







MENTAL WELLBEING OF SYRIAN, IRAQI AND AFGHAN REFUGEES IN AUSTRIA: EVIDENCE ON THE PREVALENCE OF ANXIETY DISORDER AND DEPRESSION

Judith Kohlenberger, Sebastian Leitner, Isabella Buber-Ennser, Bernhard Rengs

FORCED MIGRATION AND MENTAL HEALTH

DURING MIGRATION:

Harsh environmental

Constant stress and pressure

conditions

Extreme fear

Malnutrition

Loss of trust

Disease

(Sexual) violence

The experience of conflict, migration and resettlement bears risk factors for mental health disorders at all stages of migration.

STRESSORS

DDE MIODATION.

- PRE-MIGRATION:
- Torture and imprisonment
- Violence

War

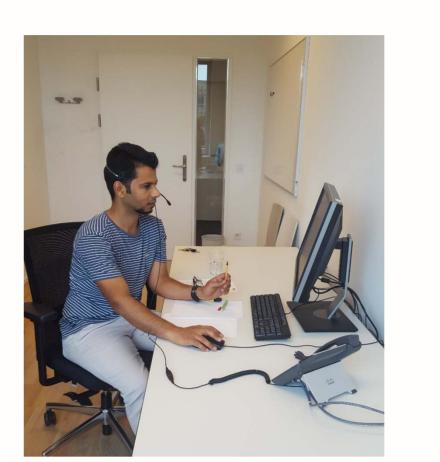
• Loss of family members

 Lack of social networks and isolation

POST-MIGRATION:

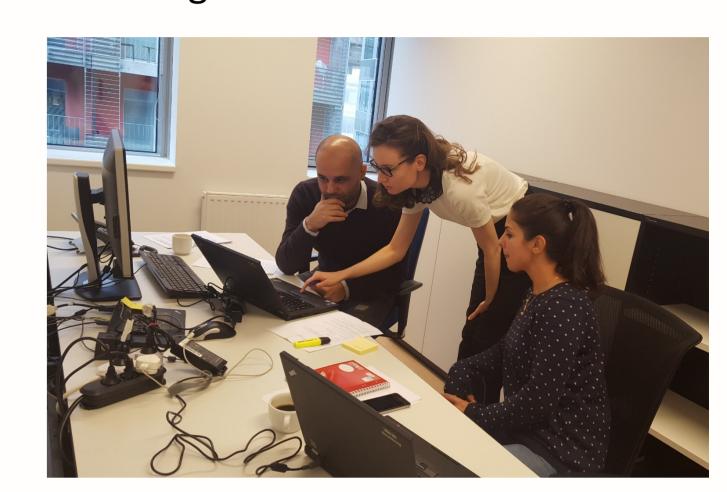
- Change of interfamilial roles and loss of status
- Uncertainty about the future
- Constant worry about asylum status
- Constant worry about family members back home
- Stigmatization and discrimination by the receiving society
- Lack of occupation and meaningful activity
- Economic deprivation

THE REFUGEE HEALTH AND INTEGRATION SURVEY (REHIS)



As one of the first of its kind in Europe, the *Refugee Health* and *Integration Survey (ReHIS)* explores the manifold vulnerabilities refugees experience during and after forced migration by providing primary data on depression and anxiety disorder symptoms of roughly 500 Syrian, Iraqi and Afghan male and female refugees in Austria.

CATIS (computer-assisted telephone interviews) were conducted in Arabic, Farsi, English and German between March and May 2018 by bicultural interviewers, using clinical scales (PHQ8 and GAD7) for measurement.



DEPRESSION AND ANXIETY BY GENDER AND AGE

3% of women showed severe depression symptoms, another 8% moderate and 32% mild symptoms (Fig. 1). In men, the prevalence of depression is lower: 2% are severely, 5% moderately, and 25% mildly stressed. For women, the incidence of moderate and severe anxiety disorders (18% overall) is higher than depression. Among men, both mental disorders occur about equally often. 21% of women and 10% of men are affected by at least one of the two disorders in its moderate or severe form.

