Risk Factors for Suicide and Common Mental Health Problems among Refugees

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Research Evidence:

- Refugees and Asylum seekers have high rates of mental disorders
- Prevalence rates of suicide of up to 34% (Bhugra, Graig, Bhui, 2011)
- More suicidal asylum seekers in psychiatric wards in London than any other group (Bhui et al 2008)
- 20 suicide non-British prison deaths between 2007-8, 14 of them were asylum seekers (Borill & Taylor 2008)

Forced Migration Paradigm

Pre-migration experiences
Recurrent displacements
Experiences of Human Rights abuses
Exposure to traumatic life events

Post-migration Stressors
Reliving traumatic life events
Difficult acculturation experiences
Experiences of racism and discrimination
Other social problems in the host nation

Development of psychological problems among refugees



Experiences of Human Rights abuses found among asylum seekers (Warfa et al 2011)

- Detained in hot metal container
- Prolonged exposure to sun
- Covered in sugar water then exposed to insects
- Finger nail extraction
- Toenail extraction
- Forced to walk over nails
- Foreign objects inserted under nails
- Hair pulled out

- Stabbed with blade
- Stabbed with metal
- Stabbed with razor
- Stabbed with glass
- Stabbed with nails
- Burned with fire
- Burned with cigarette
- Acid burns

Torture Methods: Experiences of Sexual Torture

- Anal penetration with foreign objects
- Anal rape
- Attempted amputation of penis
- Cigarette burns to genitals
- Electrocution to genitals
- Forced to engage in sexual acts
- Forced to engage in bestiality acts

Torture Methods: Experiences of Sexual Torture

- Forced to witness rape of relatives
- Forced abortion
- Female genital mutilation
- Kicking or squeezing of male genitals
- Multiple rape
- Repeated rape
- Rape

Suicide ideation among refgees: Case Study

Muna came to the Netherlands as a refugee from Sudan. She is 28 years old. While in Sudan she was kidnapped and kept as a sex slave for several years. During an initial assessment, she revealed that she gets nightmares, flashbacks, tiredness and bad memories. She also complained that she has been feeling down most of the day for the past few weeks. In addition, she thought it was better for her to die but that her three children are keeping her alive.

She also mentioned that these problems have significantly disturbed her social activities to the extent where she hardly leaves her room. Muna also has three children, and although well fed, looked rough and were wearing not so clean clothes?

Key questions

• To what extent she poses risk to herself and her children?

Is she dangerous to herself and/or the children?

• How would you manage her safety and safety needs of the children?

Case Study: Somalia

- In terms of population, three main groups:
- Nomadic (or semi-nomadic_, the largest group before the war broke out, around 60%.
- Farmers, smallest group, mainly living around the two rivers in the Southern Somalia.
- City Dwellers, around 25% before the war.











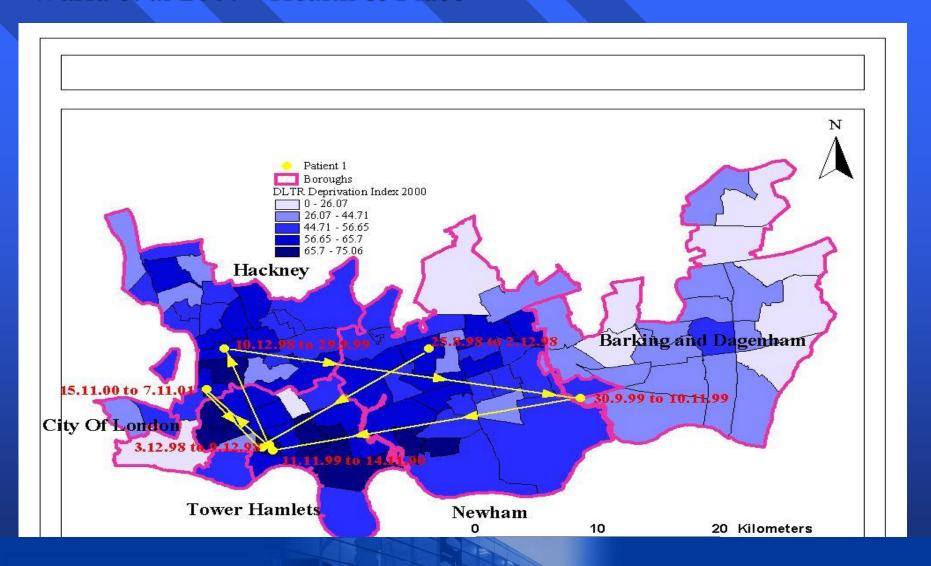








Warfa et al 2007 - Health & Place





Somali Study: Hypothesis

n Somali immigrants living in London (UK) and Minneapolis, Minnesota (USA) have similar demographic profiles and thus mental health problems.

Methods

Sample:

- n 189 interviews completed
- n Location: London (143) & Minneapolis (46)
- n Age Group: 18-65:
- n Male 99, Female 90:

Measures:

- n Demographic; Socio-economic and Discrimination
- n MINI International Neuro-Psychiatric
- n Social Support
- n CANSAS
- n Religion & Spirituality
- n Physical Health (SF12).



