MIGRATION AND MENTAL HEALTH

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TRENDS IN MIGRATION IN EUROPE

- More than 56 million migrants in Europe in 2002
- The major migration periods in Europe: First and second world war and last decade.
- Most of migration is from developing to developed countries
- New migration patterns emerge
MIGRATION IN EUROPE IN THE 90’s

- Balkan War
- Commonwealth of Independent States
- Eastern and Central European countries

- Change in the role of Italy, Spain, and Portugal.
- Migration from Europe and Eastern European countries
- Migration from African countries and America.
ROLES OF MIGRATION

- Demographic needs of European countries (ageing, growth).
- Economic migration
- Refugees and asylum seekers
- Lack of common policies of migration in Europe
HETEROGENEITY OF MIGRATION

- Motivation to migrations
- Distance for the host culture
- Ability to develop mediating structures
- Legal residential status
HETEROGENEITY OF MIGRATION

- Resilience of immigrants
- Higher self esteem of men that migrate.
COUNTRY DIFFERENCES

Northern model – vs- Southern model.

Northern model:
- UK, Netherlands, Germany, Sweden.
- Migrations during XXth Century.

Southern model:
- Spain, Portugal
UNDOCUMENTED MIGRATION

- Policies of closing borders in Europe
- New legislation
- 2.6 million undocumented inmigrants in Europe in 1991 (International Labour Office)
- Largest in South of Europe – Black economy
- Badly paid, physically and psychologically stressful jobs.
REFUGEES AND ASYLUM SEEKERS

392,000 asylum applications in Europe in 2000 (United Nations High Commission for Refugees)
Enormous change and stress: grief process.

Seven grieves (losses): family and friends, language, culture, homeland, loss of status, loss of contact with the ethnic group, and exposure to physical risks.

Migration grief difficult to solve compared to grief from a dead one.

Worse for refugees (high risk for Post Traumatic Stress Disorder)
The Chronic and Multiple Stress Syndrome

Currently, the migratory experience is an extremely hard and unbearable process.

Immigrants present depressive and anxious symptomatology with somatoform and dissociative symptoms (Atxotegui, 2002)

The syndrome develops progressively.
EPIDEMIOLOGICAL STUDIES

- Studies are scarce, few population based.
RATES OF SCHIZOPHRENIA

- Higher admission rates of schizophrenia in:
  - Morocco, Surinam, and Antilles in Netherlands.
  - Caribbean, Ireland, India and Pakistan in UK.
  - East Africa in Sweden.
- Not all the groups show increased rates (Turkish and other European countries).
- More affective symptoms (African-caribbean in UK, Turkish in Germany)
- Diagnostic differences (Hansen, 2001)
RATES OF SCHIZOPHRENIA

- Rates higher in second generation (Bhugra, 2000).
- Developmental problems in formulation the life task (Eaton, 2000).
SUICIDE

- Higher suicide rate in young women immigrants from the Indian subcontinent (UK) - Affective disorders may be under-diagnosed (Karmi, 1997).
- Higher suicide rate among second generation in Netherlands (de Jong, 1994)
- Suicidal attempts more frequent among the Mediterranean girls than among their German counterparts (Stortch 2000)
ALCOHOL ABUSE

Higher rate in people of Indian descent in UK (Balajaran, 1984).

Hjem and Allebeck, 2004 (Sweden): Role of patterns of use of country of origin
DRUG ABUSE

Higher drug abuse was a consequence of difficult social integration [Sweden (Giannopoulou, 1988), France (Bendaham, 1993) and Germany (Akbiyik, 1990)]

Lack of data about drug dependence in the migration population in Europe. (Caballero 2003).
PSYCHOPATHOLOGY EXPRESSION AND ACCESS TO PSYCHIATRIC FACILITIES

- Lower rate of recognized mental disorders in women of Indian origin (Jacob et al. 1998) in West London.
- Incorrect diagnosis by the GP was most likely to occur when patients did not disclose all their complaints.
- Turkish immigrants in the Netherlands: expression of somatic complaints (Bengi-Arslan et al. 2002).
PSYCHOPATHOLOGY EXPRESSION AND ACCESS TO PSYCHIATRIC FACILITIES

- Surinamese, Antillean, Turkish and Moroccan women made considerably less use of mental health care services than native born women in the Netherlands (ten Have et al. 2002).

- Turkish immigrant teachers reported high levels of anxiety and depression in immigrant Turkish children which go largely undetected (Crijnen et al. 2000).

