

Public Health Significance

At the end of 2019, there were 79.5 million forcibly displaced people worldwide and 26 million of them were refugees.¹ These refugees are forced to leave their homes due to war, human rights abuses, political repression, economic crises, etc.

Because of these migration push factors, refugee populations are a vulnerable population and face dangerous conditions throughout their migration journey. These traumatic events are associated with greater risk of mental illness. Some of the common mental illnesses found in refugee populations are PTSD, anxiety, psychosis, and depression.²

Refugees face difficulties obtaining a continuous source of coverage and receiving mental health treatment in their host countries. Furthermore, health care systems are inadequately prepared to help resettled refugees navigate the system due to lack of interpreters, delay in government benefits, cultural discrepancies, and high costs.³

Objectives

Investigate the implications of pre-migration and post-migration trauma exposure on refugee health outcomes to inform future programs and policies regarding refugee mental health care

Methods

A narrative literature review was conducted using 10 peer-reviewed articles from the PubMed database.

Main Research Question:

- How does trauma impact refugee mental health through the levels of the socioecological model?

Literature Review Search Terms:

- “trauma exposure” OR “psychological trauma” AND “refugee” and “ecological AND “trauma” AND “refugee”

Review of Literature

The socioecological model shaped the review as it explain how trauma in this population is impacted by interactions between the five levels of the model: individual, interpersonal, institutional/organizational, community, policy.

Individual

- Individual Attributes
 - As a risk factor, refugees exposed to war-related violence are at greater risk of poor mental health outcomes, particularly higher prevalence of PTSD and internalizing behaviors
 - As a protective factor, exposure to the stressor war trauma can help build resilience, character strengths, and coping mechanisms which can prevent likelihood of more severe mental health outcomes
- Gender
 - Women have a greater incidence of PTSD symptoms than men

Institutional

- Trauma-specific care
 - Rates of general healthcare access are high for refugees suffering from PTSD, but mental health utilization rates are low
 - Refugees are not receiving appropriate care for the conditions they are suffering from
- Navigating healthcare institutions
 - Health system literacy, language requirements, and cultural differences prevent refugees from effectively interacting with host country’s healthcare system

Policy

- Immigration Detention
 - Detention-related harm exacerbates pre-migration stressors and has a demoralizing effect on mental health

Interpersonal

- Relationship between Friends and Peers
 - Serves as a protective factor
 - Greater quality of relationships with friends and peers attenuates PTSD symptoms
 - Social networks and social support from interpersonal interactions can meet physical and emotional needs refugees experience after traumatic events
- Relationship between Refugee Caregivers & Children
 - Serves as a risk factor
 - Parental-trauma associated PTSD can be linked to child’s emotional difficulties
 - Child’s relationship to refugee caregiver places them at risk of secondhand trauma

Community

- Social Networks and Norms
 - Faith, guidance, or religious involvement are a form of social support that help build resilience
 - Serve as protective factors by enabling refugees to stay connection with familiar customs or practice
 - Identification with community moderates relationship between acculturative stress and mental health

Discussion/Conclusion

It is essential to prioritize the needs of refugees and developing continuity of mental health care for this population is essential for successful assimilation and adaptation. Current programs and policies do not integrate a multilevel approach that accounts for how trauma influences refugees at different levels.

Recommendations include:

- Comprehensive mental health evaluation and care as part of the standard of care
- Strengthening interpersonal communication between providers and refugees
- Fostering unity between refugees and agencies working with them in resettled countries
- Creating community advisory boards (CABs) at refugee organizations
- Addressing delay between arrival in host country and obtaining government health benefits

References

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3. Langlois EV, Haines A, Tomson G, Ghaffar A. Refugees: towards better access to health-care services. *Lancet*. 2016;387(10016):319-321. doi:10.1016/S0140-6736(16)00101-X

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