivers of displacement include war, violence, climate change, and social or political conflict (UNHCR, 2021).

Forced displacement entails numerous losses that can severely impact individuals' lives and psychological well-being (Eiroa-Orosa, 2020). These include the loss of home, separation from family and social networks, disconnection from familiar environments and resources, disruption of traditional ways of life, deterioration of living standards, increased poverty, and limited access to livelihoods (UNHCR, 2021). Such disruptions often result in psychological distress and social instability. Moreover, these vulnerabilities can emerge at various stages of displacement—before, during, and after migration—as a result of cumulative events and environmental stressors (IOM, 2024). The extent of psychological damage often depends on the cause of displacement, the level of trauma experienced, and whether adequate compensation, support, and resettlement opportunities are provided. Evidence shows that forced displacement can lead to both immediate and long-term mental health consequences, significantly affecting the psychosocial well-being of displaced individuals (Inter-Agency Standing Committee, 2007; Tol et al., 2022).

Addressing the psychosocial well-being of individuals who have been forcibly internally displaced is critical, particularly in light of the rising trends in global migration and internal displacement. As of 2023, approximately 117.3 million people were forcibly displaced worldwide, which increased to around 120 million by the first quarter of 2024 (UNHCR, 2024; IOM, 2024). According to the 2024 Global Migration Report, 75.9 million of these persons are internally displaced persons (IDPs), primarily due to violent conflict, human rights violations, development-induced displacement, and sociopolitical instability (UNHCR, 2022; IOM, 2024).

The sub-Saharan Africa in 2023 was hosting nearly half of the world's 75.9 million internally displaced persons (IDPs), driven by conflict, political instability, and increasingly by climate-related disasters (IDMC, 2024). This crisis has precipitated a severe mental health burden: studies report PTSD prevalence among IDPs ranging from 12.3% in Sudan to over 85% in Nigeria, with depression and anxiety also alarmingly widespread (Gebreyesus et al, 2024; Sousa et al., 2024). Children, particularly in displacement hotspots, are disproportionately affected, yet access to mental health services remains critically inadequate (UNICEF, 2024). Socioeconomic stressors such as poverty and conflicts exacerbate psychological distress (World Bank, 2024). However, the continent faces a shortage of integrated health services, trained community-based mental health workers, economic support, and stronger policy frameworks.

The population of internally displaced persons (IDPs) in Tanzania has steadily increased due to multiple overlapping factors, including climate change, development-induced displacement, wildlife conservation efforts, and sociopolitical disruptions. As of 2021, the number of IDPs exceeded 47,000 (UNHCR, 2022). These displacements render affected populations increasingly vulnerable, often stripping them of access to essential services, protection, and socioeconomic stability.

Forced displacement exposes the affected population to a range of psychosocial stressors across three stages: pre-displacement, displacement, and post-displacement. These stages require individuals to adapt to unfamiliar and often hostile environments (Bäärnhielm, Johansson, & Hollander, 2020). When these stressors interact with broader socioeconomic determinants of

health, such as poverty, lack of access to healthcare, and social marginalisation, they significantly elevate the risk of mental health disorders (Gebreyesus et al, 2024).

According to the Guiding Principles on Internal Displacement (1998), IDPs are persons or groups compelled to flee their homes due to armed conflict, generalised violence, human rights violations, natural or human-made disasters, who remain within their country's borders. While the Principles primarily emphasise conflict-related displacement, non-conflict drivers, such as development projects, environmental degradation, and conservation programmes, play a substantial role in Tanzania's internal displacement patterns (Mteki et al., 2018; IDMC, 2023, 2024).

The cumulative effect of forced displacement is a growing public health concern, particularly regarding mental health and psychosocial well-being. Displacement often results in the loss of homes, livelihoods, social support networks, and community belonging, all of which are critical determinants of mental health (Eray et al., 2020). Unlike refugees, internally displaced persons (IDPs) do not cross international borders and thus receive less international legal protection and humanitarian assistance. Their status often renders them invisible in national policy frameworks and humanitarian responses (Abidde, 2021; IOM, 2024).

Marginalisation of people exacerbates the psychological burden faced by IDPs, including heightened risks of depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health disorders (Burke, 2024). IDPs are also disproportionately exposed to further vulnerabilities such as physical violence, sexual exploitation, food insecurity, inadequate shelter, and limited access to healthcare (Yaker & Ertürk, 2020; UNHCR, 2022; IDMC, 2024). Combining these stressors with prolonged displacement and uncertain futures can profoundly destabilise the psychosocial functioning and resilience (Burns, 2016; Silove et al., 2017).

