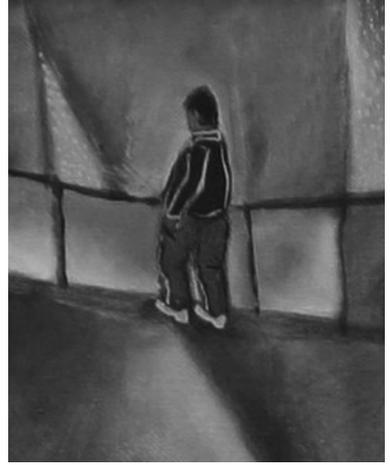## Summary

Dutch Study Iraqi Asylum Seekers

Impact of a long asylum seeking procedure on mental health and other indicators of health among Iraqi asylum seekers in the Netherlands: an epidemiological study.

This dissertation systematically assessed the prevalence of psychiatric disorders, quality of life, disability and physical health among one of the biggest group of asylum seekers in the Netherlands. These outcome measures were evaluated in relation with socio-demographics and pre- and post-migration adverse life events, with a special focus on the length of the asylum procedure. Post migration living problems were assessed and also related to the health outcome measures. Health service use was measured and evaluated in relation with potential predictors. The dissertation finishes with the clinical implications of the study and an elaboration of a resilience-oriented diagnostic and treatment model for asylum seekers.

The data collection, from at random selected respondents living in all provinces of the country, took place in the years 2000 and 2001.

Part I: Introduction, methodology and descriptive results

In the decade preceding this study over 3 million persons applied for asylum in Europe. In the same period over 300.000 applications for asylum were submitted in the Netherlands, putting an enormous pressure on the immigration system. About one fifth of all applications came from Iraqi refugees. Due to the higher influx of asylum seekers and to the restrictive immigration policies, the number of asylum seekers living in special housing facilities, awaiting the decision of their application increased from 30.000 to over 80.000 in 2001. Many of them had to wait very long for this decision, e.g., in 2000: 34.0% of the 78.200 waited more than two years.

Many asylum seekers experienced adverse life events and were in need of (mental) health care. The healthcare institutions (e.g. GGZDrenthe) were challenged to deliver care to a group they were not used to deal with. Besides the cultural and language aspects that complicated the treatment, the clinical observation was that the asylum procedure had a serious negative effect on the treatment results and that the health problems increased as the length of the asylum procedure became longer. The need arose to do adequate research on the mental health problems of asylum seekers and the idea of the Dutch Study Iraqi Asylum Seekers was born.

In chapter 1, the Dutch and international literature on mental health problems among asylum seekers and refugees is reviewed till the year of the study (2000). The literature showed extensive health problems among asylum seekers and refugees. Posttraumatic stress disorder (PTSD) appeared to be common but also other anxiety disorders, depressive disorders and dissociative disorders were frequently found. Often more than one disorder in the same person occurred. However, only a few studies dealt specifically with asylum seekers and there were several scientific limitations. Some of these limitations were: use of convenient and not at random samples, small size of the samples, focus on only one or two disorders, use of instruments only used in refugee population which limits the comparison with other groups, no attention for disability and quality of life, and many ethnic groups in one study.

Subsequently, the literature was searched for risk factors in relation with mental health problems. In describing these factors, we divided the risk factors in pre- and post-migration risk factors. Although the search gave information on a variety of risk factors, the importance of traumatic life events in relationship with other risk factors (e.g., a long asylum procedure, post migration living problems) in the pathway to psychopathology remained unclear.

Therefore we designed a study among asylum seekers with the main research question:

What is the impact of a long asylum procedure on mental and physical health, quality of life and disability of Iraqi asylum seekers in the Netherlands, in relation to pre- and post-migration risk factors?

Chapter 2 describes the methodology of the study. In relation to the main research question a longitudinal study would have been preferable but appeared to be impossible, due to many practical problems (such as frequent moves, hiding or expulsion after denial of residence permit, leaving the centres without further notice). Therefore we did a cross-sectional, community based study and prestratified the population in two groups, based on length of stay in the Netherlands (= being in an asylum procedure): respectively less than six months (group 1) and more than two years (group 2). The sampling was at random. Data could be analyzed from 294 respondents (group 1: 143, group 2: 151). Fully structured, culturally validated, Arabic questionnaires were used. The interviews were done by specially trained Iraqi volunteers. Psychiatric disorders were measured with the WHO Composite International Diagnostic Interview (CIDI, 2.1), quality of life with the WHOQOL-Bref, disability with the Brief Disability Questionnaire and physical health with a newly developed list, containing questions

about diseases and chronic physical complaints. The adverse life-events were gathered from four life periods: (1) 0-12 years, (2) 13 years – departure from Iraq, (3) departure from Iraq – arrival in the Netherlands and (4) after arrival in the Netherlands. They were measured with the Harvard Trauma Questionnaire. Experience of psychological and physical torture was asked for in detail with the Exposure to Torture Scale. In addition data about youth domestic events, death and separation in the family, and loss of material goods were gathered. The list of youth domestic events encompasses being raised by both biological parents, and 14 items related to an unsafe and abusing environment. Post Migration Living Problems (PMLP) where measured with an adapted list from Silove et al. (1997). The Iraqi-Arabic questionnaire was based on the Palestinian-Arabic version which had been translated from English and culturally validated and translated in a 7-step procedure. For use in the Iraqi population a focus group of 8 men and women from different ethnic and professional backgrounds modified the instruments. Frequencies and mean scores of outcome and risk factors were calculated and differences between the 2 groups were estimated with the help of chi-square and student t-tests. Univariate and multivariate regression analyses were used to study the predictive values of the pre-and post migration risk factors, with special focus on the impact of length of stay in the Netherlands.

