

8th December 2017

“Global Mental Health Day - Mental Health in Conflict and War”

Mental Health of Young Refugees in Resettlement Countries

Dr Matthew Hodes

Honorary Senior Lecturer in Child & Adolescent Psychiatry

Imperial College London

Consultant Child & Adolescent Psychiatrist,

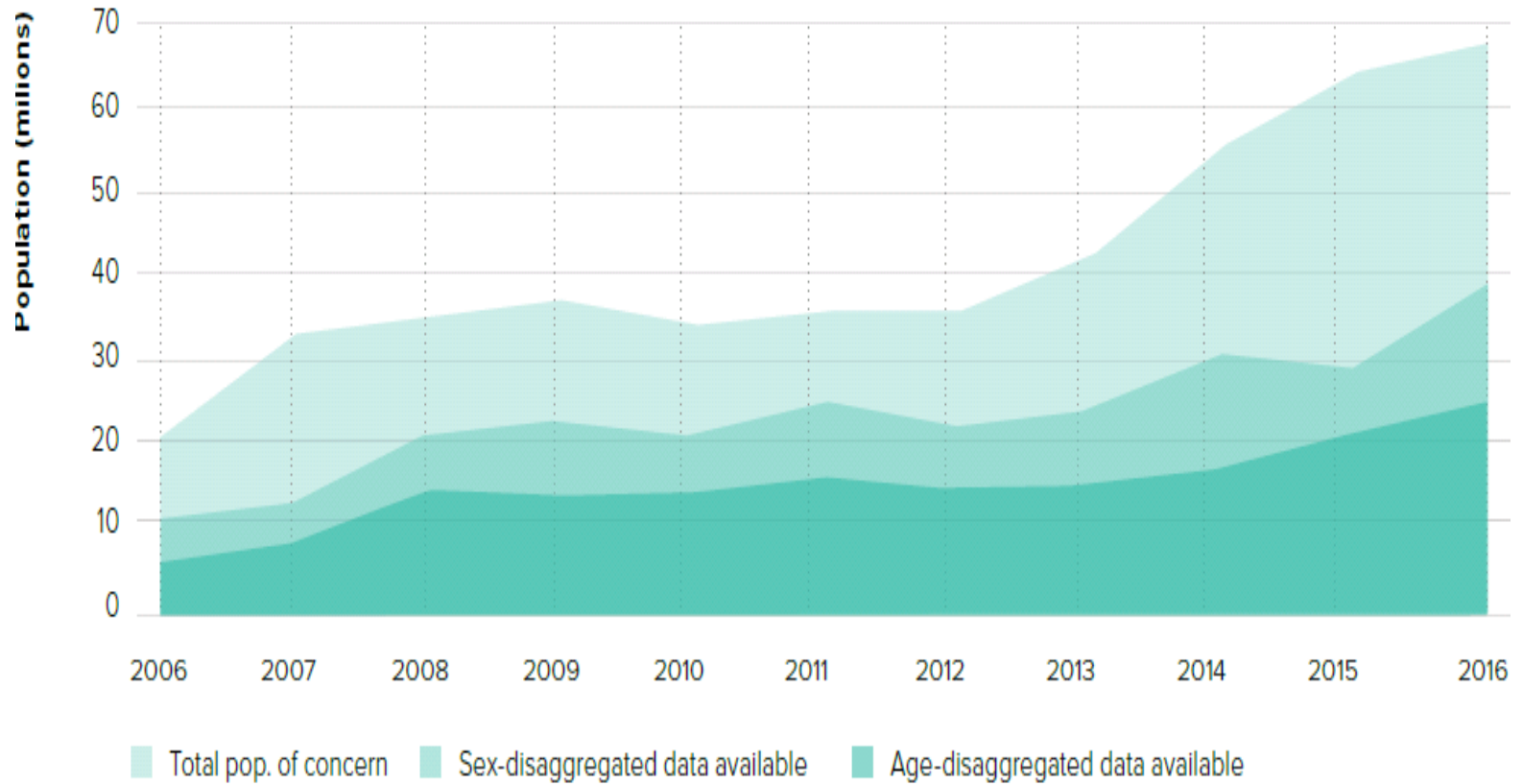
CNWL NHS Trust

**Imperial College
London**

This talk

- Demographics - Numbers
- Developmental Psychopathology across the life span
 - Infancy
 - Childhood/adolescence
 - Adolescence/early adulthood
- Services & Interventions

Figure 21 | Demographic characteristics available on UNHCR's population of concern | 2006-2016



