The Mental Health of Refugees and Asylum Seekers

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Overview

- Discussion/
- Presentation of clinical scenario
- Migration and Mental Health
- PTSD

Case Presentation 1

- Ms Habiba – 30 year old, Sudanese
- Admitted to hospital following a suicide attempt at Marsa Open Centre, two weeks in malta
- "hopeless and helpless about current situation"
- "problem with the registration officer, triggering attempt".

Who are these people?

Definition of a Refugee

- 1951 UN convention relating to the status of refugees states that a refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group or political opinion, is outside the country of his nationality and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country”.

Definition of Asylum Seeker

- An individual who had left their country of origin and applied for refugee status and is awaiting a decision on their application.
- Fear and uncertainty.
- Asylum-seekers may describe themselves as refugees – this is what they hope to achieve.

Migration and mental health

- Relationship between migration and mental health is complex.
- Differences between different migrant groups in difference socio-cultural / national contexts.
- Migration in itself is highly variable.
- Migration is not a distinct, homogeneous incident, but includes a variety of processes, factors of influence and surrounding conditions, that have an impact on emotional well-being (Bhugra, Acta Psych Scand, 2005).

What does the research say?

- There is no clear evidence of higher prevalence rates of mental disorders in refugees at first resettlement

- But:

- PTSD rates 9-10 times higher

- After five years of resettlement rates of anxiety and depression also increase.

What does the research really say?

- Prevalence rates of depressive disorders range from 4 to 44%

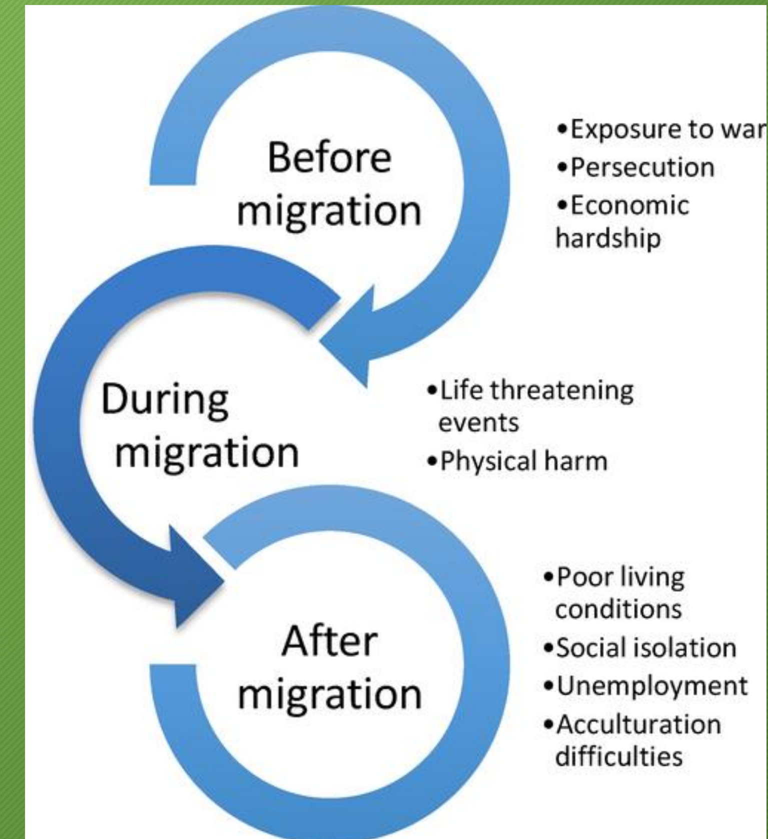
- Anxiety disorders rates range from 3 to 40%

- In long-term resettled (5 years) refugees

- Rates of depression range from 2.3 to 80 %
- PTSD rates from 4.4 to 86 %
- Anxiety disorder rates from 20.3–88 %

