



COVID-19 and the Mental Health of People from Refugee Background



UNSW
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You are attending this presentation
on the land of First Nations people. I
acknowledge the traditional
owners, past, present and future.

The Worimi are the
traditional owners in Nelson
Bay



What I will cover today

- ▶ Triggers that may exacerbate trauma during COVID-19 for people from refugee background
- ▶ WATCH cohort study of mental disorders during COVID-19
- ▶ It is vital for practitioners to have adequate resources to respond to the unique issues affecting the mental health of people who arrived as refugees.
- ▶ We need ensure that people from refugee background do not suffer greater morbidity and mortality related to COVID-19.





Of the 26 million people who are refugees, approximately 1 in 10 reside in high-income countries

- ▶ Refugees have commonly experienced trauma related to conflict, insecurity, persecution, and shortage of food and medicine.
- ▶ Our research suggests that COVID-19 and its health and social sequelae may be triggering past traumatic reactions, exacerbating mental health problems, and undermining functioning (Rees and Fisher, 2020).
- ▶ Trauma trigger

Rees, S., & Fisher, J. (2020). COVID-19 and the mental health of people from refugee backgrounds. *International Journal of Health Services*, 50(4), 415-417

Fear of Illness and Death

- ▶ Disease and death related to the virus can cause anxiety and fear for self and family
- ▶ People from refugee backgrounds experience anxieties that concern family members, many of whom remain living in conflict-affected or low-resource countries where health care is poor or nonexistent.
- ▶ Being unable to return to the country of origin in an emergency to support or protect family members can contribute to mental distress.



Military Presence and Government Monitoring

- ▶ COVID-19 has led to increased government control
- ▶ People who arrived as refugees have often escaped repressive regimes and may associate the intensified use of government power with harm and loss of life.
- ▶ Fear of authorities can trigger anxiety, depression, rumination, and anger
- ▶ Lack of trust in authorities can also reduce compliance with COVID-19 testing programs and with the vaccine uptake.



Social Isolation

- ▶ English-language skills, low income, and having family members overseas.
- ▶ Social support and connectedness are strong predictors of recovery for refugees following trauma.
- ▶ Mental health professionals therefore routinely encourage people from refugee backgrounds to build their social networks and to connect with the broader society



Detainmentment

- ▶ Lockdown and/or quarantine has impacted us for over one year.
- ▶ The quarantine experience can cause anger, confusion, and traumatic stress in general populations.
- ▶ Traumatic memories of restricted freedom and associated physical and psychological violence.
- ▶ Being quarantined in the pandemic could trigger severe mental distress amongst populations with prior exposure to detention or forced imprisonment.



Food Insecurity

- ▶ People from refugee backgrounds can suffer adverse psychological responses to media reporting or their direct experience of panic buying.
- ▶ Reports predicting recession, economic hardship, and lower standard of living, all contribute to states of anxiety.
- ▶ Food shortage is often at its most severe in times of war and conflict



Communication and Fake News

- ▶ Poor communication related to COVID 19 policies can undermine the capacity to discern which information is correct and which is fake news.
- ▶ Lower level of competency in English may make people more vulnerable to anti-vaxer and other unsupported misinformation
- ▶ And less likely to trust messaging from health authorities, including related to COVID vaccination



Trust in Health Services

- ▶ Many refugees come from countries where they cannot trust state-run institutions.
- ▶ Refugees are sometimes fearful to disclose personal health-related issues.
- ▶ Trust can be undermined when the patient is not familiar with the dominant language, culture, or mode of consultation
- ▶ People in Sydney recently died at home with COVID-19.
- ▶ People from refugee background need to know who to trust in order to report worrisome symptoms



COVID-19 impact on mental disorders

- ▶ COVID studies of mental health are in general populations in high income countries.
- ▶ These studies have shown associations between depression and anxiety and COVID-19
- ▶ Socially disadvantaged subpopulations, for example, those with lower incomes, experienced more adverse mental health impact from exposure to the pandemic
- ▶ Understanding unique social and cultural histories and personal experiences of COVID-19 were important in determining relative psychiatric risk.





An Australian study (Liddell et al 2021) reported that worries of being infected by COVID-19 or the risk COVID-19 posed to others predicted health anxiety and PTSD.