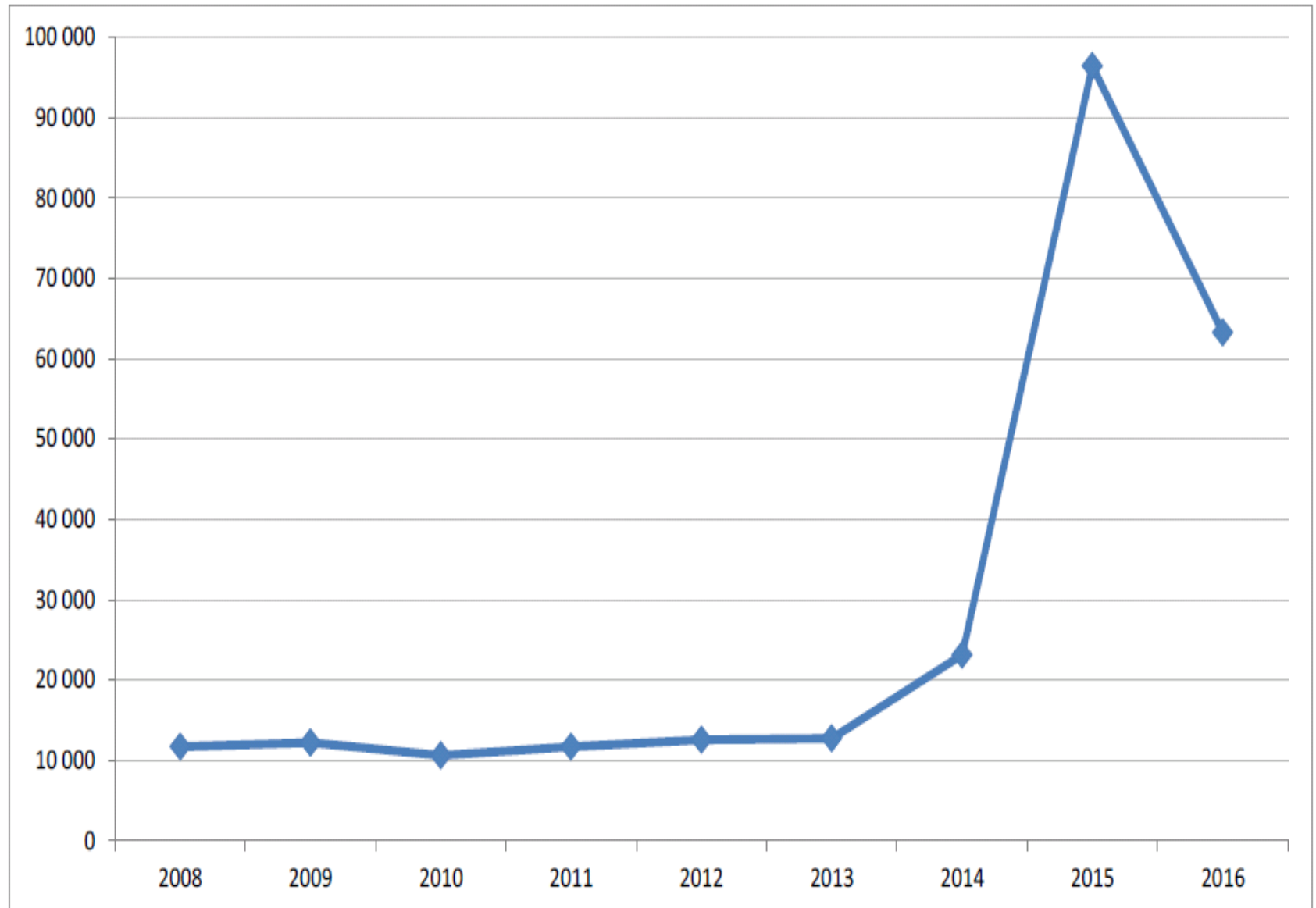
UNHCR, 2017

Map 1 Populations of concern to UNHCR by category | end-2015

Refugees, including persons in a refugee-like situation



Asylum applicants considered to be unaccompanied minors in the EU Member States*, 2008-2016



Unaccompanied asylum seeking children(<18 years) in the EU 2015

- TOTAL 88,300
- Sweden almost 35,300 = 40%
- Germany 14,400 = 16%
- Hungary 8,800 = 10%
- Austria 8,300 = 9%
- UK 3045 = 3.4%

[[www.escap.eu/bestanden/Care%20\(38\)/Refugees/3_02052016_ap_en.pdf](http://www.escap.eu/bestanden/Care%20(38)/Refugees/3_02052016_ap_en.pdf)]

