The Mental Health of Refugees and Asylum Seekers: Implications for Psychological Treatment

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Outline

• Background
• What is a Refugee?
• Case Study
• Refugee Context
• Refugee Experience & Mental Health
• Treatment for PTSD in refugees: State of the Evidence
• Clinical Implications
My Background
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What is a Refugee?

- A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of 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... *(UNHCR, 1951)*

- 43.7 million people forcibly displaced *(UNHCR, 2010)*
Refugees: Current Situation

• Increase in flow of refugees
  • 1.1 million new refugees in 2012
    • Highest rise since 1999 (UNHCR Global Trends, 2013)
    • 23,000 fled homes per day in 2012
    • More than half from Afghanistan, Somalia, Iraq, Syria and Sudan

• Change in nature of warfare

• Decreased willingness to provide asylum
Refugees in Australia

• Approx 14,000 refugees granted asylum in Australia per year
• Recently increased to 20,000
  • Top 10 countries 2010 to 2011 (DIAC, 2012)

  o Iraq
  o Afghanistan
  o Democratic Republic of Congo
  o Sri Lanka
  o Sudan
  o Burma
  o Bhutan
  o Ethiopia
  o Iran
  o Somalia
Case study: Hakim

36 year old Shiite Muslim from Iraq

Imprisoned and tortured in Iraqi prison for 4 months

Crossed border into Iran

Enlisted people smugglers to travel to Indonesia then Australia

Held in detention centre for 7 months

Granted Temporary Protection Visa

Currently living with cousin

Case Study: Hakim

• Psychological symptoms
  • PTSD
    • Intrusive memories of torture and detention experiences
    • Flashbacks to sexual torture
    • Avoidance of trauma reminders (e.g. watching news, members of community)
    • Hyperarousal
  • Anger and preoccupation with injustice
  • Guilt & shame related to torture experiences
  • Alcohol abuse & guilt
  • Distrust of strangers and government officials
Mental Health of Refugees

• PTSD
  • General population
    • 4% (US) to 6% (Aus)
      (Kessler, 2006; ABS, 2007)
  • Refugee groups
    • 4% to 79-86% (Steel, 2002; Mollica, 1998)
  • Refugee/post-conflict meta-analysis 30.6% (Steel et al., 2009)

• Depression
  • General population
    • 4% (Aus) to 6.6% (US)
  • Refugee groups
    • 11.5% and 55% (Hinton, 1993; Mollica, 1993)
  • Meta-analysis 30.8% (Steel et al., 2009)
Mental Health of Refugees

- **PTSD**
  - General population
    - 4% (US) to 6% (Aus)
      (Kessler., 2006; ABS, 2007)
  - Refugee groups
    - 4% to 79-86% (Steel., 2002; Mollica., 1998)
  - Refugee/post-conflict meta-analysis 30.6% (Steel et al., 2009)

- **Depression**
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  - Meta-analysis 30.8% (Steel et al., 2009)
Mental Health of Refugees

• Comorbidity of PTSD and depression
  • 19 -26% (Mollica et al., 1999; Van Ommeren et al., 2001)
    • Combination of PTSD associated with much greater functional disability (Mollica et al., 1999; Momartin et al., 2004)

• Other mental health problems
  • Anxiety
    • Panic Disorder (Hinton et al., 2003)
    • Generalized Anxiety Disorder (Van Ommeren et al., 2001)
  • Anger
    • Explosive anger (Nickerson & Hinton, 2012; Silove et al., 2009)
  • Grief
    • Prolonged Grief Disorder (Morina et al., 2010; Nickerson et al., 2011)
Trauma Experiences

• Sources of trauma
  • Living in context of conflict
  • Targeted persecution
  • Gross human rights violations
  • Refugee camps
  • Displacement into nearby countries
  • Journey to country of asylum
  • Trauma following resettlement
Trauma and Mental Health

- Trauma characteristics
  - Multiple types of traumatic events
  - Prolonged, repeated
  - Human-instigated
  - Torture
  - Forced perpetration
  - Intertwined with loss