The strongest predictor of all mental health outcomes was COVID-19 serving as a reminder of difficult past events

Consistent with our reported trauma triggers.

- ▶ Refugee women are more at risk of trauma related to rape, sexual assault, forced marriage, social and economic adversity
- ▶ Women from refugee backgrounds living in western countries may be experiencing heightened stress during the COVID pandemic



WATCH longitudinal study of refugee and Australian born women.

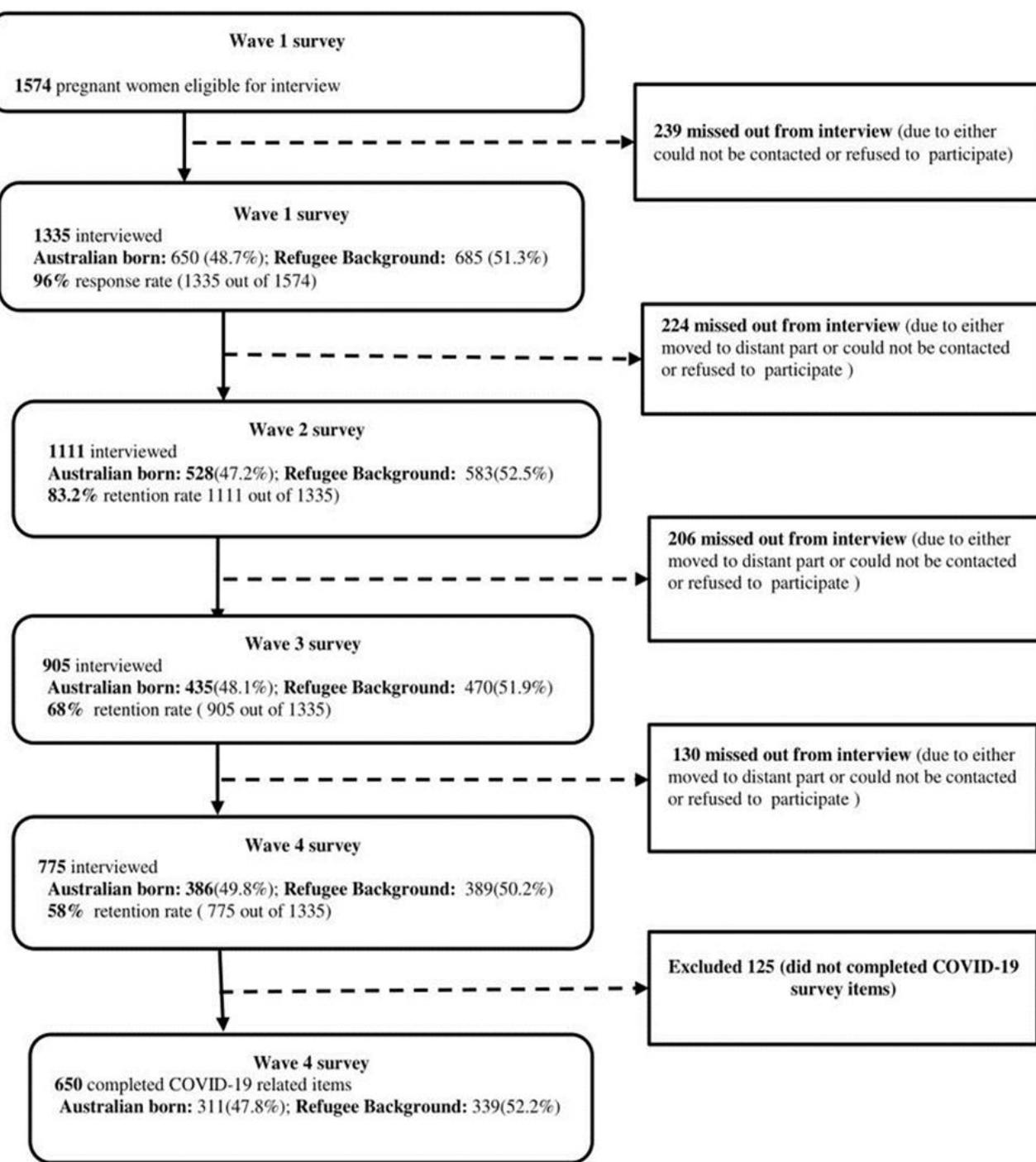
- ▶ 1335 women (685 refugee and 650 Australian born) over 18 years of age, systematically recruited at antenatal clinics in three Australian hospitals servicing large refugee populations.
- ▶ Five timepoints so far – NHMRC funding
- ▶ Main outcome measures include the International Neuropsychiatric Interview (MINI), World Mental Health Survey Trauma Events; the World Health Organization measure for Intimate Partner Violence; Post-Migration Living Difficulty Checklist, ASQSE for kids, COVID_19 questions, exercise measure