Prevalence of Psychiatric Disorder in refugees and displaced people

- Prevalence varies according to methodology
eg sample size
- $N < 500 \sim 37\%$
- $N > 500$, better studies, $\sim 15\%$
- PTSD risk increases with:
 - Torture
 - Potentially traumatic events
 - Less time since exposure

(Steel et al, 2009)

Prevalence of serious mental disorder in 7000 refugees resettled in Western countries: a systematic review

- 6743 adult refugees from 7 countries
- Larger studies,
 - 9% (99% CI 8–10%) PTSD
 - 5% (4–6%) with major depression
- Five surveys – 260 children
 - 11% (7-17%) for PTSD
 - No relevant studies of depression identified

(Fazel et al, 2005)

Refugee Infants

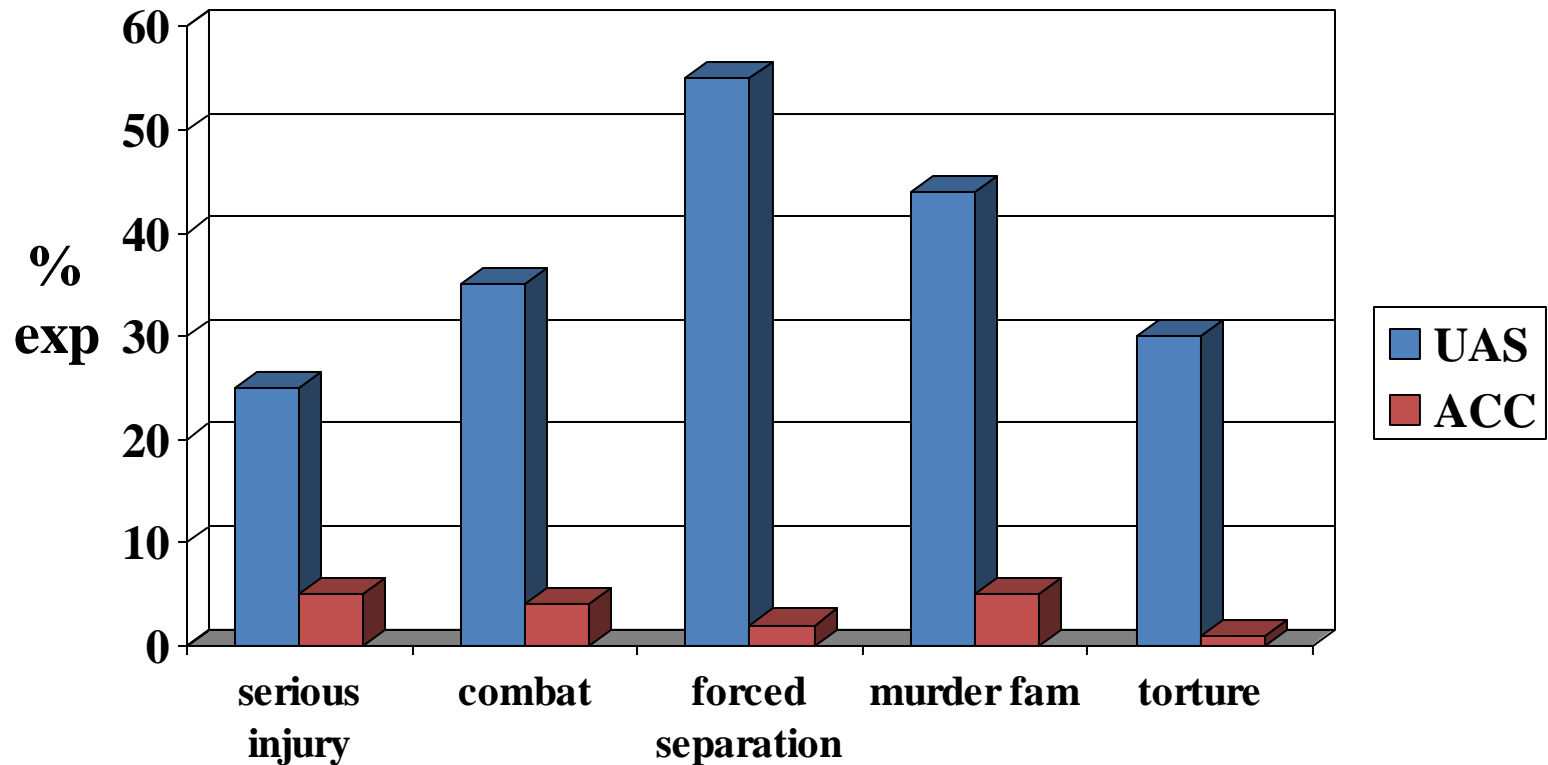
- Parental PTSD associated with insecure attachment and disorganised attachment [which predicts later psychiatric symptoms, poor peer relationships and lower self esteem] (Van Ee et al 2016)
- Parental psychiatric disorder associated with range of infant/childhood psychopathology
- Family loss - affect care/routines/warmth to child