- Relationship with mental health
  - Personal & family exposure to trauma associated with poorer psychological outcomes
    - PTSD, depression, functional disability (Mollica, 1993; Nickerson, 2012; Steel, 1999, 2006; Schweitzer, 2006)

- Dose-response effect
  - Increased exposure → increased risk of PTSD and depression (Mollica et al., 1998a)

Impact of Torture

• Controversy
  • Gross HRVs exert profound negative effect on mental health (Mollica et al., 1998)
    • Torture survivors often show higher rates of PTSD (Shrestha et al., 1998; Van Ommeren et al., 2001)
    • Inadequacy of PTSD in characterizing outcomes - EPCACE, DESNOS (de Jong et al., 2005)
  • HRVs does not differ from other refugee trauma in their psychological effects (Basoglu, 2006)
    • Meaning applied to trauma is more important than type of trauma (Momartin et al., 2003, Silove, 1999)

Steel, Z. et al (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. JAMA, 302, 537
Living Difficulties

• Displacement
  • Lack of food and water
  • Lack of adequate housing/shelter
  • Lack of access to medical care
  • Ongoing violence/persecution

• Post-resettlement
  • Communication difficulties
  • Difficulties accessing healthcare
  • Conflict with other communities
  • Difficulties with authorities/immigration officials
  • Lack of access to English classes
  • Discrimination
  • Loneliness/boredom
  • Unemployment
  • Financial difficulties
Living Difficulties and Mental Health

• Mental health strongly affected by post-migration environment
  • Studies suggest that PMLD may have a similar impact to pre-migration trauma (e.g., Steel et al., 1997)
  • Contribute to PTSD, depression, anxiety, somatization

• Government policies critical in influencing post-migration environment
  • Detention
  • Temporary Protection
  • Processing times
Mental health implications of detaining asylum seekers: systematic review

Katy Robjant, Rita Hassan and Cornelius Katona

**Background**
The number of asylum seekers, refugees and internally displaced people worldwide is rising. Western countries are using increasingly restrictive policies, including the detention of asylum seekers, and there is concern that this is harmful.

**Aims**
To investigate mental health outcomes among adult, child and adolescent immigration detainees.

**Method**
A systematic review was conducted of studies investigating the impact of immigration detention on the mental health of children, adolescents and adults, identified by a systematic search of databases and a supplementary manual search or references.

**Results**
Ten studies were identified. All reported high levels of mental health problems in detainees. Anxiety, depression and post-traumatic stress disorder were commonly reported, as were self-harm and suicidal ideation. Time in detention was positively associated with severity of distress. There is evidence for an initial improvement in mental health occurring subsequent to release, although longitudinal results have shown that the negative impact of detention persists.

**Conclusions**
This area of research is in its infancy and studies are limited by methodological constraints. Findings consistently report high levels of mental health problems among detainees. There is some evidence to suggest an independent adverse effect of detention on mental health.

**Declaration of interest**
None.
Detention

- Participants – 241 Mandaean refugees residing in Sydney
- Study investigated relationship between detention length, detention experiences and psychopathology
- Findings
  - Immigration detention contributed to PTSD, depression and mental health-related disability
  - Longer periods of detention associated with poorer mental health outcomes
Temporary Protection

• Temporary protection visas
  • 3 or 5 year visas
  • Excluded from govt-sponsored English classes
  • No access to higher education, employment assistance, telephone interpreting services
  • Unable to leave Australia or sponsor family members
  • Associated with poorer mental health outcomes (Momartin et al., 2006; Steel et al., 2006)
Change in visa status and mental health

- TPVs (temporary protection visas) vs. PRs (permanent residents)

Survey One

TPVs
N = 68

PRs
N = 29

(former TPVs)

Survey Two

PRs
N = 68
(former TPVs)

PRs
N = 29
(persistent PRs)

Change in visa status & mental health

Extended Processing Periods

- Length of processing associated with psychopathology, lower quality of life, higher disability levels

- Suggested mechanisms
  - Uncertainty
  - Perceived ongoing threat
  - Lack of access to services

