

Determinants of Mental Disorders and of risk of suicide in Asylum- seekers and Refugees

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Definitions matter

- Migrant
- Refugee
- Asylum seeker
- Irregular migrant (“or migrant in an irregular situation”)



Pink Floyd in Venice - hoax



The knowledge

- 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.

The knowledge

- At any point most frequent disorders are anxiety and depression, not PTSD
- Social isolation and unemployment are associated with increasing anxiety and depressive disorders

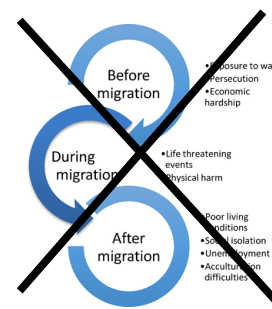
The knowledge, but...

- 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 %

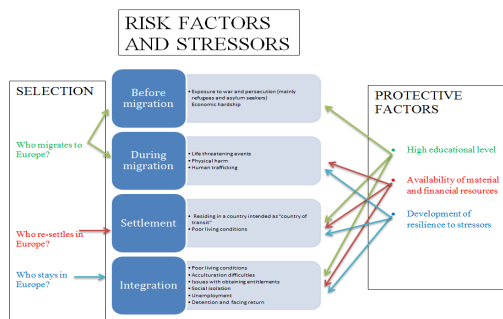
The knowledge, but...

- Selection processes?
- Methodological challenges?
- Influence of new country context?
- And risk factors....

Risk factors – traditional views



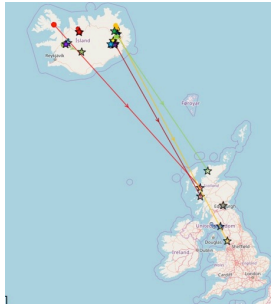
Risk factors – “newish” views



Before migration

- Individual risk factors
- Political risk factors
- Protective factors
- Clinically: Son of assassinated politician; Mother of refugee
- Public health: ???

During migration



During migration

- Transit countries
- Modern slavery



After migration

- Settlement (basic needs)
- Integration (employment, social acceptance, family in the host country)
- When refuge ends or is challenged (family in the home country)

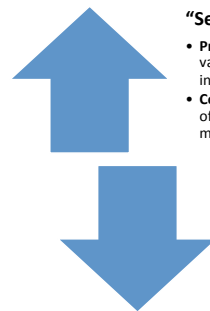
The knowledge

- There are many critical points in which risk factors can precipitate or even generate mental distress
- We only have some (not much) control on those which happen after migration (i.e. in our countries)

The will?



The will



“Settler” states

- **Pros:** Adhering to humanitarian values, benefits of new work and intellectual resources
- **Cons:** Likelihood of a higher amount of non- socially integrated and/or mentally ill refugees

“Restrictionist” states

- **Pros:** Immigration is balanced with resources
- **Cons:** Restriction policies will have direct human costs and indirect effects on other countries

The means

Helping social integration

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

The means

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

The means

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

Conclusions

- Knowledge on mental disorders rates 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?