Acculturation & Family

- Adolescents – rapid integration, language acquisition and acculturation - bicultural
- Impact of family
 - Conflicts in family – generational expectations behaviour
 - Child as carer for parent [↑with missing/impaired father]
- Increased risk conduct problems – boys
(Tousignant et al , 1999)

Risk Factors: War Exposure Events Experienced

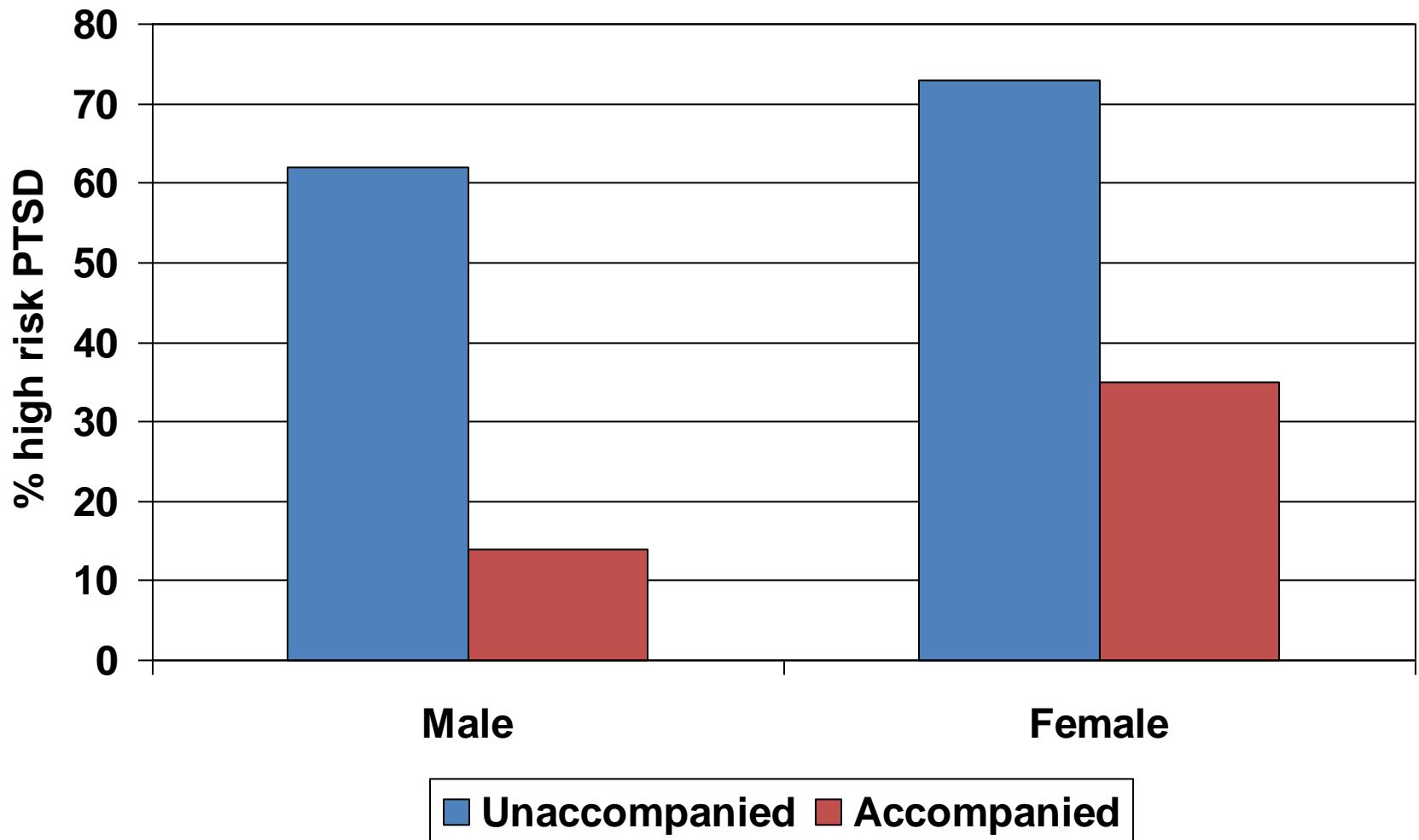
Unaccompanied asylum seeking children (UASC) & Accompanied refugees compared



