Mental health of immigrants and refugees

A general approach in primary care

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No disclosures or conflicts
Objectives

- Review the burden of mental health disorders in different migrant groups and their determinants
- Identify risk factors and strategies in the approach to mental health assessment and to prevention
- Treatment approach to common mental health problems for immigrants in primary care
Mental health disorders in migrants

- 258 million international migrants worldwide
- 10% of these were refugees (United Nations 2017)
- Immigrants were healthier on average (healthy immigrant effect)
- Refugees were more distressed
- Mental health problems of migrants often go neglected or unnoticed (Beiser 2005; Pottie et al 2010)
Immigrants
Immigrant mental health

- Compared to the general U.S. population, immigrants are less likely
  - to come from families with psychiatric problems
  - to be diagnosed with anxiety disorder, depression, and PTSD
- For those who immigrate as children, psychiatric morbidity is similar to the U.S. average
  (Salas-Wright et al 2018)
Possible exception: psychosis

- In immigrants to the U.K.
  - 1.5 times greater risk for white migrants
  - 2-4 times greater risk for Pakistani and Bangladeshi immigrants
  - Up to 10 times greater risk for black Caribbean and African groups
- Elevated rates in Surinamese and Moroccans in the Netherlands
- Elevated rates in East African migrants to Sweden (Kirkbride 2017)
Refugees
Refugee mental health

- Prevalence rates were higher than average for PTSD, depression and anxiety
  - Average prevalence ranges for PTSD: 9-36%
  - Average prevalence ranges for depression: 5-44%
  - Average prevalence ranges for anxiety: 4-40%
    (Turrini et al 2017)
- Exposure to torture and the total number of trauma events were the strongest predictors of PTSD and depression (Reported in Silove 2017)
## Identifying risk factors

<table>
<thead>
<tr>
<th>Premigration</th>
<th>Migration</th>
<th>Postmigration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic, educational and occupational status in country of origin</td>
<td>Trajectory (route, duration)</td>
<td>Uncertainty about immigration or refugee status</td>
</tr>
<tr>
<td>Disruption of social support, roles and network</td>
<td>Exposure to harsh living conditions (e.g., refugee camps)</td>
<td>Unemployment or underemployment</td>
</tr>
<tr>
<td>Trauma (type, severity, perceived level of threat, number of episodes)</td>
<td>Exposure to violence</td>
<td>Loss of social status</td>
</tr>
<tr>
<td>Political involvement (commitment to a cause)</td>
<td>Disruption of family and community networks</td>
<td>Loss of family and community social supports</td>
</tr>
<tr>
<td></td>
<td>Uncertainty about outcome of migration</td>
<td>Concern about family members left behind and possibility for reunification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Difficulties in language learning, acculturation and adaptation (e.g., change in sex roles)</td>
</tr>
</tbody>
</table>

From Kirmayer et al 2011, p. E961
Few published guidelines exist on primary care approaches to the mental health problems of immigrants and refugees

- The Canadian Collaboration for Immigrant and Refugee Health (CCIRH) in 2011
- The Centers for Disease Control and Prevention (CDC) in 2015
- The American Academy of Family Physicians (AAFP) in 2017
Canadian Guidelines for Immigrant Health

Common mental health problems in immigrants and refugees: general approach in primary care

Laurence J. Kirmayer MD, Lavanya Narasiah MD MSc, Marie Munoz MD, Meb Rashid MD, Andrew G. Ryder PhD, Jaswant Guzder MD, Ghayda Hassan PhD, Cécile Rousseau MD MSc, Kevin Pottie MD MCISc; for the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)
GUIDELINES FOR MENTAL HEALTH SCREENING DURING THE DOMESTIC MEDICAL EXAMINATION FOR NEWLY ARRIVED REFUGEES

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration and Quarantine

June 11, 2015
Primary Care for Refugees: Challenges and Opportunities

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Since 1975, more than 3 million refugees have settled in the United States, fleeing unrest, conflict, and persecution. Refugees represent diverse ethnic, cultural, religious, socioeconomic, and educational backgrounds. Despite this heterogeneity, there are commonalities in the refugee experience. Before resettlement, all refugees must undergo an overseas medical screening to detect conditions that pose a potential health threat in the United States. On arrival, they should undergo an examination to detect diseases with high prevalence in their country of origin or departure. Refugees have higher rates of chronic pain compared with the general population, and their mental health and well-being are strongly influenced by their migration history. Refugees have higher rates of mood disorders, posttraumatic stress disorder, and anxiety than the general population. Some refugees have been tortured, which contributes to poorer health. Chronic noncommunicable diseases, such as diabetes mellitus and hypertension, are also prevalent among refugees. Many refugees may be missing routine immunizations and screenings for cancer and chronic diseases. Attention to reproductive health, oral health, and vision care will help identify and address previously unmet needs. Refugees face barriers to care as a result of cultural, language, and socioeconomic factors. (Am Fam Physician. 2017;96(2):112-120. Copyright © 2017 American Academy of Family Physicians.)
Decisions

