

Поширеність психічних розладів серед вимушених переселенців: Короткий огляд матеріалів 25-го конгресу Європейської психіатричної асоціації

Iryna Frankova

Кафедра психосоматичної медицини і психотерапії
Національного медичного університету імені О. О.
Богомольця

Європейська міграційна криза є однією з найбільших проблем XXI століття. Вимушене переселення зачіпає мільйони людських життів, з обох сторін - одних змушує тікати, інших - надавати притулок і захист. Психічне здоров'я біженців - це виклик для сучасної психіатрії. У майбутньому, потреба в психіатричній допомозі людям, що рятуються від війни і переслідувань, буде тільки зростати.

Background

The European migrant crisis is one of the 21st century's biggest challenges so far. Forced migration touches millions of peoples' life. Some societies have sent many immigrants abroad, some have received or hosted, and still others have been in transit along paths of migration. In general, migration is defined as the geographical movement of people from one place to another, but every instance of migration needs to be assessed in its singularity, was it voluntary or forced migration.

Globally, 1 out of 122 people was forced to leave their home (about 42,500 people per day) in 2014. From 2010 to 2014 this figure has increased 4 times. The current global forced migration has reached its largest scale since the Second World War. In 2015, nearly 60 million individuals were forcibly displaced (59.5 million in 2014, 51.2 million in 2013) in result of persecution, military conflicts, human rights violations [1](#). Migration is a risk factor for developing mental disorders. Traumatized migrants face psychological distress and even serious psychiatric illnesses due to exposure to adverse conditions before, during and after migration ([Table 1](#)).

Stages of Migration	Risk factors for mental disorders at different stages of migration
Pre-migration-preparation, resources	Physical harm, life-threatening conditions, separation
Migration-physical process	"Fly or die"
Post-migration-acculturation, settling down, achievement-aspiration	Uncertainty, detention, discrimination, reduced social integration

Table 1. Stages of migration and risk factors

One meta-analysis described the rate of mental illnesses as being twice as high among refugees and asylum seekers compared to those who migrated for economic reasons (40% vs 21%) [2](#).

Refugees often do not have experience of just one single trauma, but multiple traumas, related to remigration, migration and additional adaptation in new environment. Most people experiencing trauma recover in socially safe situation. To identify patients in need of help, it is important to recognize that signs of post-traumatic stress can vary and be combined with psychiatric and somatic comorbidity. Traumatic experiences can lead not only to the development of PTSD, but as

well as MDD, specific phobias, panic disorder and personality disorder [3](#).

Researchers from Sweden have just published results of a new study in this topic. They have demonstrated that refugees are at high risk of schizophrenia & other non-affective psychoses. A national population based cohort of 1.3 million people included individuals born in Sweden from Swedish natives (88.4%) refugees (24,123; 1.8%) and non-refugee migrants (9.8%). It was found that [4](#):

- Compared to native-born Swedes, refugees had a threefold higher incidence of schizophrenia and other psychotic disorders.
- Refugees risk was also higher compared to non-refugee migrants from similar region suggesting a particular risk related to refugee status.
- Differences in risk persist even after adjusting for age, sex, socioeconomic position and are maintained in the children of first generation migrants.

Whether in crisis areas in their native countries, most of refugees have had experiences which may result not only in adjustment disorders, but also in chronic psychiatric disorders such as anxiety, depression, somatoform disorders [2](#). Refugees who have had severe exposure to violence often had chronic pain or other somatic syndromes. PTSD as well is associated with ill-defined or medically unexplained somatic syndromes (dizziness, tinnitus, somatoform syndromes, several medical conditions such as cardiovascular, respiratory, musculoskeletal, neurological, gastrointestinal, endocrine, pain, sleep problems, immune-mediate disorders [5](#). It should be remembered that a patient with such complaints are likely to appeal to general practitioners, passing numerous examinations and treatments, but without improvement. It is important to inform GPs about the existing problem in detection of somatized anxiety and depression as a result of mental trauma.

Refugees' mental health is a psychiatric challenge of the century [6](#). The demand for mental healthcare among people fleeing from war and persecution can only grow. We have a request to conduct more studies of the mental disorders prevalence among refugees in different European countries right now.

References

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