The descriptive part of the results (chapter 3) showed significantly higher levels of psychiatric disorders in Iraqi asylum seekers staying in the Netherlands for more than two years (group 2) compared to those who just arrived (group 1). The prevalence rate of 'one or more psychiatric disorders' was 42% in group 1, versus 66.2% in group 2. Also the prevalence rates of anxiety, depressive and somatoform disorders were significantly higher in group 2. Posttraumatic stress disorder was high in both groups but did not differ (p>0,05). Alcohol dependency only occurred in group 2. Furthermore group 2 showed lower quality of life, higher disability and more physical health problems. Almost all (5 out of 6) chronic physical complaints were more prevalent in group 2. The frequencies of reported adverse life events were substantial, e.g., combat situations (41.8%), witness death family/friends (45.0%), imprisonment (32.3%), torture (29.3%). The most frequently mentioned post migration living problems (PMLP) were asylum procedure-related items and family-related items. Group 2 reported a high score (74.2%) on worries about 'no permission to work'. Overall both adverse life events and PMLP were more prevalent in group 2. The descriptive results of health service use showed high overall service use: 71.4% made use of a service in the last two months. Although group 2 had much higher levels of health problems, there was no significant difference between the two groups in the

use of the general practitioner and the medical specialist. Group 2 visited a mental health practitioner more frequently, but the percentage (9.3%) was low compared to the (earlier mentioned) prevalence rates of psychopathology. Drug consumption was significantly higher in group 2. Finally, the opinion of the respondents about the interview is described. More than half of the participants reported that the interview was a positive experience.

Part II: Analyses of determinants and outcome measures.

In chapter 4 the prevalence rates of psychopathology are described and the results of the logistic regression analyses are shown and discussed. Through this type of analyses we estimated the relative contribution of socio-demographics and the pre- and post migration risk factors to psychopathology. In order to study the impact of a long asylum procedure we included 'group 2 membership' in the analyses. Because the two groups might differ on relevant risk factors we entered a detailed list of socio-demographic characteristics in the analyses, i.e.: age, sex, marital status, children, ethnicity, religion, literacy, geographic background, education and occupation in Iraq, language skills and psychiatric problems in the past. Mean scores were calculated from the list of youth domestic stress and the 4 lists of adverse life events. Because torture is a well known risk factor for a psychiatric disorder (especially PTSD) this item was entered as a separate item. The results from the analyses show that 'group 2 membership' was the most important risk factor (OR: 2.16) - , after 'female sex' (OR: 2.58). In other words, a long asylum procedure doubles the risk of getting a psychiatric disorder, no matter the experiences in the country of origin. Other independent risk factors for 'one or more psychiatric disorder' were: adverse life events in the youth (till 13th year) (OR: 1.28), between 13th year and departure Iraq (OR: 1.35), and after arrival (OR: 1.66). Adverse life events during the period between departure Iraq and arrival the Netherlands did not reveal significant risk. Torture did not show a significant relationship with 'one or more psychiatric disorder'. Similarly, in the analyses with depressive disorders, anxiety disorders and somatoform disorders, a long asylum procedure and adverse life events after arrival in the Netherlands produced had higher risks (higher OR's) than earlier experienced adverse life events.

In chapter 5, worries about post migration living problems (PMLP) and their relationships with psychopathology are reported and discussed. The aim of these analyses was to study the mechanisms of the impact of a long asylum procedure on psychopathology in more detail. Factor analyses showed that five clusters of PMLP

could be identified: family issues, discrimination, asylum procedure issues, socio-economic living conditions, and socio-religious aspects. Language problems and work-related items did not fit in one of the clusters and were analysed as separate items. We compared the scores of PMLP of participants with and without (different types of) psychopathology and found that almost all differences were significant. In the multivariate logistic regression analyses, worries related to the asylum procedure (i.e. uncertainty about residence permit, fear to be sent away, uncertainty about the future), worries about family related issues (i.e. missing the family, worries about family in Iraq, unable to go home in case of emergencies, loneliness) and worries about the absence of work appeared to have the strongest relationship with psychopathology. A higher score on 'no permission to work' increased the risk of 'one or more psychiatric disorder' with 44%. As mentioned earlier, this type of PLMP was especially reported in group 2.