Scholarly investigations into the condition of IDPs in Tanzania and globally have adopted diverse lenses, exploring themes of psychosocial well-being, trauma, coping strategies, livelihoods, and social reintegration (Eray et al., 2020; IOM, 2021; IDMC, 2023). This article contributes to these ongoing conversations by critically examining the discourses on the psychosocial vulnerabilities of internally displaced persons in Tanzania, particularly the intersection of displacement and mental health.

Methodology

This study adopts a qualitative discourse analysis (DA) approach to critically examine how psychosocial vulnerabilities among internally displaced persons (IDPs) are constructed, represented, and contested in academic, policy, and humanitarian narratives. Discourse analysis provides tools to interrogate not only what is said about IDPs but also how such representations influence social perceptions, mental health interventions, and policy responses. The discourse analysis is adopted in internal displacement as a discursive construct shaped by media, institutions, and expert knowledge. Psychosocial vulnerability is deeply embedded in normative discourses about trauma, resilience, and humanitarianism. This study examines the discursive formation of vulnerability, exploring how language reflects and reinforces power relations, institutional priorities, and societal attitudes towards IDPs.

This study mainly focuses on three interrelated domains: the first is policy discourses based on national and international policy documents, including reports from UNHCR, IOM, the

Tanzanian government, and humanitarian NGOs. The second is academic discourses based on peer-reviewed journal articles and scholarly reports discussing IDPs, psychosocial well-being, and displacement internationally and in Tanzania and similar contexts. This is based on news articles, NGO advocacy texts, press releases, and speeches that portray the experiences and needs of IDPs.

Data sources and selection criteria were selected purposively to capture a diverse range of significant discourses. Inclusion criteria were those published between 1995 and 2025 to capture both historical and current discourses. The study focused on IDPs in Tanzania and comparable sub-Saharan African contexts and internationally. Explicit engagement with mental health, psychosocial well-being, or vulnerability in displacement contexts was the primary area of analysis.

Data sources were obtained from institutional websites (UNHCR, IOM, WHO, UNICEF) and academic databases (Google Scholar, JSTOR, Scopus). Local and international data outlets, NGO repositories, and civil society publications were utilised. The analysis drew on principles from Critical Discourse Analysis (CDA), particularly the frameworks of Fairclough (1992) and Wodak & Meyer (2016), to explore the lexical choices and metaphors used to describe IDPs and their vulnerabilities, framing strategies around trauma, resilience, and humanitarian responsibility, discursive silences, to find what is omitted or underemphasised in dominant narratives. Intertextuality was analysed focusing on how discourses borrow from or contradict each other across domains (i.e., how academic discourse influences policy).

Thematic coding and critical reading were employed to identify recurring discursive patterns, narrative tropes, and power asymmetries embedded in the texts. The study relied on publicly available texts and documents; it did not involve human participants and thus did not require formal ethical clearance. Ethical sensitivity was applied in representing marginalised voices, avoiding misinterpretation, and acknowledging the researcher's positionality. However, this methodology has some limitations since it does not capture firsthand experiences of IDPs, focusing instead on their representations. The interpretation of discourse is inherently subjective, though triangulation across different domains aims to enhance credibility.

Psychological well-being and forced displacement

Burns (2016) defines psychological well-being (PWB) as a dynamic interaction between internal and external factors, characterised by one's ability to function positively within oneself and with others. This includes a sense of personal growth and mastery. In positive psychology, two distinct perspectives on well-being have emerged: the *hedonic* and the *eudaimonic*. The hedonic perspective focuses on subjective well-being, emphasising happiness, life satisfaction, and positive emotions (Eiroa-Orosa, 2020). In contrast, the eudaimonic view sees well-being as a process of realising one's potential and engaging in meaningful life activities, underscoring development and self-actualization over immediate pleasure (Disabato et al., 2016). Despite the prominence of these frameworks, there remains a dearth of comprehensive academic exploration into the psychosocial well-being and quality of life of internally displaced persons (IDPs), particularly in sub-Saharan Africa.

