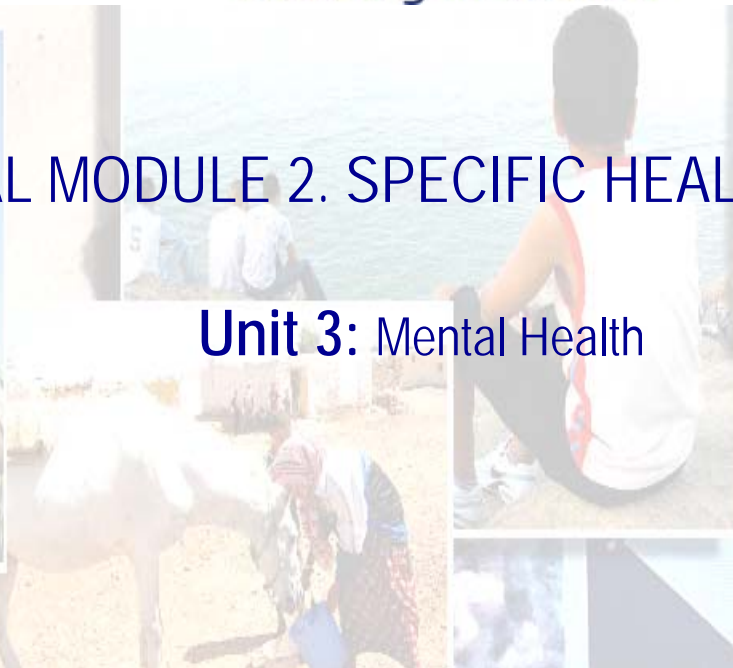




Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 2. SPECIFIC HEALTH CONCERNS

Unit 3: Mental Health



Elaborated by:
M^a Victoria López Ruiz, Andalusian School of Public Health, 2015

Migration and mental health

Process of migration and grief process

Depression

Suicide

Skizophrenia

Addiction

Mental health in Roma population

- Migration is not in itself a cause of mental illness.
- It can be considered as a "stressful life event and anxiety generator,"
- It could fall into the category of traumas known as "cumulative" and "stressful".
- Refugees and asylum-seekers, together with undocumented migrants, are considered to be particularly at risk, due to past and current predicaments.

Due to the different condition of migration concerning variables as: motivation to migrations (e.g. settler, refugees, *gastarbeiter*); distance for the host culture; ability to develop mediating structures; legal residential status it is impossible to consider "migrants" as a homogeneous group concerning the risk for mental illness.

Process of migration and grief process



Medical records: Items to be covered with migrants

Pre-migration	Reasons (e.g., student, economic, political) Preparation Group or singly Degree of control over migration
Migration	How long ago? Why? Age on arrival? Possible return or permanent? Asylum status? Previous experiences
Post-migration	Aspiration/achievement Acculturation and adjustment Attitudes towards new culture Attitudes of the new culture Support networks available/accessible
Interviewer	Own values, prejudices Being aware of strengths of one's own culture and its weaknesses

Specific characteristics of the grief process

1. It is a partial grief
2. It is recurrent
3. It is linked to deep-rooted infantile aspects
4. It is multiple
5. It causes a change of identity
6. It causes a psychological regression
7. It is developed over several phases
8. Different defenses and cognitive strategies are used during its development
9. It is accompanied by ambivalence
10. Migrants in the host country and those remaining in the country of origin both grieve.
11. The return of immigrants is a new migration
12. Grief is transgenerational

“Levels of mental distress among communities need to be understood less in terms of individual health problems and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing” (Friedli WHO)

Possible social determinants of mental health within ethnic minority groups:

- ✓ Unemployment
- ✓ Housing
- ✓ Income and Benefits
- ✓ Education



DEPRESSION- ANXIETY

SCHIZOPHRENIA

SUICIDE

ADDICTION

CHRONIC AND MULTIPLE STRESS

Syndromes Linked to Culture:

- ✓ Voodoo
- ✓ Evil eye
- ✓ Dhat (semen loss)
- ✓ Koro (genital retraction)
- ✓ Anorexia nervosa



Ethnicity & Health

Volume 20, Issue 1, 2015



Depression in Europe: does migrant integration have mental health payoffs? A cross-national comparison of 20 European countries

DOI: 10.1080/13557858.2014.883369

Katia Levecque^{ab*} & Ronan Van Rossem^a
pages 49-65

Publishing models and article dates explained

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Depression

< Previous Article

Journal of Affective Disorders
Volume 97, Issues 1-3, Pages 229-239, January 2007

Next Article >

Depression and generalised anxiety in the general population in Belgium: A comparison between native and immigrant groups

[Katia Levecque](#) , [Ina Lodewyckx](#), [Jan Vranken](#)