Hodes et al, 2008

Impact of Events Scale - Risk of PTSD

Unaccompanied and Accompanied children

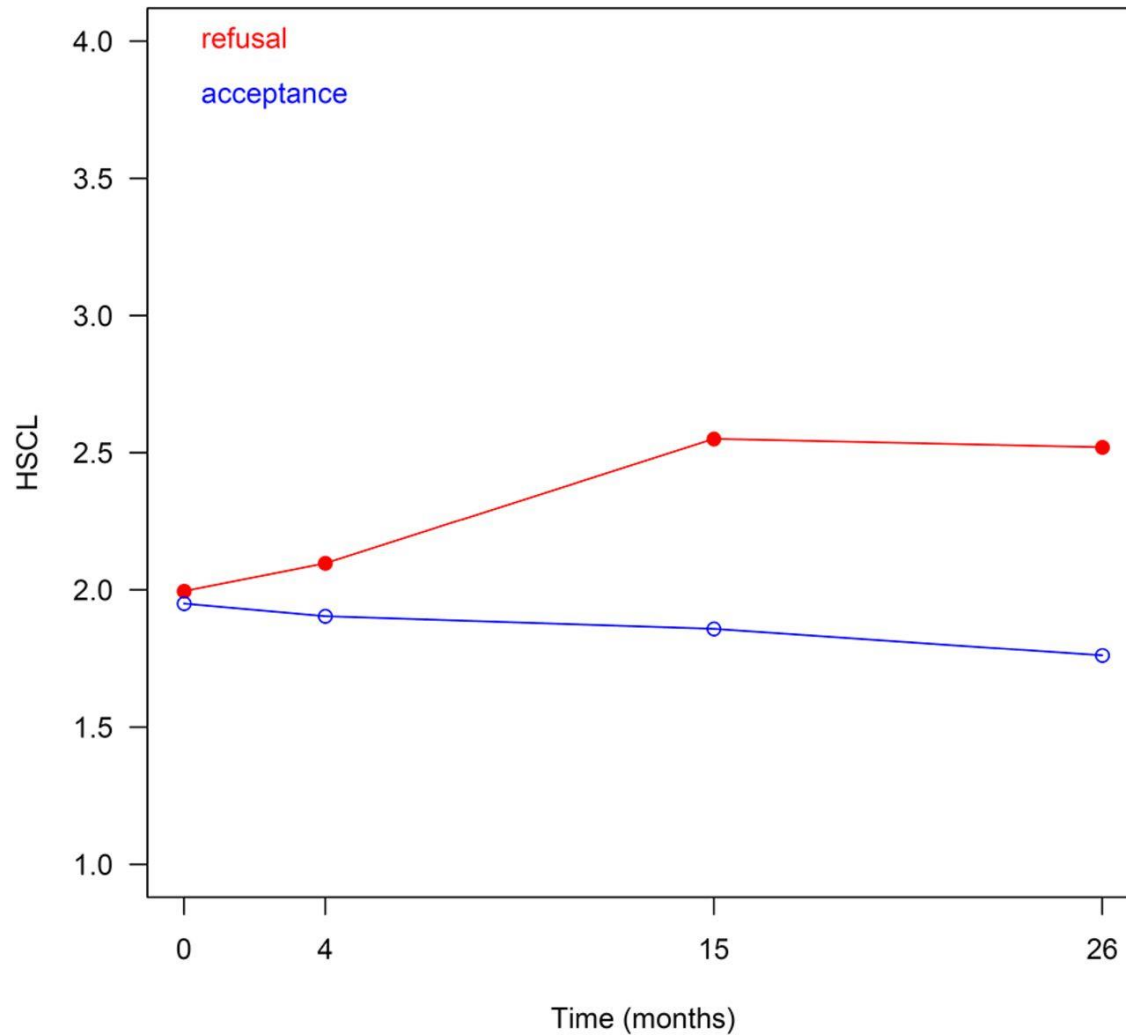


Daily Hassles and Depressive Symptoms amongst UASC

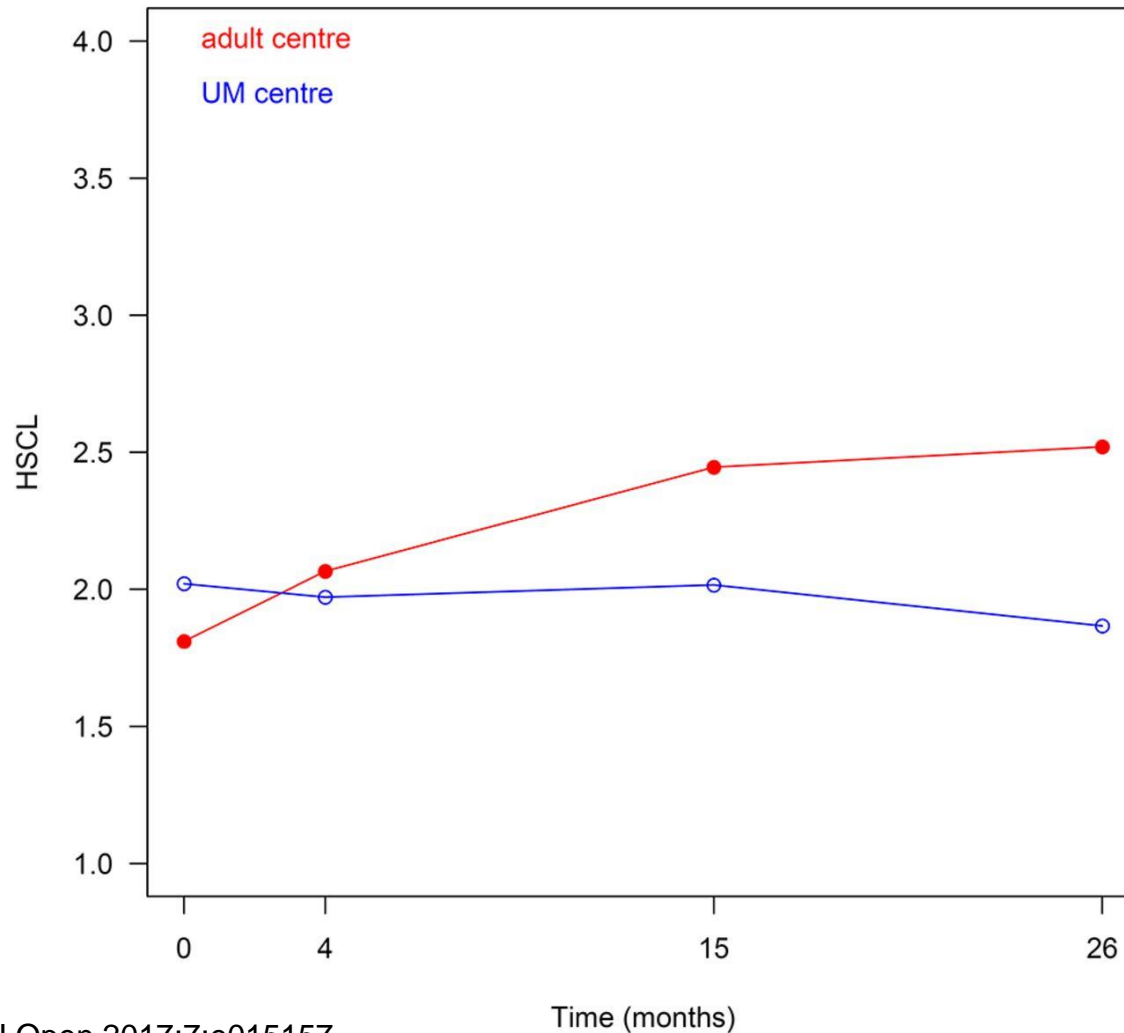
- Hassles (general or acculturative)
- Longitudinal study in Norway over 2.8 years
- Acculturative hassles predict depressive symptoms
- Hassles reduce over time
- Depressive symptoms didn't reduce

(Keles et al , 2016)

Course of psychological distress (Hopkins Symptom Checklist (HSCL)) during follow-up of asylum seekers who received refusal of asylum (n=67) and asylum seekers who received residence permission or time-limited asylum (n=64).



Course of psychological distress (Hopkins Symptom Checklist (HSCL)) during follow-up of asylum seekers placed in asylum centres for adults (n=38) and asylum seekers placed in asylum centres for youth (n=100).



Summary – PTSD & Depression

- High violence exposure, greater threat
-> ↑ stable PTSD
- PTSD & depression, both elevated
/maintained by post-migration resettlement stressors & life events [eg detention, deportation, family conflict etc]
- High support, refugee status, time -
>reduction distress especially depression
PTSD – may show greater continuity

Severely Impaired Adolescents & Young People

- High level of deliberate self harm and violent self harm
- High level of psychiatric admission as lower family/social support
- High levels of stress including PTSD may trigger psychosis