Ryff (2013) proposed a multidimensional model of psychological well-being that includes six key components: self-acceptance, positive relations, autonomy, environmental mastery,

personal growth, and purpose in life. These elements highlight the capacity of individuals to manage their lives, build supportive relationships, adapt to environmental changes, and find meaning, even amid adversity (Gómez-López et al., 2019). Ryff further argues that autonomy and self-determination serve as “health assets,” particularly for displaced populations navigating unfamiliar and often hostile environments. Enhanced psychological well-being has been shown to foster personal productivity and resilience. Yet, there is limited empirical understanding of how forcibly displaced individuals maintain or regain such well-being in disrupted contexts.

The diversity of definitions for psychological and psychosocial well-being reflects the concept’s complexity. As a result, most scholars advocate for a multidimensional framework encompassing emotional, physical, social, economic, and communal dimensions of well-being (Keyes, 2000). Such holistic approaches recognise that well-being is shaped not only by individual experiences but also by broader structural and environmental factors (Eiroa-Orosa, 2020). According to WHO (2004), psychosocial well-being is the capacity to realise potential, manage life stressors, and contribute meaningfully to community and family life. However, displacement interrupts this equilibrium, exposing individuals to environments that can severely undermine their mental health and psychosocial resilience (WHO, 2004).

Mental health challenges among forcibly displaced populations

The American Psychological Association defines mental health as a state of emotional and behavioural stability, characterised by the ability to manage everyday stress, maintain constructive relationships, and function effectively. These capacities are often compromised in forcibly displaced populations. Empirical studies consistently demonstrate that IDPs, refugees, and asylum seekers face heightened psychological risks stemming from pre-displacement trauma, the displacement journey, and post-displacement uncertainties (UNHCR, 2021; Cogo et al., 2022). Mental disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) are significantly more prevalent among displaced populations than in host or general populations, shaped by cumulative exposure to violence, instability, and loss (Song & Teichholtz, 2019; Eray et al., 2020).

Stanley (2004) outlines the multifaceted adversities caused by displacement, including landlessness, job loss, homelessness, social marginalisation, and food insecurity. These issues are compounded by deteriorating health outcomes and weakened communal structures (Barbora et al., 2020; Zoe & Kaplan, 2023). Cumulative trauma, especially in contexts of poverty and family separation, further exacerbates psychological vulnerability (Cernea (1990) describes this process as "impoverishment," a gradual decline in well-being and agency as individuals attempt to rebuild their lives after displacement.

Oginyi et al. (2017) in Kenya show that, IDPs often suffer from low self-esteem and cognitive impairments, increasing their susceptibility to emotional and physical distress. These problems are intensified when displaced persons are denied essential resources, including social support and access to mental health care. Without psychosocial interventions, many IDPs face prolonged suffering, often untreated (Onyut et al., 2009; Oginyi et al., 2017).

Displaced persons also face intersecting risks such as poverty, lack of shelter, social exclusion, and gender-based violence, during all phases of their journey: pre-displacement, transit, and

post-settlement (IOM, 2021). Children, in particular, face higher risks, including nutritional deficits, loss of education, abuse, and exploitation (Guterres, 2008; Biglam, 2013; UNHCR, 2021). These conditions profoundly impact psychosocial functioning and long-term developmental outcomes.

Studies, further indicate that displacement influences both displaced populations and host communities, often straining social cohesion. Displacement can undermine trust, increase resentment, and foster identity-based exclusion (Tumen, 2022). According to the World Bank (2022), social cohesion depends on trust, shared values, and cooperation within and between communities. Displacement can erode these foundations or, paradoxically, stimulate collective responses that promote civic solidarity (Betts et al., 2022; Phuong et al., 2022; Barbora et al., 2022).

Charnley (1997), studying environmental displacement in Tanzania's Usangu Plains, observed that both displaced populations and host communities face long-term consequences, including resource competition, ecological degradation, and social tension. Influxes of displaced persons have been linked to increased conflicts, particularly when displacement is poorly managed. Another study in Tanzania by Blocker and Kileli (2020) and Mteki et al. (2019) found that development-induced displacement (e.g., infrastructure projects) often exacerbates social inequality, with a small elite benefitting while larger populations suffer psychological distress, economic hardship, and marginalisation (Mkanga, 2010). Host communities may also feel burdened, leading to intergroup friction and deterioration of well-being (IOM, 2024).