Australian Government
**National Health and
Medical Research Council**



5 waves, so far

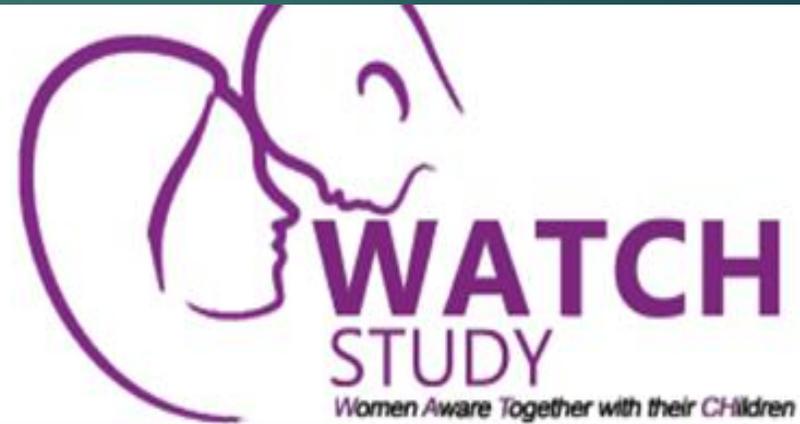


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Refugee Background and
Australian Born Women

Mental Health, Wellbeing
and Settlement

Demographic data

- ▶ Most refugee women were born in Iraq (38.8%), followed by Lebanon (18.2%), Sri Lanka (10.3%) and Sudan (9.6%). More than half of the refugee women (54.2%) arrived in Australia before 2011, a third of them (33.4%) arrived during 2011 to 2014 and the remaining 12.4% arrived after 2015.



Rees SJ, Fisher JR, Steel Z et al.,
Prevalence and Risk Factors of Major
Depressive Disorder Among Women at
Public Antenatal Clinics From Refugee,
Conflict-Affected, and Australian-Born
Backgrounds. **JAMA Network Open.** 2019

Original Investigation | Psychiatry

Prevalence and Risk Factors of Major Depressive Disorder Among Women at Public Antenatal Clinics From Refugee, Conflict-Affected, and Australian-Born Backgrounds

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Abstract

IMPORTANCE Pregnancy may increase the risk of depression among women who self-identify as refugees and have resettled in high-income countries. To our knowledge, no large systematic studies among women with refugee backgrounds in the antenatal period have been conducted.

OBJECTIVES To compare the prevalence of major depressive disorder (MDD), trauma exposure, and other psychosocial risk factors among women who identify as refugees, women from the same conflict-affected countries, and women from the host nation and to test whether self-identification as a refugee indicates greater likelihood of prevalence and risk.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study was undertaken in 3 public antenatal clinics in Sydney and Melbourne, Australia, between January 2015 and December 2016. Overall, 1335 women (685 consecutively enrolled from conflict-affected backgrounds and 650 randomly selected from the host nation) participated. Data analysis was undertaken between June and September 2018.

EXPOSURES One-hour interviews covering mental health, intimate partner violence, and other social measures.

MAIN OUTCOME AND MEASURES World Health Organization measure for intimate partner violence and the Mini-International Neuropsychiatric Interview from the *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)* for MDD. To make a diagnosis, 1 of 3 items relating to

Key Points

Question What is the prevalence and which risk factors are associated with major depressive disorder in women from conflict-affected backgrounds resettling in a high-income country, and does self-identification as a refugee signal a higher risk?

Findings In this cross-sectional study of 1335 women (685 recruited from conflict-affected backgrounds and 650 from the host nation), the prevalence of major depressive disorder was 14.5% for women born in the host nation compared with 19.7% for women from conflict-affected backgrounds and 32.5% for women who identified as refugees.