Ongoing Threat and Mental Health

• Many types of ongoing threat
  • Self
  • Family
  • Community

• Research suggests that ongoing threat contributes to mental health
The Mandaeans

• Pre-Christian sect from Iraq and Iran
• Language, cultural traditions & baptismal rituals date back 2000 years
• Consistently persecuted on basis of religion
• ~60 000 left in world
  • Many fled to Syria, Jordan and West
  • Approximately 3000 in Sydney
• Cultural extinction
The Mandaeans

• “People of the book”

• Ba’athist Iraq

• Iraq War 2003
  • Reports of persecution from Iraq
    • Murders
    • Kidnappings
    • Forced conversions
    • Forced marriages
    • Robberies
  • Family & friends in Iraq
Intrusive Fears for the Future

Intrusions

• “I see them coming for me to send me back to Iraq”

• “In my mind I see my husband being tortured”

• “I imagine that my family in Iraq has been killed or kidnapped”

• “I think about receiving news from Iraq that one of my family has been killed”
## Predictors of Mental Health

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<th>Depression</th>
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<tr>
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<td></td>
<td>7.56**</td>
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<td><strong>Personal trauma</strong></td>
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<td>29.1%</td>
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<td></td>
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<td>119.47***</td>
<td>62.3***</td>
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<td>7.4%</td>
<td>2.9%</td>
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<td>37.69***</td>
<td>12.55***</td>
<td>-</td>
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<td><strong>Living difficulties</strong></td>
<td>5.2%</td>
<td>7.0%</td>
<td>6.1%</td>
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<td></td>
<td>23.81***</td>
<td>28.17***</td>
<td>15.27***</td>
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<td><strong>Intrusive fear for family</strong></td>
<td>13.0%</td>
<td>8.3%</td>
<td>11.9%</td>
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<td></td>
<td>98.17***</td>
<td>48.93***</td>
<td>49.04***</td>
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<tr>
<td><strong>Total</strong></td>
<td>67.4%</td>
<td>51.6%</td>
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<td>316.99***</td>
<td>214.01***</td>
<td>132.42***</td>
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Refugee Experiences and Mental Health

• Refugee trauma
• Displacement stressors
• Post-migration living difficulties
• Government policies
• Ongoing threat

• PTSD, depression, anxiety, mental health-related disability
WHAT ARE THE TREATMENT IMPLICATIONS?
Treatment of PTSD

• Research evidence for trauma-focused therapies in non-refugee groups
  • E.g. Foa, 2000; 2006; Foa & Meadows, 1997; Harvey, Bryant & Tarrier, 2003; Van Etten & Taylor, 1998
  • Treatment guidelines (ISTSS, NICE, NHMRC)

• Components and proposed mechanisms
  • Psychoeducation
  • Imaginal exposure therapy
    • Extinction learning
    • Emotional processing
  • In vivo exposure therapy
    • Overcoming avoidance behaviours
  • Cognitive therapy
    • Correction of maladaptive appraisals
  • Relapse prevention
Challenges to Traditional CBT Interventions

- Relevance of PTSD diagnosis to non-western populations
- Nature of traumatic experience
- Appropriateness of exposure therapy
- Context of treatment delivery
- PTSD as primary concern
- Change mechanisms
  - Extinction learning
  - Cognitive models

Treatment of PTSD in Refugees: Research Evidence

- Evaluation of psychological treatments of PTSD in refugees
- Comparison of multimodal interventions and trauma-focused therapies
- Evidence that trauma-focused interventions are superior
- Methodological problems – evidence lagging behind other groups

Narrative Exposure Therapy

- Trauma-focused intervention
- Components
  - Psychoeducation
  - Detailed, chronological account of biography
  - Focus on positive and negative events
  - Recorded by therapist
  - Corrected at each session
  - Reliving hotspots
  - Client receives written report of biography
  - Therapist assistance in deciding if/how to use this

Narrative Exposure Therapy: Research Evidence

- Participants (N = 43) were Sudanese refugees living in Ugandan refugee settlement
- Randomly assigned to
  - NET
  - Supportive Counselling
  - Psychoeducation
- NET superior to psychoeducation and supportive counselling
- Functional gains related to NET?
- Further evidence supporting NET with other groups

