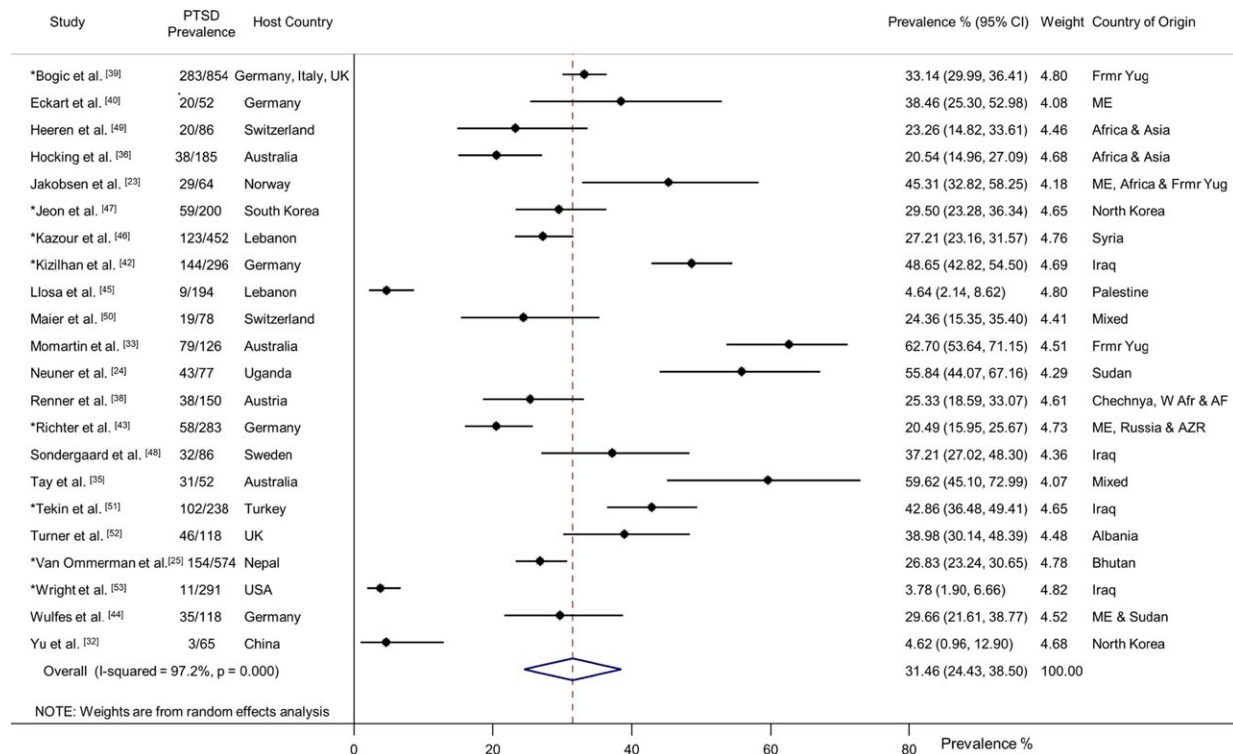


Understanding the mental health challenges of refugees

June 19 2023



Prevalence of PTSD in refugees and asylum seekers. *Study with sample size of ≥ 200 . Horizontal lines indicate 95% CIs; horizontal points of the open diamond are the limits of the overall 95% CIs; and the red dashed line shows the position of the overall prevalence. AF, Afghanistan; AZR, Azerbaijan; CI, confidence interval; Frmr Yug, former Yugoslavia; ME, Middle East; PTSD, posttraumatic stress disorder; W Afr, West Africa. Credit: *PLOS Medicine* (2020). DOI: 10.1371/journal.pmed.1003337

On 23 May, 2022, the United Nations High Commissioner for Refugees (UNHCR) made an announcement that the number of people compelled to leave their homes due to persecution, conflict, violence, human rights violations, and disruptive public events had surpassed 100 million for the first time.

This implies that one out of every 78 individuals globally has been forced to flee, a significant landmark that was unforeseen just 10 years ago.

The Rohingya community, in particular, has been subjected to significant displacement and violence in Myanmar, leading to the largest refugee crisis in Southeast Asia. As of 31 August, 2022, more than 943,000 Rohingya refugees reside in camps in Bangladesh, while others have resettled in various parts of the world.