Received: March 20, 2006; Received in revised form: June 26, 2006; Accepted: June 26, 2006;

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Brief report

Symptoms, comorbidity, and clinical course of depression in immigrants: Putting psychopathology in context[☆]

Michael Saraga^{a,*}, Mehdi Gholam-Rezaee^b, Martin Preisig^b

^a Department of Ambulatory Care and Community Medicine, Lausanne University Hospital, rue du Bugnon 44, 1011 Lausanne, Switzerland

^b Department of Psychiatry, Lausanne University Hospital, Site de Cery, 1008 Prilly, Switzerland



Depression in Europe: does migrant integration have

DOI: 10.1080/
Katia Leveque
pages 49-65

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Received: 5 Au
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Depression

Migrants show higher levels of depression, with those born outside of Europe appear to suffer the most. This higher risk for depression is not attributable to ethnic minority status but is mainly due to experienced barriers to socioeconomic integration and processes of discrimination

Depression and generalised anxiety are more prevalent in the population from Turkey and Morocco than in population groups from within the European Union.

Depression in migrants was characterized by higher comorbidity (mostly somatoform and anxiety disorders), higher severity, and a non-recurrent, chronic course.

Symptoms, comorbidity, and clinical course of depression in immigrants: Putting psychopathology in context[☆]

Michael Saraga^{a,*}, Mehdi Gholam-Rezaee^b, Martin Preisig^b

^a Department of Ambulatory Care and Community Medicine, Lausanne University Hospital, rue du Bugnon 44, 1011 Lausanne, Switzerland

^b Department of Psychiatry, Lausanne University Hospital, Site de Cery, 1008 Prilly, Switzerland

Suicide

- ✓ Migrants from countries in which suicide risks are particularly high, i.e. countries in northern and eastern Europe, experienced higher suicide rates relative to groups without migration background.
- ✓ Young female migrants from Turkey, East Africa and South Asia are a risk group.

RISK FACTOR

- ✓ Psychiatric problem
- ✓ Mental health problem
- ✓ Drug or alcohol use
- ✓ Traumatic experiences in combination with other factors





Psychiatry

Volume 5, Issue 11, November 2006, Pages 396–401

Transcultural psychiatry



Clinical conditions

Ethnicity and mental health: the example of schizophrenia in migrant populations across Europe

W.L. Alan Fung, Dinesh Bhugra, Peter B. Jones

Schizophrenia

African-Caribbean migrants to Europe have 5–10 times higher incidence rate of schizophrenia syndrome than expected, according to multiple studies using various methodologies in the past few decades. This is true across generations.

Soc Psychiatry Psychiatr Epidemiol. 2004 May;39(5):350-7.

Migration and schizophrenia: the challenges for European psychiatry and implications for the future.

Hutchinson G¹, Haasen C.

⊕ Author information

Social inequalities, family fragmentation and urbanisation seem to be the main hypotheses proposed for the increased rates of psychotic illness. The stress of the migratory process itself may be implicated in some countries, where asylum seekers and refugees form the largest group of migrants. These factors may all interact with genetic vulnerability and substance abuse.



Available online at www.sciencedirect.com



European Psychiatry 23 (2008) 514–520

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PSYCHIATRY

<http://france.elsevier.com/doi>

Mental health, health care utilisation of migrants in Europe

J. Lindert^{1,*}, M. Schouler-Ocak², A. Heinz², S. Priebe¹

¹ *Social and Community Psychiatry, Barts and the London School of Medicine and Dentistry, Queen Mary, University of London, London, UK*

² *Klinik für Psychiatrie und Psychotherapie, Charité Campus Mitte, Charité – Universitätsmedizin, Berlin, Germany*

Knowledge about **addiction** of migrants in Europe is limited due to lack of data.

Barriers to care:

- Language difficulties
- Lack of knowledge
- Fear of losing residence rights
- Cultural understanding of the causes and treatment of addictive behaviour

Addiction

- ✓ The SRAP project investigated the processes that link Roma youth to drug use, in a prevention framework, and was carried out in 6 countries: Italy, Spain, France, Bulgaria, Romania and Slovenia
- ✓ The European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) examined drug prevention interventions for 'minority ethnic populations' in 29 European countries. There is a publication
- ✓ The European Commission describes the impact of tobacco control policies on socio-demographic groups in Europe in a report "Identifying best practice in actions on tobacco smoking to reduce health inequalities"

Mental health in Roma population

- ✓ **Roma populations** suffer more depression and other mental health problems than non-Roma.
- ✓ A few studies have found a higher rate of suicide and parasuicide in comparison with the general population. In contrast, suicidal ideation is reported as less common among Roma people.
- ✓ **Roma children experience:** A higher burden of mental health problems compared with their non-Roma counterparts.



Thank you and questions

Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014

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Migrants & Ethnic Minorities
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