Integration challenges arise when neither the displaced nor the host populations are willing or able to adapt. Without inclusive planning and adequate support, these adjustments can undermine social relations and mental health (Blocker & Leyani, 2020). For example, following Kenya's 2007 election violence, IDPs lacking social and institutional support experienced significant psychological and health challenges (Kalyegira, 2022).

Displacement compounds vulnerabilities: it disrupts livelihoods, reduces access to essential services, and erodes social bonds. These conditions, such as poverty, food insecurity, violence, and lack of access to health care and education, intensify psychological distress and the likelihood of developing mental disorders (Song & Teichholtz, 2019; Bapolisi et al., 2020; Cogo et al., 2022). Unsafe living conditions can further expose IDPs to physical assault, trafficking, and sexual and gender-based violence (Rabinson, 2003). The collapse of community networks and familial ties due to displacement creates profound psychosocial fragmentation (Wilker et al., 2020).

Despite the severe consequences of displacement, IDPs lack a dedicated legal status under international law. Unlike refugees, they receive less protection and recognition, limiting the scope and effectiveness of mental health and psychosocial support (Robinson, 2003; Mandishekwa, 2022). Development-induced IDPs are particularly neglected, despite enduring comparable or greater adversity than conflict-affected populations. The absence of a legal framework perpetuates their marginalisation within national and international aid systems (Mandishekwa, 2022).

The impact of forced Displacement on the well-being of internally displaced persons

Psychosocial Impacts of Forced Displacement

Psychological research on refugee and internally displaced populations indicates that forced displacement, particularly when it occurs without a comprehensive resettlement plan, generates significant psychosocial risks and vulnerabilities, affecting both displaced individuals and host communities. The adverse consequences of such displacement often include physical and sexual abuse, inadequate housing, exploitation, financial hardship, discrimination, and perceived injustice (Wells et al., 2016). The psychological toll of displacement is exacerbated by the simultaneous experience of uprooting, identity disruption, loss of social roles, and diminished social support. These stressors often manifest in distress symptoms, which may emerge shortly after displacement or persist for years. Common outcomes include increased family conflict, interpersonal dysfunction, hopelessness, and broader societal mental health challenges (Madoro et al., 2020; Mandishekwa, 2022).

In Tanzania, as in many sub-Saharan African countries, access to psychological care for internally displaced persons (IDPs) remains limited due to a scarcity of mental health professionals and the marginal prioritisation of mental health in public policy. Displaced persons may encounter further barriers to care, such as financial limitations, cultural stigma, inadequate resources in host communities, and a lack of culturally sensitive approaches, all of which can compound feelings of alienation and marginalisation (Madoro et al., 2020).

Forced Displacement, Livelihoods, and Well-Being

Development theories suggest that development-induced displacement can, in theory, improve lives by enhancing livelihoods through asset accumulation, social inclusion, and empowerment (Mandishekwa, 2022). However, in practice, many such initiatives necessitate the removal of individuals from ancestral lands and established communities, resulting in the loss of tangible and intangible resources. This often leads to emotional distress, particularly when resettlement planning, compensation, or integration into new areas is inadequate (Cernea, 2008; Ione, 2014; Randell, 2016). The disruptions of social, economic, and cultural networks compromise the maintenance of livelihoods. Mandishekwa (2022) notes that forced relocation "decapitalises" affected persons, stripping them of assets and increasing their vulnerability. This underscores the paradox of development-induced displacement: while ostensibly intended to foster socioeconomic progress, it frequently undermines the well-being of already marginalised populations.

Rao and Chandrakala (2022), reporting on internal displacement in India, highlight that forcibly displaced persons often lose critical life components such as homes, productive assets, community ties, cultural practices, and environmental familiarity, leading to social fragmentation and exclusion. These dynamics disproportionately affect vulnerable groups such as women, children, the elderly, and the extremely poor, who are rarely afforded adequate compensation or meaningful relocation support (Ekanayake et al., 2023). Consequently, displacement can entrench poverty, exacerbate vulnerability, and create a cycle of marginalisation. Social or political exclusion in host communities further impairs the ability of displaced individuals to rebuild livelihoods, contributing to chronic stress, anxiety, and mental health deterioration (Mandishekwa, 2022). Thus, the long-term constraints on livelihoods associated with displacement are directly linked to psychological consequences, including the onset of post-traumatic stress disorder (PTSD).