The displacement experience can cause significant [trauma](#) and stress for refugees, leading to a range of mental health challenges. These can include:

- post-traumatic stress disorder (PTSD)
- major depression
- generalized anxiety
- panic attacks

However, access to mental health services and resources for refugees is often limited or non-existent, leading to a significant gap in mental health support for these populations.

Research has shown the prevalence of mental health disorders among the refugee population is well above the global prevalence of PTSD and depression.

A [meta-analysis of 193 studies](#) conducted by the UNHCR found that up to 30% of refugees experience depression and anxiety, while up to 40% experience PTSD. However, these rates may be underreported due to the challenges they face in accessing mental health services and resources.

In addition, refugees may face other challenges that can further affect their mental health, such as language barriers, [cultural differences](#), and discrimination. These can make it difficult for them to access the support and resources they need to address their mental health issues.

A Monash University Malaysia study, led by Professor Shamsul Haque and his Ph.D. student Sanjida Khan, examined the impact of direct and indirect trauma on the mental health and daily functioning of Rohingya refugees living in different resettlement conditions.

The study compared the experiences of Rohingyas resettled in camps in rural Bangladesh and urban locations in Malaysia.

Results showed that the Rohingyas in Bangladesh experienced more traumatic events and had higher levels of PTSD, depression, generalized anxiety, and functional impairment compared to those in Malaysia.

Although the two cohorts did not differ in indirect exposure to traumatic incidents, the Malaysian cohort had more direct exposure to traumatic events than the Bangladeshi cohort.

Notably, the study also revealed that both direct and indirect trauma predicted PTSD, depression, and functional impairment among Rohingyas in Bangladesh, with direct trauma being the stronger predictor. However, only indirect trauma predicted PTSD among Rohingyas in Malaysia.

The study highlights the importance of understanding the different types

of trauma and their impact on mental health among refugee populations.

Direct trauma involves experiencing traumatic events in person or witnessing traumatic events happening to others. In contrast, indirect trauma refers to learning about traumatic incidents through others.

The findings suggest that both direct and indirect trauma should be considered in the provision of mental health services and support for refugees.

The study also emphasizes the need for tailored mental health support for refugee populations, taking into account the variations in exposure to traumatic episodes.

"It's essential to recognize the unique experiences of different refugee communities, and provide support that is culturally and linguistically appropriate," Professor Haque says.

The study raises broader questions about the long-term impact of displacement and trauma on refugee mental health.

"The COVID-19 pandemic has added another layer of stress and uncertainty for refugees, exacerbating existing mental health challenges," he says.

"As we continue to address the mental health needs of refugees, it is crucial to consider the broader social, economic, and political factors that contribute to displacement and trauma."

According to Professor Haque, several strategies have been found to be effective in promoting resilience and recovery among refugees facing mental health issues.

One strategy is trauma-focused therapy, which involves addressing the [traumatic events](#) that led to the individual's displacement and helping them process their experiences.

This therapy can be delivered in individual or group settings, and has been found to be effective in reducing symptoms of PTSD and depression.

Another effective strategy is cognitive-behavioral therapy (CBT), which helps individuals change negative thought patterns and behaviors that may be contributing to their mental health issues. CBT is effective in treating anxiety and depression among refugee people.

In addition to therapy, other strategies can promote resilience and recovery among this population. These include building social support networks, fostering a sense of community and belonging, and promoting physical wellness through exercise, nutrition, and sleep.

Engaging in cultural activities and maintaining cultural traditions can also help refugee people maintain a sense of identity and connectedness to their culture.

It's important to note there's no one-size-fits-all approach to promoting resilience and recovery among affected refugees. Each individual's needs and experiences are unique, and it's essential to tailor interventions to their specific circumstances.

Providing culturally sensitive and contextually appropriate [mental health services](#) is key to promoting resilience and recovery among those refugees facing mental health challenges.

This World Refugee Day, let us recognize the resilience and strength of refugee communities, and work towards creating a world where

everyone can live with dignity and respect, regardless of their background or circumstances.

It's our collective responsibility to ensure all individuals, including [refugees](#), have access to basic human rights, such as safety, shelter, healthcare, education, and the opportunity to pursue their aspirations.

Provided by Monash University

Citation: Understanding the mental health challenges of refugees (2023, June 19) retrieved 3 May 2024 from <https://medicalxpress.com/news/2023-06-mental-health-refugees.html>

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