Refugee migration and risk of schizophrenia and other non-affective psychoses

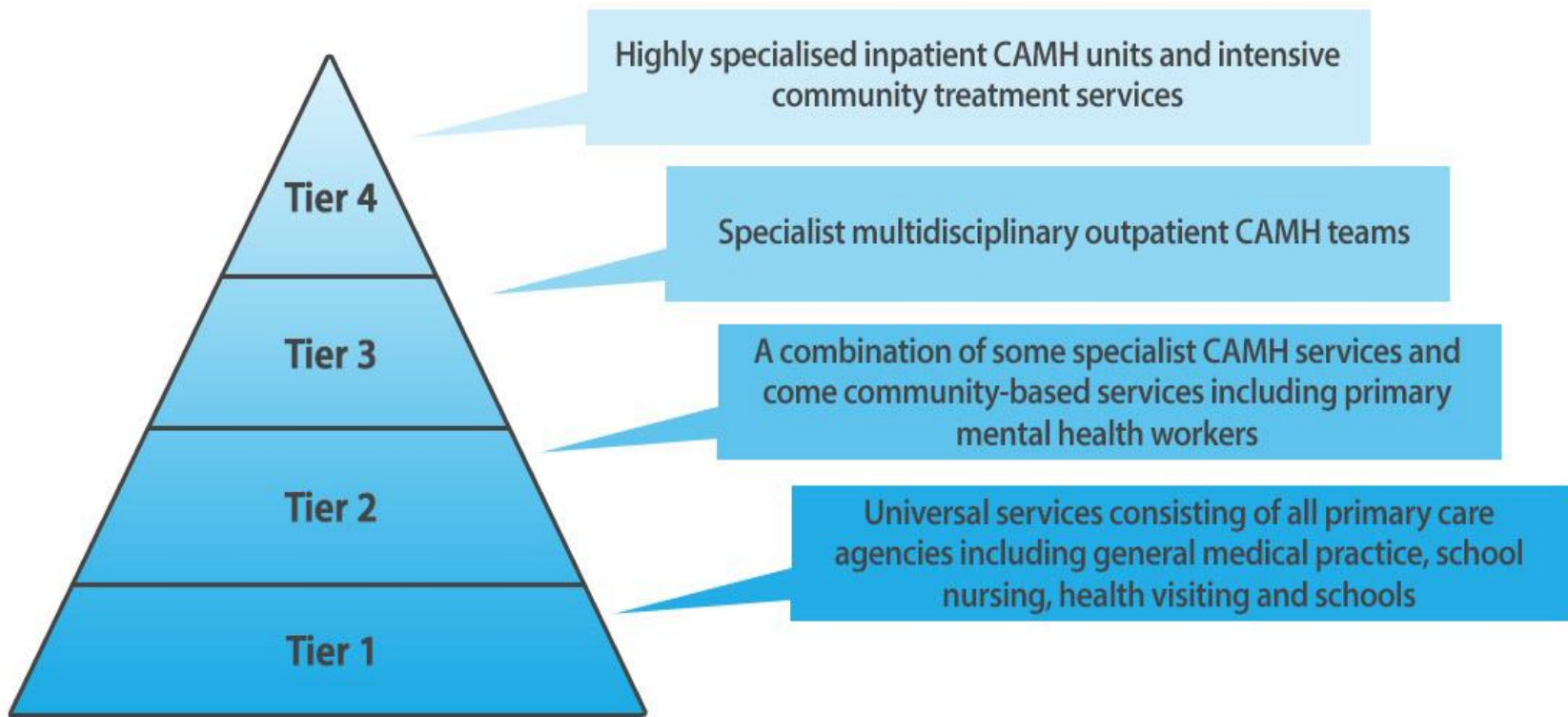
Cohort study of 1.3 million people in Sweden.

Refugees increased risk of psychosis compared with both the Swedish-born population (adjusted hazard ratio 2.9, 95% CI 2.3 - 3.6) non-refugee migrants (1.7, 1.3 - 2.1) after adjustment for confounders.

(Hollander et al, 2016)

Tiering interventions

Community Support



Service Access – Sociocultural Considerations

- Access - cost, referral pathways
- Language & cultural considerations
 - Understanding of distress and disorder
 - Community/social networks
 - Including religious/non western medical approaches (healing etc)
- High mobility -> GP/primary care registration

Community Tier - School 1

- Family + child/adolescent willingness to attend/integrate
- Language support
- Support/integration groups
- Teacher support for low level distress

Community Tier – School Tier 2

- Teacher identification of more distressed and impaired
- Aided by screening instrument eg SDQ
- Referral for school based help by CAMHS professional
- Non-stigmatising, favourably regarded
- Easy review of social function & progress

(Dura-Vila et al, 2013; Fazel et al, 2016)

UASC – Help seeking

- High risk of PTSD, lower depression [eg in recent UK samples 50%]
- most not in mental health services
- consider referral on basis of: distress, impairment, willingness to attend for treatment

(Bean et al, 2006; Sanchez-Cao et al, 2013)