Afghan refugees were more frequently affected by mental stress than persons from Iraq and Syria. 29% of respondents said they experienced nightmares in at least some nights over the last 2 weeks, a common symptom of unresolved stress. 5% of respondents experienced nightmares in more than half of the nights.

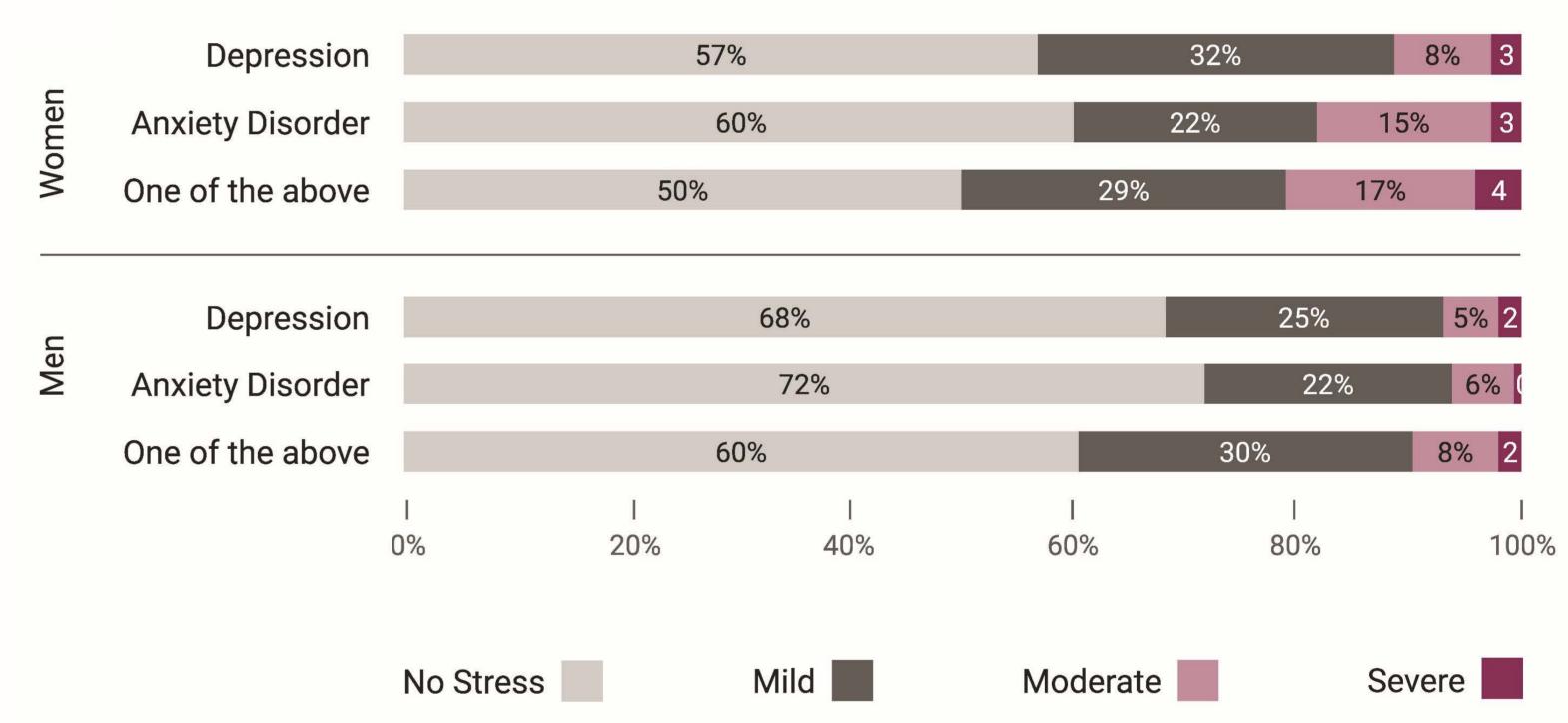


Fig. 1: Age group 15-60 years, depression (PHQ8 scale) und anxiety disorder (GAD7 scale).