Validation of Research Instruments

- n 6 Qualitative focus groups help identify key words/terms
- n Forward translation by 2 independent Somali people
- n Consensus focus group between 2 forward translators + 2 other Somali professionals
- n Backward translation by 2 independent Somali translators
- n Reconcile original English and Somali Backward translated English version
- n Pilot whilst training, and doing reliability studies
- n Pilot in the first 18 people interviewed in the Survey
- n Validity Tests
- n FINAL SOMALI VERSION OF QUESTIONNAIRES



	De	mogra	phic	profi	les	by o	city
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Variables	London	Minneapolis	
Age:	% (n)	% (n)	P-value
18-25	27.3 (39)	17.4 (8)	0.4
26-35	40.6 (58)	45.7 (21)	
36-45	21.7 (31)	19.6 (9)	
46+	10.5 (15)	17.4 (8)	
Male	49.7 (71)	60.9 (28)	0.2
Female	50.3 (72)	39.1 (18)	
Married	50.3 (72)	60.9 (28)	0.4
N. Married	42.0 (60)	30.4 (14)	
Others	7.7 (11)	8.4 (4)	
Islam	97.9 (140)	97.8 (45)	0.2
Others	2.1 (3)	2.1 (1)	

Educational status by city

Labels London % (n) Minneapolis % (n) P-value

0.002

No education 33.6 (48) 58.7 (27) College/Higher Ed. 66.5 (95) 41.3 (19)

Qualifications: 0.3

No qualifications 51.7 (74) 60.9 (28)

Certificate/Diploma 48.3 (69) 39.1 (18)



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Employment status by city

Variables	London	Minneapoli	S
	% (n)	% (n)	P-value
Working	10.5 (15)	73.9 (34)	0.000
Not working	89.5 (128)	26.1 (12)	



Immigration characteristics by city I

Variables London % (n) Minneapolis % (n) P-value

Legal status: 0.009

Resolved 82.5 (118) 97.8 (45)

Pending 17.5 (25) 2.2 (1)

Reasons for leaving: 0.6

War 73.0 (103) 76.1 (35)

Other reasons 27.0 (38) 23.9 (11)



Experiences of Racism and Discrimination

Variables		N (%)
Physical attack:	No	173 (91.5)
	Yes	16 (8.5)
Number of attacks:	None	173 (91.5)
	1-2	5 (2.6)
	3+	11 (5.8)
Attack due to race:	No	7 (43.8)
	Yes	9 (56.3)
Insults due to race or	No	149 (78.8)
religion:	Yes	40 (21.2)
Number of insults:	None	148 (78.3)
	1-2	12 (6.3)
	3+	29 (15.3)



Experiences of Racism and Discrimination Variables

	Label	N (%)
Refused jobs due to discrimination:	No	121 (64.0)
	Yes	68 (36.0)
Refused jobs due to race or religion:	No Yes	158 83.6 31(16.4)
Refused promotion at work		
due to race or religion:	No	174 (92.2)
	Yes	15 (7.1)
n Similar experiences for both grou	ps.	



Prevalence of mental health problems I (ICD 10, DSMIV Classifications)

Diagnoses		% (N)
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Major Depression-current	21.7 (41)
Major Depression-recurrent	6.9 (13)
Major Depression-melancholia	8.5 (16)
Dysthymia	1.6 (3)
Level of suicide risk>0	5.8 (11)
Current Panic-no agoraphobia	7.9 (11)
Current panic and agoraphobia	7.9 (15)
Current agoraphobia and no panic	1.1 (2)



Prevalence of mental health problems II (ICD 10, DSMIV Classifications)

Diagnoses	% (N)
OCD	1.1 (2)
Substance dependency current	1.1 (2)
Substance abuse-current	0.5 (1)
Psychotic Disorder-current	0.5 (1)
Psychotic Disorder-lifetime	0.5 (1)
General Anxiety Disorder	3.2 (60
Post-traumatic Stress Disorder	11.6 (22)
All Mental Disorders	30.2 (57)



Prevalence of mental health problems by city

	tal mounting proc		
Diagnoses	London	Minneapolis	
	% (n)	% (n)	P-
value			
M. Depression-current	26.6 (38)	6.5 (3)	0.004
M. Depression-recurrent	9.12 (13)	-	0.034
Level of suicide risk>0	7.7 (11)	-	0.053
Agoraphobia and no panic	10.5 (15)	-	0.02
PTSD	14.0 (20)	4.3 (2)	0.1
All Mental Disorders	35.7 (51)	13 (6)	0.004

Stepped model adding key explanatory variable in a model predicting the association between location & major depression

Predictors:	OR (95%CI)	P-Value
	Major Depression	
Unadjusted	5.187 (1.52-17.70)	0.009
Sex and age*	5.951 (1.71-20.70)	0.005
Marital Status**	6.153 (1.74-21.69)	0.005
Education Status**	7.764 (2.13-28.21)	0.002
Legal Status**	4.673 (1.16-18.75)	0.030
Employment Status**	2.372 (0.51-10.95)	0. 297

^{*}Adjusted for sex and age.



^{**}Adjusted for marital status, education, legal status, employment, sex and age.

Stepped model adding key explanatory variable in a model predicting the association between location & aggregated mental disorders

Predictors:	OR (95%CI)	P-Value
	All Mental Disorders	
Unadjusted	3.696 (1.46-9.30)	0.006
Sex and age*	4.158 (1.61-10.69)	0.003
Marital Status**	4.187 (1.61-10.83)	0.003
Education Status**	5.423 (2.01-14.60)	0.001
Legal Status**	4.407 (1.49-12.95)	0.007
Employment Status**	2.419 (0.70-8.34)	0.1662

^{*}Adjusted for sex and age.



^{**}Adjusted for marital status, education, legal status, employment, sex and age.

Recommendations

- Consider rise in global atrocity and world conflict on the rates of mental disorders among refugees.
- Policy makers to tailor services, provide a framework which offers robust, practical and culturally aware services for asylum seeker and torture survivors with various mental disorder, including but not exclusively suicide, combining traditional and alternative treatments alongside western interventions.

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