Post-Traumatic Stress Disorder Among the Forcibly Displaced

Post-traumatic stress disorder (PTSD) is a severe anxiety condition triggered by exposure to traumatic events involving actual or threatened death, serious injury, or loss (DSM-V, 2013). Symptoms typically include intrusive re-experiencing, avoidance behaviours, hyperarousal, and functional impairments. Forcibly displaced individuals are particularly susceptible to PTSD due to their exposure to multiple and often cumulative traumatic events (Bains, 2018; Bapolisi et al., 2020).

PTSD is among the most prevalent psychological conditions among displaced populations, often co-occurring with generalised anxiety disorder, major depressive disorder, and substance use disorders (Schaal et al., 2011; Lindert et al., 2009). Despite the high incidence of such conditions, humanitarian responses have frequently prioritised physical resettlement and economic needs over psychosocial and mental health support. While forced relocation may offer immediate relief from traumatic environments or short-term material compensation, it does not constitute a sustainable solution and may even introduce new psychological burdens. These include the disruption of familial, educational, and occupational routines; loss of identity and social networks; and the destabilisation of familiar cultural and environmental settings (Umesi, 2021; Rao & Chandrakala, 2022).

Research suggests that displaced individuals face heightened risks of emotional disorders, particularly when reintegration into host communities is unsuccessful or when access to essential services remains constrained (Siriwardhana & Stewart, 2012; Yigzaw et al., 2019). Further compounding these challenges are factors such as poverty, unemployment, unsafe living conditions, and ongoing exposure to violence, which disproportionately affect displaced persons and intensify their vulnerability to chronic psychological distress (Madoro et al., 2020; Cogo et al., 2022).

A longitudinal study by Monsalve et al. (2021) in Colombia found that PTSD symptoms persisted 6–18 years after displacement, especially in contexts marked by ongoing threats, lack of protection, trafficking, and sexual exploitation. The displaced persons reported high levels of fear, anxiety, insomnia, sadness, and psychosomatic symptoms compared to non-displaced populations (Eray et al., 2020; Ekanayake et al., 2023).

Some studies found that former IDPs residing in stable environments may experience similar psychological symptoms to current IDPs, indicating the enduring nature of trauma even after relocation (Muguruza et al., 2017). This finding calls for comprehensive psychosocial interventions, including community-building activities such as art, sports, and social clubs, to promote resilience and long-term recovery.

Psychosocial well-being of forcibly displaced persons

While displacement may provide immediate relief from traumatic circumstances, it often introduces new challenges related to disruptions in home life, education, employment, social integration, and community cohesion (Siriwardhana & Stewart, 2012). These disruptions can have long-lasting psychological effects. Internally displaced persons (IDPs), whether displaced by development projects, environmental changes, or violent conflicts, often face heightened risks of mental health disorders (Yigzaw et al., 2019).

A longitudinal study by Mteki et al. (2019) in Tanzania assessed the adaptive capacity of communities affected by development-induced displacement (DID). Findings revealed that

although some IDPs initially utilised their new plots for agricultural purposes and gradually resumed small-scale trading, their economic recovery was hindered by inadequate infrastructure, insufficient support, and unfamiliar contexts. The mismatch between former livelihoods and the new environment exacerbated distress, leading to heightened levels of stress and impoverishment.

Maghembe-Mushi (2018), in a case study of urban Tanzania, critiques the exclusion of impoverished populations from resettlement and development processes, despite state claims of inclusive governance. Her findings elucidate that the expansion of Dar es Salaam's airport led to mass relocations that were poorly planned and executed. Affected populations experienced deepening poverty and lived in substandard conditions due to a lack of institutional support. Women and children, in particular, were rendered vulnerable to anxiety, stress, and despair (Mteki et al., 2019; Ekanayake et al., 2023).

The consequences of forced displacement for women and children

Forced displacement disproportionately affects vulnerable populations, especially women, children, and the elderly, who face distinct challenges due to their social roles and specific needs (UNHCR, 2021). Displacement exacerbates risks such as child marriage, early pregnancy, child mortality, and gender-based violence (UNHCR, 2021; Ekanayake et al., 2023). These issues are further compounded by gender and age dynamics yet are frequently overlooked in policy and practice. A nuanced understanding of how these vulnerabilities intersect is essential for developing effective protection strategies.