PREVALENCE OF MENTAL DISORDER: REFUGEES VS. AUSTRIAN RESIDENT POPULATION

A comparison of prevalence rates of depression among refugees with those of the Austrian resident population (ATHIS) reveals a higher vulnerability of the former: In the age group 15-44, 4% of Austrian men and 6% of Austrian women are moderately or severely depressed (Fig. 2). These rates are twice as high among refugees.

Despite significantly higher prevalence rates of affective mental disorder symptoms, refugees do not consult psychiatric or psychological services more often than Austrians do (Fig. 3). Language barriers, lack of information about available practitioners and long waiting lists were revealed as important barriers to mental health care.

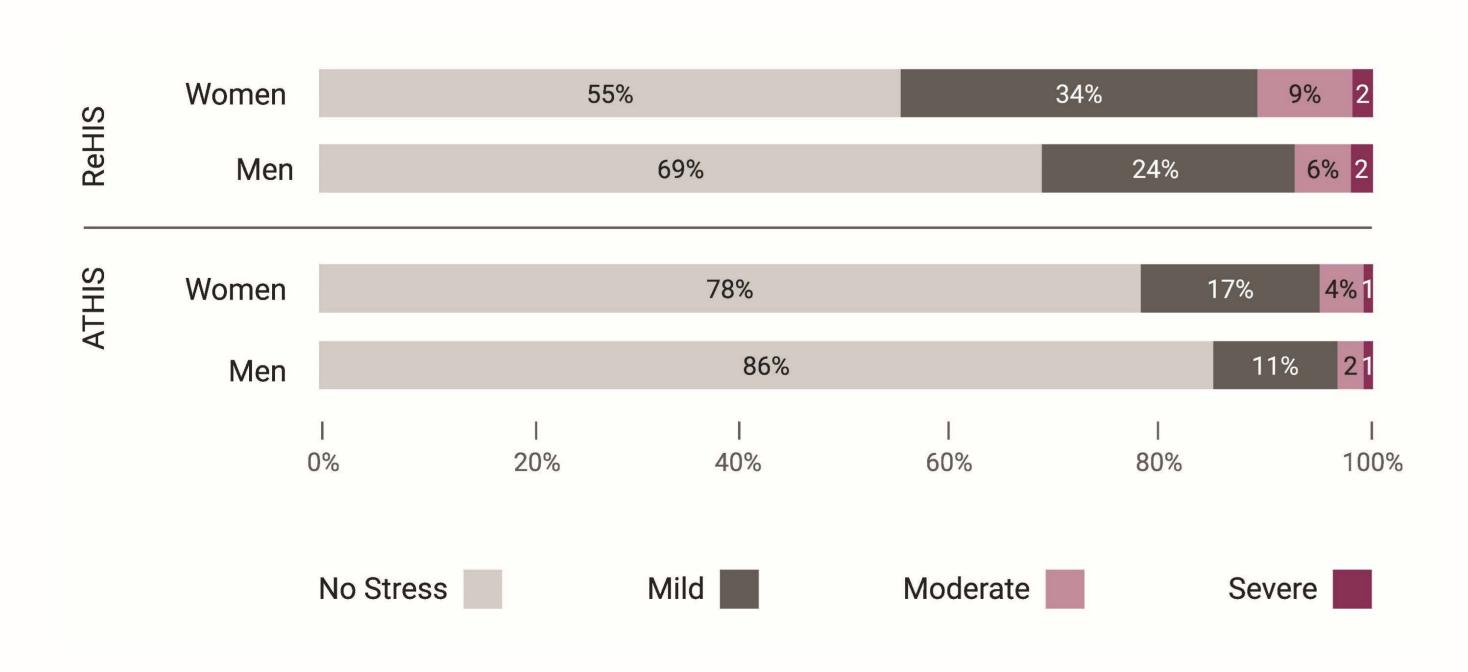


Fig. 2: Age group 15-44 years, depression (PHQ8 Scale), comparison ATHIS and ReHIS.