Caring for a newly arrived Syrian refugee family

Kevin Pottie MD MCISc, Christina Greenaway MD MSc, Ghayda Hassan PhD, Charles Hui MD, Laurence J. Kirmayer MD
## Comparison of guidelines

<table>
<thead>
<tr>
<th></th>
<th>CCIRH</th>
<th>CDC</th>
<th>AAFP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td>Canada</td>
<td>United States</td>
<td>United States</td>
</tr>
<tr>
<td><strong>Year</strong></td>
<td>Kirmayer et al 2011</td>
<td>Division of Global Migration and Quarantine 2015</td>
<td>Mishori et al 2017</td>
</tr>
<tr>
<td><strong>Target issue</strong></td>
<td>Immigrant and refugee mental health</td>
<td>Refugee mental health</td>
<td>Refugee health</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>General (immigrants and refugees)</td>
<td>Specific (refugees)</td>
<td>Specific (refugees)</td>
</tr>
<tr>
<td><strong>Target audience</strong></td>
<td>General practitioner</td>
<td>Primary care mental health screening at arrival to the U.S.</td>
<td>Primary care general health screening at arrival to the U.S.</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Identify risk factors and strategies</td>
<td>To provide suggestions and resources</td>
<td>To improve medical assessment</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
<td>Systematic inquiry into migration and culturally appropriate follow up</td>
<td>Learn about the cultural beliefs of refugees</td>
<td>Adopt cross-cultural medicine into medical practice</td>
</tr>
</tbody>
</table>
How to bring culture into mental health work

*LERN*

Listen to migration stories
Engage cultural resources
Remember special populations
Notice common problems
Listen to migration stories

- Premigration factors
- Migration factors
- Postmigration factors

“You doctors hear us, but you do not listen to us. It is different”
(Birame, refugee from Senegal)
Country of origin
Long journeys
Desperate landings
New Beginnings
Hostile Reception
Engage cultural resources

- Linguistic interpreters
- Culture brokers
- Families
- Community organizations
Interpreters and culture brokers
Families
Communities
Remember special populations

- **Children**
  - Were they detained? Separated from their parents?
  - What is their understanding of the migration experience?
  - What has been the effect of migration on their schooling/literacy?

- **Women**
  - Did they suffer sexual assault/GBV/IPV/genital mutilation?
  - 80% (73/91) of refugee women reported having experienced GBV; 35/91 (38%) of female refugees made GBV their principal refugee claim; 38/91 (42%) disclosed GBV to the team but it was not the refugee claim

- **Elderly**
  - Have they joined family later in the migration process?
  - Can they learn new languages and make a contribution in their new country?
  - What extended family and community networks have they lost?
Separation from parents
Gender based violence
Starting over
Notice common mental health problems

- Depression
- PTSD and anxiety
- Chronic pain and somatic disorders
Loss
Trauma
Putting it all together: LERN

*Listen* to migration histories
*Engage* family and community resources
*Remember* vulnerable populations
*Notice* common mental disorders
Listen to migration stories

- A man is designated a terrorist by the Canadian government
Engage families and communities

- A depressed man brings his family to the evaluation
Remember vulnerable patients

- A woman stops participating with her religious community
Notice common mental disorders

- A woman can no longer work in the warehouse after a minor accident
Resources

- www.mcgill.ca/tcpsyhc
- Multicultural Mental Health Resource Center (MMHRC)
- Annual McGill Summer Program in Social and Cultural Psychiatry & Advanced Study Institute
- Position papers and guidelines
- Cross cultural clinical tools
- Cultural Consultation Service (CCS)
Welcome to the MMHRC

Responding to Cultural Diversity in Mental Health

The MMHRC provides access to resources to support culturally safe and competent mental health care for Canada’s diverse population. Please join us to build a community of practice.

Join Our Listserv

www.multiculturalmentalhealth.ca

Search the MMHRC

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Notre bulletin pour mars est maintenant
24th Annual McGill Summer Program in
Social and Cultural Psychiatry
April 30 - August 24, 2018
Montréal, Québec

Division of Social and Transcultural Psychiatry
Department of Psychiatry, McGill University
www.mcgill.ca/tcpysch
The Cultural Consultation Service provides comprehensive assessment and evaluation of patients from diverse cultural backgrounds, including immigrants, refugees and members of ethnocultural communities, as well as Aboriginal peoples.

The Service is available to assess new patients in psychiatry and medicine as well as those in ongoing treatment who require re-evaluation. Referrals must have a primary clinician or case manager who requests the consultation.

The Cultural Consultation Service is engaged in an evaluation study of the effectiveness of cultural consultation in primary care and community psychiatry in collaboration with the Culture and Mental Health Research Unit.

The Cultural Consultation Service offers research and/or clinical internships and fellowships for graduate students in psychology, psychiatry, medicine, nursing, social work and anthropology.

For more information about the CCS and to submit questions/comments about our services see our About us section or Contact us.

www.mcgill.ca/ccs