Culturally-Adapted CBT

• Developed to treat PTSD and panic attacks in Vietnamese refugees

• Components
  • Psychoeducation
  • Relaxation techniques  
    • Culturally-appropriate visualization
  • Cognitive restructuring
  • Introceptive exposure
  • Imaginal exposure
  • Cognitive flexibility training

• Evidence of efficacy vs. wait-list control group

Refugee Treatment Trial

• Primary factors contributing to refugee mental health
  • Trauma exposure
  • Psychosocial difficulties/ resettlement stressors

• To what extent does addressing one assist with the other?
  • Trauma-focused treatment vs. problem-solving training
Interventions

TRAUMA-FOCUSED THERAPY

Psychoeducation
- Commitment to treatment
- Treatment expectations
- Enhance control

Mastering the Past
- Timeline
- Cognitive therapy
- Identify strengths
- Collective narrative

Looking to the Future
- Goal-setting & planning
- Reconnection with others
- Fear for the future

SESSIONS 1-2
- Psychoeducation
  - Commitment to treatment
  - Treatment expectations
  - Enhance control

SESSIONS 3-6
- Problem Solving Training
  - Define problems
  - Identify solutions
  - Implement & evaluate solutions

SESSIONS 7-8
- Looking to the Future
  - Goal-setting & planning
  - Reconnection with others
  - Fear for the future

PROBLEM-SOLVING TRAINING
What About Asylum Seekers?

• Application of trauma-focused therapy to asylum-seekers
  • Limited research

• Preliminary evidence that TFT (vs. TAU) can be effective
  • Asylum seekers in Germany (Neuner et al., 2010)
  • Asylum seekers in Norway (Stenmark et al., 2013)
Clinical Considerations

• Assessment style

• Therapeutic context

• Disclosure
  • Guilt/shame
Clinical Considerations:
Interpersonal and Therapist Factors

- Trust
- Power
- Background knowledge
- Interpreter

“We see a picture characterized by destruction of the patient’s world, destruction of the basic landmarks on which the world of human beings in our civilization is based”
(Bychowski, 1968)
Clinical Considerations: Therapeutic Factors

- “Cognitive biases”
- Beliefs about injustice
- Beliefs about others
- Learned helplessness
- Identity

“I am now a different person”; “I am not a person”  
(Niederland, 1968)

“When an entire population is reduced to an inferior status... the individual’s self-respect is damaged in ways not repairable by himself”  
(Krystal, 1968)
Context of Collective Violence

• Safety and disconfirming information not available

• Violence, continued persecution, dislocation

• Destruction of institutions

• Impunity
Clinical Considerations:
Cultural Factors

• Cultural understanding of problem

• Cultural view of mental health, intervention and help-seeking

• Recognize the impact of own culture/training
Culture & Psychological Symptoms

• Cultural metacognitive appraisal of nightmares

• Beliefs regarding mechanism
  • God, sixth sense, jinni/bad spirits, bad experience, problems, fears for future

• Impact on functioning
  • Fear of sleep, change behaviour
Clinical Considerations

- High levels of distress
- Ongoing stressors
- Suicidality
- Fear of repatriation
Clinical Considerations

• Social isolation
• Political activity
• Ending therapy
• Therapist care
Preparedness for torture

• 34 torture survivors with no history of political activity vs. 55 torture survivors who were political activists

• Tortured non-activists exposed to less severe torture

• Less psychological preparedness associated with more perceived distress during trauma

• Less psychological preparedness associated with greater psychopathology

Clinical Considerations

- Social isolation
- Political activity
- Ending therapy
- Therapist care
Refugee Trauma and Recovery Program

• School of Psychology, UNSW
• Traumatic Stress Clinic, Westmead Hospital
  • Clinical Psychologists and Research Fellows
• Services
  • Assessment
  • Research
  • Treatment
• Current research
  • Emotion regulation
  • Moral injury
  • Interpersonal processes

• Refugee intake line: 1300 130 700
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