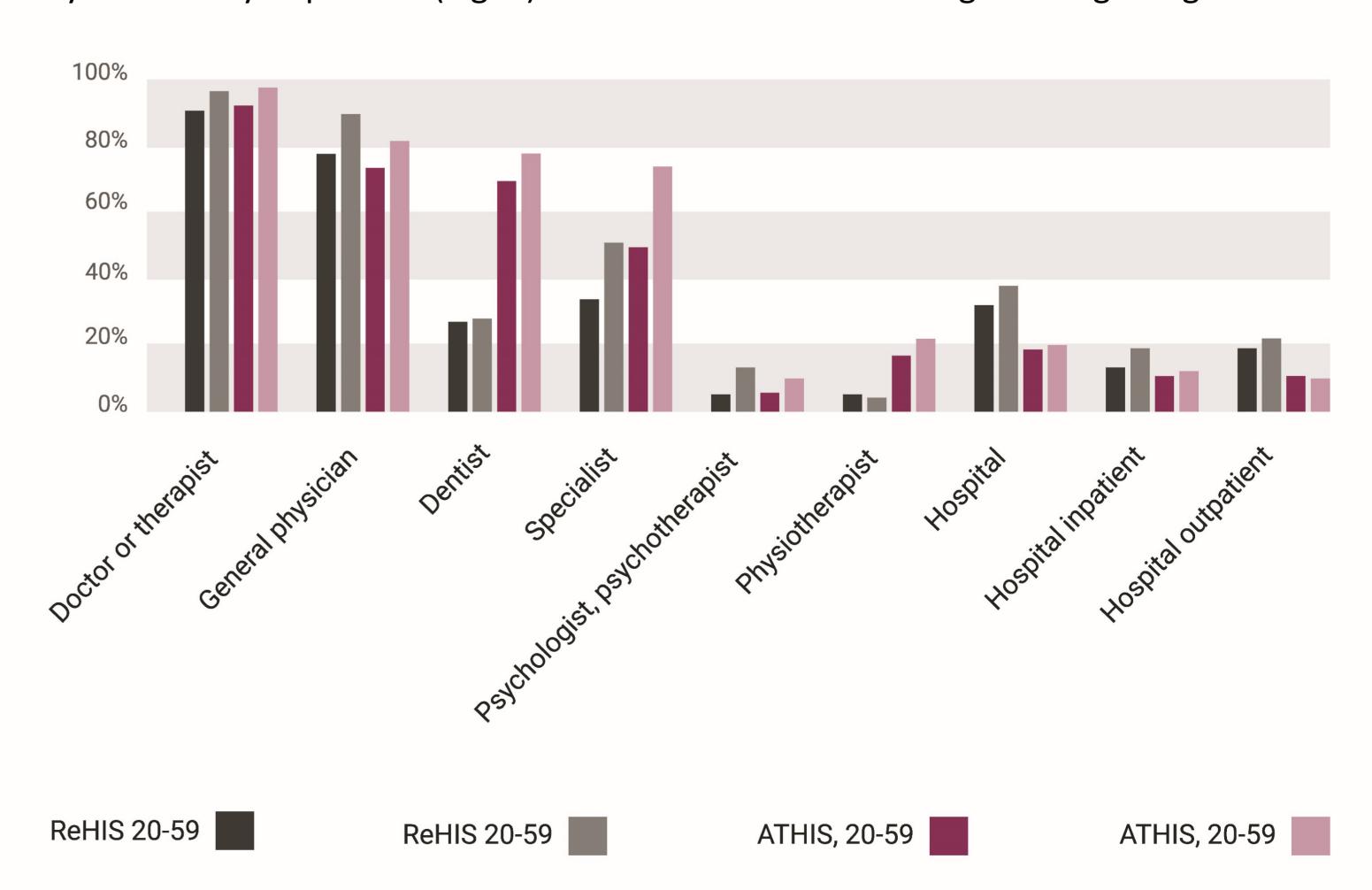


Fig. 3: Use of a medical and/or therapeutic services in the last 12 months.

Refugee Health and Integration Survey

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Contact:
Dr. Judith Kohlenberger
Institute for Social Policy
Department for Socioeconomics
Wirtschaftsuniversität Wien

judith.kohlenberger@wu.ac.at