Meaning General and refugee-related traumatic events, intimate partner violence, low social support, and

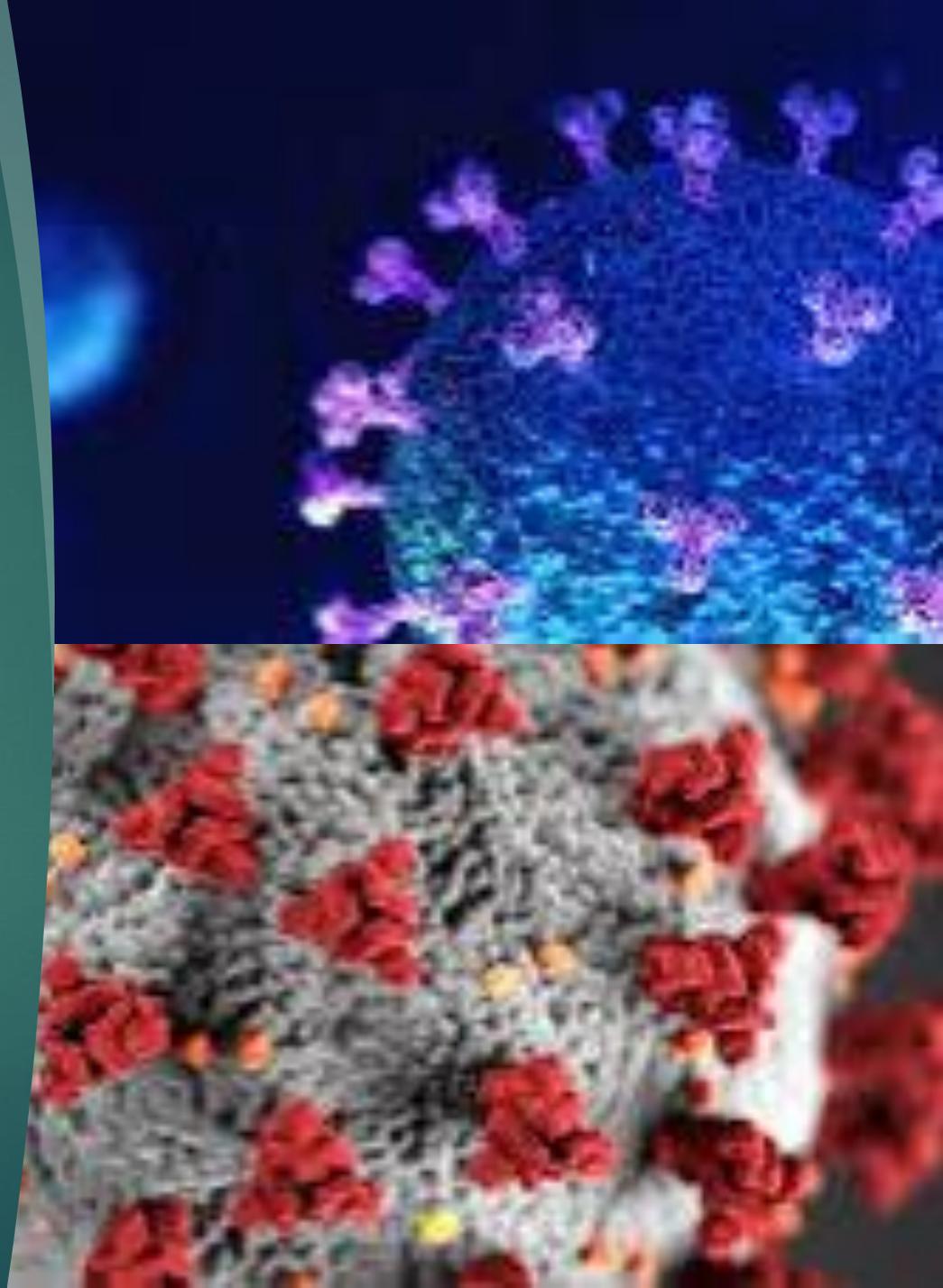
Depression in the baseline cohort.