Chapter 6 explores the outcome measures quality of life (Qol), functional disability and physical health and their relationships with psychopathology, and pre- and post migration variables. Group 2 had lower mean scores on the two overall measures of Qol and on three of the four domains of Qol (i.e. physical health, psychological health, and environment). Only the domain social relationships did not show a significant difference between the groups. Functional disability was worse in group 2 since there were higher mean scores on both 'physical and social role impairments' and on 'total number of days with serious impairment in the last month'. Physical diseases did not differ between the groups, but physical complaints were significantly more present in group 2. Overall 66.2% of the participants of this group reported one or more physical complaints, versus 38.5% in group 1. Results of the various regression analyses showed that Qol, disability and physical health were all related with psychopathology, but when we extended the model with pre-and post migration risk factors the analyses showed that length of stay, adverse life events and several post migration problems were significant predictive risk factors, independent from psychopathology. To be more precise: predictors of lower scores on Qol were: length of stay in the Netherlands, adverse life events after arrival in the Netherlands, days of dysfunction in the last months, and the PMLP cluster 'socio-economic living conditions'. Predictors of disability were psychopathology (i.e. 'one or more psychiatric disorder', depressive and somatoform disorders), higher age and the PMLP cluster 'family related issues'. Chronic physical complaints were predicted by psychopathology (i.e. depressive, anxiety and somatoform disorders), but also by length of stay in the Netherlands,

adverse life events between 13th year and departure, female sex, and the PMLP cluster 'family related issues'.

Chapter 7 describes the use of preventive and curative (physical and mental) health services of the study group and shows the relationships between health service use and predicting variables. In the literature three sets of variables are mentioned in relation to health service use: predisposing, enablement and need variables. Respondents' predisposition was measured by age, gender, religion, ethnicity and 'group 2 membership' (length of stay). Need factors included: psychiatric disorders, physical health, quality of life and disability, while PMLP were added as a special set of need variables. Enabling factors were not measured as regular health services for asylum seekers are available and accessible in the Netherlands without financial obstacles. In the first analyses the relation between psychopathology and health service use was studied. Results show that respondents with psychopathology used significantly more services (70% versus 54.5%), both curative and preventive services. Respondents with psychopathology visited a medical specialist (non-psychiatrist) much more often in group 1, but not in group 2. The use of drugs (analgetics, anxiolitics and hypnotics) in respondents with psychopathology was higher in both groups, compared to those without psychopathology. Subsequent analyses with all predicting variables showed different patterns of predictors for different types of health service. The conclusion of these analyses is that a long asylum procedure is not associated with higher levels of service use, except for mental health service use and drug use. Psychopathology is related to a higher level of service use, but when corrected for the influence of other predisposing and need factors, other factors such as high role and functional disability, and low perceived quality of general health, are more important predictors. Moreover having one or more psychiatric disorder(s) predicts the use of a medical specialist (non-psychiatrist), but does not predict mental health service use. The overall use of mental health service use is very low compared to the high prevalence of psychiatric disorders: over 80% of the asylum seekers with a psychiatric disorder used any health service, but only 8.8% visited a mental health service.

Part III Implications of study results into clinical practice

In chapter 8 the implications of the study results in relation to the clinical practice are discusses and a resilience-oriented diagnostic and treatment model is introduced. The most important implications are that there is a need for a thorough and broad diagnostic assessment procedure and that the treatment should not primarily focus on

adverse and/or traumatic experiences prior to arrival but pay serious attention to daily living problems and the enduring stress generated by the asylum procedure. Therefore it is recommended that the treatment should be resilience-orientated. In the chapter, biological, psychological, social, religious and cultural resources of resilience are discussed and translated to the mental health care of asylum seekers.

The 'resilience-oriented therapy and strategies'(ROTS) model brings together the concepts of vulnerability and stress and two aspects of resilience, i.e. personal strength (e.g., coping) and social support. Vulnerability and strength are considered personal characteristics (internal factors) and stress and social support are considered ecosocial characteristics (external factors). It is assumed that a dynamic equilibrium between these factors is required to remain or become a healthy person.

The ROTS model helps in the diagnostic process to gather information about relevant factors that are possibly related to the health complaints. When the model is adequately applied, the assessment leads to all kinds of ideas for interventions. In our opinion the ROTS model is very well applicable in all treatment modalities with asylum seekers. The conclusion of the chapter is that though treatment possibilities are limited due to, the ongoing stress and the existence of co-morbidity of stress-related psychiatric disorders, treatment is possible, even though it needs scientific corroboration.

Part IV Concluding remarks, discussion and recommendations

In the final chapter (9) the main findings and conclusions are described, followed by some methodological considerations on design; sampling, response and representativity; instruments; translation and cultural validation. After the general discussion, several recommendations are discussed. These recommendations relate to future research, the (public) health sector and government, politicians and policy makers.

The overall conclusion of the findings is that a long asylum procedure has a negative impact on the overall health situation of asylum seekers. The situation is not only harming the affected, but also interferes with the integration process in the Netherlands or elsewhere.