Evidence from migration studies shows that displacement often disrupts education, particularly for children. Financial constraints, institutional barriers, or lack of documentation may prevent children from re-enrolling in school, increasing their vulnerability to exploitation and long-term academic disengagement (UNHCR, 2021; UNICEF, 2016). Psychological research has linked such disruptions to heightened levels of stress, anxiety, and child exploitation, with long-term consequences for physical health, mental development, and socio-economic outcomes (Getanda et al., 2015; Ekanayake et al., 2023; UNICEF & WHO, 2023).

Poor maternal mental health has also been identified as a critical factor affecting children's well-being during displacement. Mental illness can impair a mother's ability to provide adequate care, monitor developmental milestones, and make sound decisions (Zuckerman et al., 2018; Song & Teichholtz, 2019). For instance, maternal depression may diminish a mother's capacity to emotionally support and safeguard her children, potentially leading to developmental setbacks (Keller et al., 2019). As a result, displaced children often face severe anxiety with lasting implications for their emotional, physical, and psychological growth (UNICEF, 2016).

In African contexts, forced displacement often undermines educational attainment, quality of healthcare, and child development, especially among girls, who face heightened risks of child labour and abuse (UNICEF & WHO, 2023). Despite these realities, research on the psychosocial impacts of displacement on women and children, particularly regarding mental health and well-being remains limited.

Forced displacement and relocation: Challenges and opportunities

Although much of the literature emphasises the negative consequences of displacement, Sorensen (2001), adopting an anthropological lens, highlights that forced internal displacement may also present opportunities. These include increased income stability, community reintegration, skill acquisition, and the potential to redefine one's social identity. Sorensen argues that, while IDPs face profound challenges, they also possess agency and the capacity to adapt, contribute to host communities, and ultimately thrive.

Ruiz and Vargas-Silva (2017), in their study of the economic dimensions of internal displacement in African contexts, noted that while migration can yield economic benefits for some, it often places strain on host communities. Similarly, Zimmermann (2017) emphasises the environmental degradation, labour competition, and social tensions that may arise from sudden population influxes. The perception of "winners" and "losers" among local and migrant populations further complicates social cohesion and resource distribution.

The European Union (2023) acknowledges the risks migrants face, including dangerous journeys, exploitation, and limited access to basic services. Nevertheless, the EU also highlights the economic and cultural benefits that legal migrants bring. Migrants may address labour shortages, establish businesses, and contribute to cultural diversity. Remittances sent home support poverty reduction and skill transfer, enhancing development in origin countries.

In Tanzania, John et al. (2019) documented the forced relocation of residents from the flood-prone Msimbazi River Basin in Dar es Salaam to Mabwepande following severe floods in 2011. Though the move promised flood protection and secure land tenure, relocated residents experienced diminished economic opportunities, poor infrastructure, and increased poverty. Despite these adversities, little attention has been given to the psychological impact of relocation or the implementation of mental health interventions.

Kevin and DeJesus (2018) emphasise the complexity of forced displacement in Africa, identifying armed conflict, economic instability, and political oppression as primary drivers. Their study recognises the wide-ranging social and economic repercussions of displacement, including disrupted education, reduced healthcare access, and resource constraints. The authors advocate for a comprehensive, multidisciplinary approach to managing displacement by combining international collaboration with localised interventions that centre on the lived experiences of refugees and IDPs.

Most studies in Tanzania and East Africa focus on the socio-economic impacts of internal displacement, with limited attention to the psychosocial well-being of IDPs. Current interventions tend to prioritise legal, security, or humanitarian needs, while mental health and psychosocial support remain inadequately addressed.

Conclusion

Forced displacement arises from various causes and profoundly affects the physical, emotional, social, and psychological well-being of those impacted. Displaced populations endure numerous losses, including their homes, livelihoods, protection, social ties, cultural identity, and connection to ancestral lands. These experiences contribute to long-term mental health challenges that require comprehensive responses. Displacement is inherently multidimensional, intersecting with psychological, economic, sociocultural, and legal domains. Addressing these challenges necessitates an interdisciplinary approach emphasising trauma-

informed care, equitable compensation, community participation, and culturally sensitive practices. Prioritising mental health is essential, as it influences the resilience and recovery of both displaced populations and host communities (Ashworth et al., 2024). This study argues that humanitarian organisations and governments have a critical role in restoring dignity, resilience, and hope among displaced persons, as supported by findings from Bangpan, Lambert, and Dickson (2024). It calls for more interdisciplinary, evidence-based research focused on the psychosocial well-being of IDPs, and for the integration of mental health services into displacement response strategies.

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