- ▶ The prevalence of perinatal depression for refugee women (25.1%) was significantly ($p < 0.01$) higher than Australian born women (14.5%).
- ▶ Much higher in both groups if there is IPV
- ▶ Traumatic events feature prominently in both groups



No large studies of mental health during COVID-19 have examined people from refugee backgrounds using probability sampling and diagnostic MH measures

- ▶ Mental disorder including depression, PTSD, grief, panic, and separation anxiety.
- ▶ Exposure to prior traumatic events, higher prevalence for mental disorders, and contemporary social adversity may confer a unique risk during COVID-19.
- ▶ Examine and compare prevalence and type of mental disorder during COVID-19.
- ▶ COVID-19-related psychosocial problems: 1. material hardship and 2. psychological stress or fear.
- ▶ Intimate Partner Violence (IPV) because of its previous association with mental disorders.



- ▶ Women from refugee background living in Australia had higher prevalence of :
 - ▶ depression
 - ▶ PTSD
 - ▶ Adult Separation Anxiety Disorder (ASAD)
 - ▶ Grief
 - ▶ Refugee background woman had a higher prevalence of IPV
 - ▶ Mental disorders in the women from refugee background **were more strongly associated with COVID-19-related psychological fear or stress**

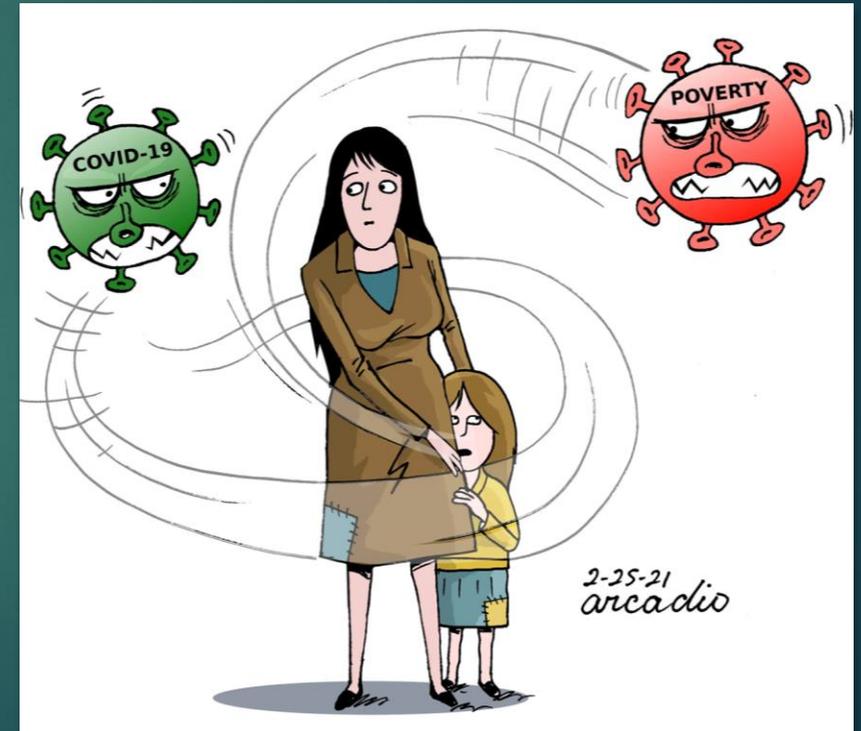




Are we really all in this together?

Kapilashrami, A., & Bhui, K. (2020). Mental health and COVID-19: is the virus racist?. *The British Journal of Psychiatry*, 217(2), 405-407.
Purtle, J. (2020). COVID-19 and mental health equity in the United States. *Social psychiatry and psychiatric epidemiology*, 55(8), 969-971.
Rees, S., & Fisher, J. (2020). COVID-19 and the mental health of people from refugee backgrounds. *International Journal of Health Services*, 50(4), 415-417.

- ▶ Underplays social and cultural differences that significantly increase risk of chronic and acute disease, and worse mental health outcomes during the pandemic.
- ▶ Socially disadvantaged groups will experience more psychiatric morbidity related to the pandemic than socially advantaged groups.
- ▶ Power and privilege provide socially advantaged groups with more resources to limit their exposure to, and cope with, stressors caused by COVID-19.
- ▶ Address the structural social, economic and cultural factors that place Australians from refugee background at greater mental health risk during the pandemic



Thank you!