Challenging research

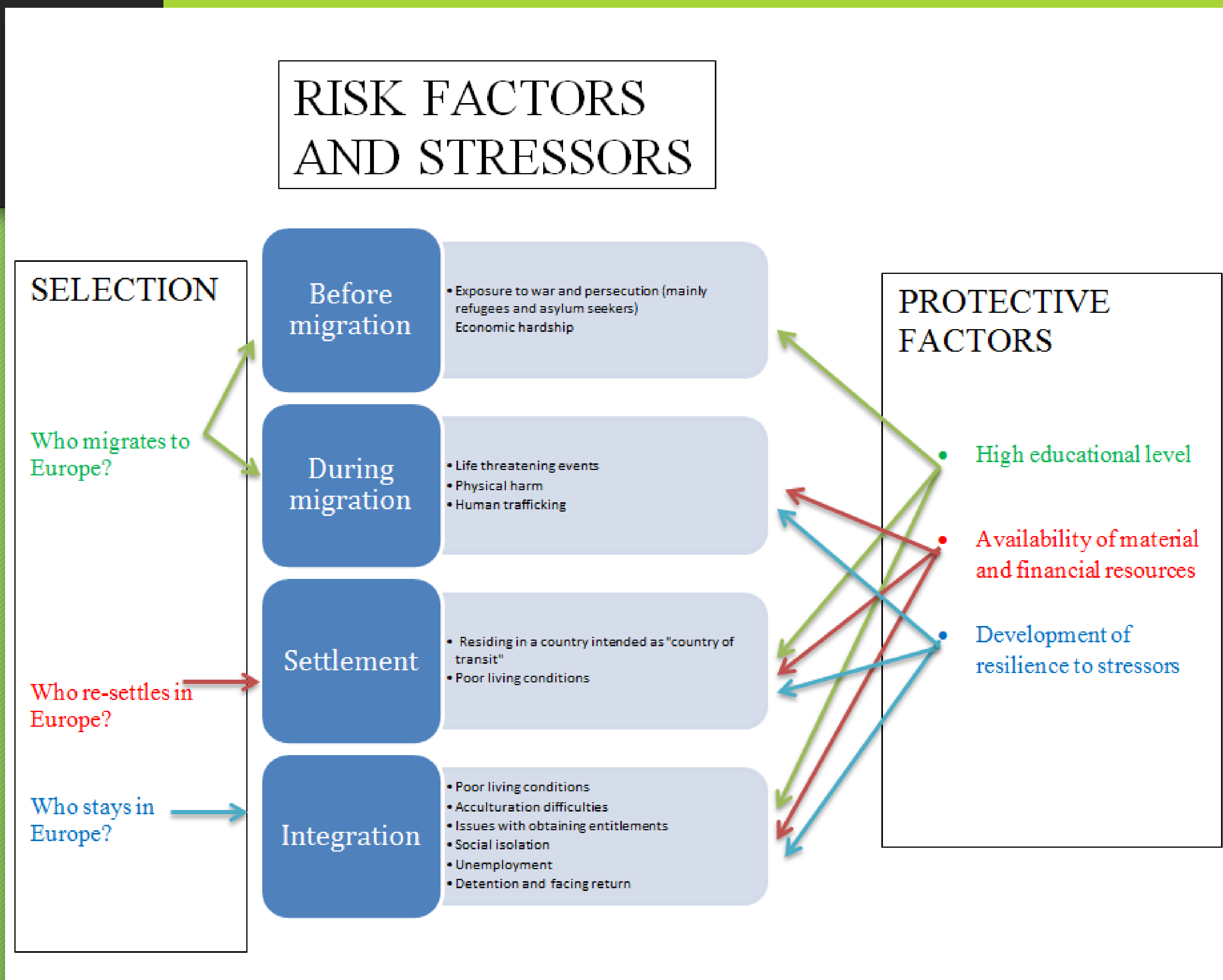
- What are the selection processes?
- What are the methodological challenges?
- Is there influence of new country context?
- What do we know about the risk factors?