- Turkish born migrant women in Sweden communicated distress by concrete expression about the body, emotion, social and life situation (Baarnhiem et al. 2000).
RISK OF ANXIETY AND DEPRESSION

- Depressive disorders frequent cause of medical consultations immigrants in Madrid (Esteban y Pena, 2001).
- Protective role of community support in senegalese travelling salesmen in Sardinia (Carta et al. 1991).
- Sardinians people living in Paris: higher risk both of anxiety (as people living in Sardinia) and depressive disorders in the young people (as Parisians).
- The young emigrants and 2nd generation emigrants seem to be prone to drug-abuse and bulimia.
PROBLEMS OF INMIGRANTS THAT RETURN HOME COUNTRY

- Little is known
- Very relevant health problem particularly on immigration from southern Europe and Turkey toward northern European countries.
- Effect of ageing (Emmeneghegger 1998).
- A recent community survey found a higher frequency of depressive disorders in the Sardinian immigrants in Argentina (Carta et al. 2004).
REFUGEES AND MENTAL HEALTH

- Two thirds of refugees experience anxiety and/or depression (Carey-Wood al. 1995).
- High incidence of post traumatic stress disorder, depression, anxiety, panic disorder and agoraphobia (Brent and Harrow Health Agency et.al., 1995).
- Harvard USA study in Refugee Trauma: high rate of disabling depression and post traumatic stress disorder among Bosnian refugees (Mollicca 1999).
- 50% of former Bosnian refugees who remained in the Balkans present psychiatric symptoms.
Thank you
Back up slides
Hospital admission rates for schizophrenia are highest for people with Caribbean, Irish, Polish, India and Pakistan background.

Rates of schizophrenia even higher for second generation (Bhugra, 2000).

More affective and less deficit symptoms in Caribbean patients.
UNITED KINGDOM

- High suicide rates of young women immigrants from the Indian subcontinent.
- Lower recognition of depressive symptoms in migrants from India and Asian countries.
- High alcohol abuse among people of Indian descent (cirrhosis-related mortality)
The NETHERLANDS

- Schizophrenia: Increased in several (Morocco, Suriname and Netherlands Antilles) but not all (Turkish and Western countries) immigrants groups.
- Higher suicide rate for children of immigrants.
- Higher rate of minor psychiatric disorders (Turkish immigrants).
- Less use of mental health services (ten Have and Bijl, 2002)
ITALY

- Protective role of community network (Senegalese salesmen in Sardinia; Sardinian immigrants in Paris).
- Difficulties of migration in countries with economic problems (Argentina, Carta, 204)
- Problems of immigrants that return to country of origin.
GERMANY

- Role of diagnostic differences in explaining the higher incidence of schizophrenia (Hansen, et al. 2000).
- Higher rates of depression and hostility in Turkish immigrants.
SWEDEN AND SCANDINAVIAN COUNTRIES

- Differences in risk for first and second generation immigrants.
- Higher rates of schizophrenia (Saralva et al)
- Higher risk for alcohol and drug abuse for second generation
SPAIN

- Frequent cause of medical consultation (next to obstetric and pediatrics) (Esteban and Peña, 2001).
- Difficulty of some cultures to express psychological symptoms: ‘somatization’
- Highest rate of depression. Ulyses syndrome.
FRANCE

- Difficulties in interpreting symptoms from inmigrants (Pouget et al.)
- Problems of integration of immigrants in the country of destination.
PORTUGAL

- Labour migrant adolescents lower health behaviour (individuals from South Europe migrating to Switzerland).
- Specific group ethnic model predicting depression in immigrant women in an a flexible, individualized approach to ethnic women’s psychology health care (Franks and Faux 1990)
GREECE

Rates of psychiatric (anxiety) disorders higher in Greek immigrants in London (Mavreas and Bebbington 1998).

Higher psychological distress in Greeks and Turks in their homeland compared to Munich (Fitcher 1988)
Drug abuse was a consequence of difficult social integration in Sweden (Giannopoulou, 1988), France (Yakoub, 1993; Boylan, 1995) and Germany (Akbiyik, 1990).

Association between migration and addiction is very heterogeneous (Caballero, 2003) – Influence of patterns of use in country of origin.
Two thirds of refugees experience anxiety and/or depression (Carey-Wood et al. 1995).

Refugees have a high incidence of post traumatic stress disorder, depression, anxiety, panic disorder and agoraphobia (Brent and Harrow Health Agency et.al., 1995).
REFUGEES

- Shortages of food, being lost in war situation, being close to death and suffering serious injury were each related to specific psychiatric symptoms in adult Somali refugees (Bhui et al., 2003).
- Along asylum procedure is associated with psychiatric disorders (de Jong, 2003).
- Nearly 50% former Bosnian refugees who remained living in the Balkan area still present psychiatric symptoms (Mollicca et al., 1999, 2001)