Clinic based services Tier 3

- More impaired - lower CGAS/GAF <60
- Psychiatrically heterogeneous
- High proportion have psychosocial disorders
 - PTSD, depression
 - Some - neurodevelopmental disorders [ADHD, etc]
- Diagnosis - consider comorbidity, stability of symptoms, family histories

Treatments

- Cognitive behavioural therapy
 - Individual or group
 - manualised
- Narrative exposure therapy
- Interpersonal psychotherapy
- Play therapy
- Parenting & Family Therapy
- Symptom/disorder based [psychological, or drug/medical]

Conclusions

- Varied difficulties across the life span
- Depending on age, exposures, family background/losses
- Over time diminution common disorders, emergence of conduct problems, serious psychopathology
- Tiered system of care needed [+ task shifting]
- More research on effective interventions needed



Europe

Germany hate crime: Nearly 10 attacks a day on migrants in 2016

🕒 26 February 2017



5P **DAILY EXPRESS**
THE WORLD'S GREATEST NEWSPAPER WEATHER: SUNNY SPELLS FRIDAY, JULY 7, 2017

CHILLING LAST WORDS OF DEATH FALL MILLIONAIRE SEE PAGE 7

OUTRAGE AS MPs TAKE 10% PAY RISE SEE PAGE 9

ASYLUM SEEKERS COST YOU £786M

Bill to house and feed migrants has soared a staggering 46%

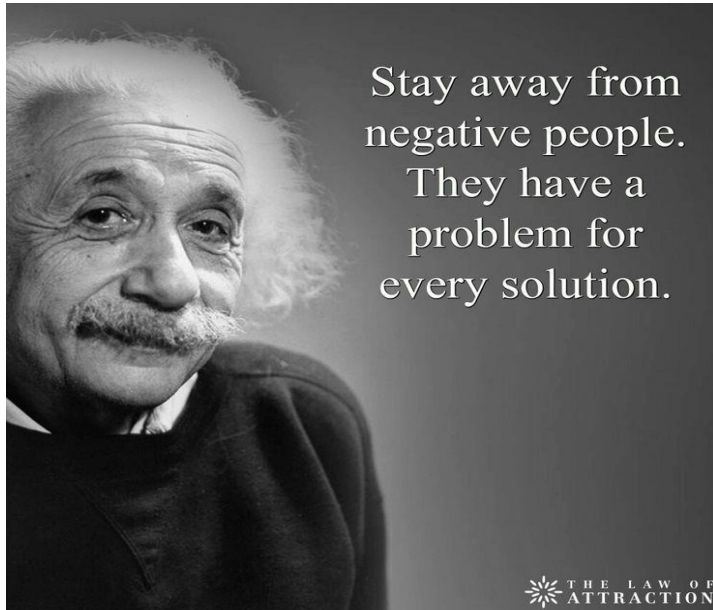


Joker Philip's latest gaffe...No wonder the Queen is always smiling



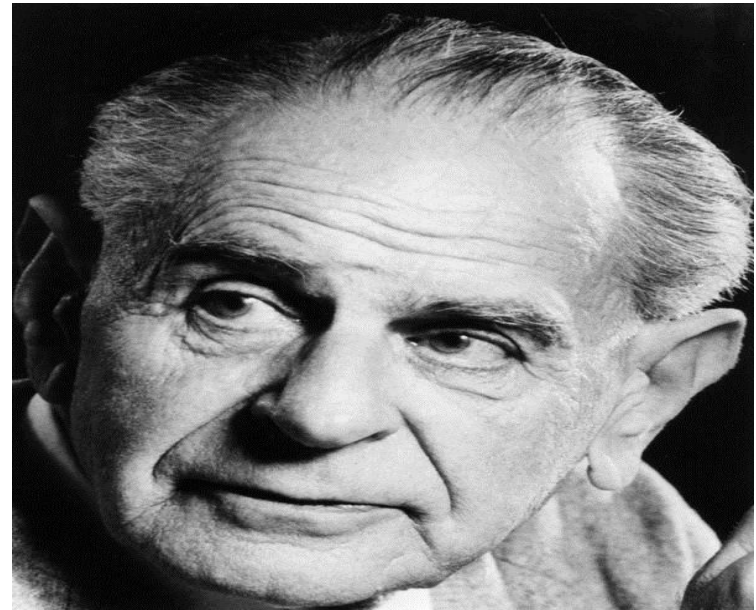
Arson attacks directed at asylum seekers are common in Germany

Nearly 10 attacks were made on migrants in Germany every day in 2016,



Stay away from
negative people.
They have a
problem for
every solution.

THE LAW OF
ATTRACTION



Thank you

m.hodes@imperial.ac.uk

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