Understanding pre-migration and post-migration adversity

- Pre-migration – Common Adversities: War, genocide, imprisonment, physical and sexual violence, witnessing violence to others, traumatic bereavement, starvation, homelessness, lack of healthcare.
- Process of Migration – in itself a risk factor – frequently leading to separation from family and communities.
- Post-Migration Discrimination, Detention, Dispersal, Destitution, Denial of the right to work, Denial of healthcare, Delayed decisions on asylum applications: Sensitive social policy can minimize risk factors for illnesses in asylum-seeker and refugee groups and is vital for preventative health strategy.

Think again: Migration Process

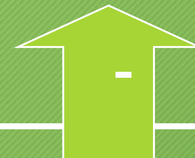


Case Presentation

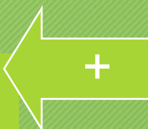
- Travelled from Sudan to Malta via Egypt, taking her whole family including her parents.
- Anger at hurt due to obstacles she faced along the way, which she believes cost her her fathers life.
- Strength and resilience

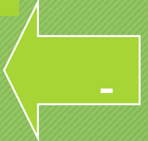
Acculturation - result of contact between two or more different cultures

Relation to home country



Relation to host country





Integration	Assimilation
Segregation	Marginalisation

Health disparities

- Reports from US (Institute of Medicine, 2002), UK (Dept of Health, 2003) and Europe (Lindert et al., 2008) indicate that immigrants and ethnic minorities are subject to disparities in mental health treatment, access to care and prognosis.
- Growing evidence indicates that these disparities are a function of immigration, cultural difference, and racial discrimination (Gregg and Saha, 2006).

Focus on: Mental illness following major trauma

- Acute Presentations
- Chronic Presentations
- Co-morbidity

- The relationship
- Fluid to fixed state

Acute stress disorder
Acute and Chronic PTSD
Adjustment disorders
Depression
Anxiety
Phobias
Dissociative disorders
Alcohol and substance misuse disorders
Psychotic and Pseudo psychotic presentations

Case Presentation 2

- Ibrahim 40 year old man from Gambia
- Presented with severe insomnia and anxiety.
- Admitted to hospital.
- Had been in Malta for years, married with children. Significant stressors, triggering symptoms.

PTSD symptoms

- Re-Experiencing Phenomena
- Hyperarousal Phenomena / Numbing
- Avoidance Phenomena
- Negative Cognitive Change

Co-Morbidity

- **Depressive illness 50-75%**
- Anxiety disorder 20 -40%
- Phobias 15 - 30%
- Panic disorder 5 -37%
- **alcohol abuse / dependence 6 - 55%**
- drug / abuse / dependence 25%
- Divorce
- Unemployment
- Road Traffic Accidents
- Suicide

Treatment

- Difficult: complex presentations, social issues
- Cultural and Stigma barriers
- Language
- Engagement issues

- Understanding of concepts of Trauma Focussed treatment interventions (TF-CBT* & EMDR*) and other interventions.

How?

Helping social integration

- Language courses
- Vocational programmes
- Volunteer “neighbours”
- Coaching by peer refugees

How?

Overcoming barriers to care and fostering engagement

- Interpreters and social mediators possibly with the help of IT
- Integration of physical and mental health care
- Cultural competence (i.e. being nice to people and listening with some attention)
- Providing information

How?

Providing and adapting evidence based interventions

- Evidence base: generic or group-specific?
- Adapting to different groups and contexts
- Consideration of timelines

And more importantly: being aware of the risk factors at different points

Case Presentation

- Journey of Ibrahim

Victims of Trauma

- Primary Victims - Refugees
- Secondary Victims – rescuers, uniformed services, first hand witnesses.
- Tertiary Victims – everyone watching
- Etc – all of us watching on TV.

Conclusion

- What we know on mental disorders in refugee/ asylum seekers is unlikely to increase substantially
- The main risk factors are related to the immigration status at different points
- Political decisions impact on risk of suicide and of mental disorders in these groups
- Will more research change the political will? – What is the way forward?