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

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

STRESSORS

PRE-MIGRATION:
- War
- Torture and imprisonment
- Violence
- Loss of family members

DURING MIGRATION:
- Harsh environmental conditions
- Constant stress and pressure
- Extreme fear
- Malnutrition
- Sexual violence
- Disease
- Loss of trust

POST-MIGRATION:
- Lack of social networks and isolation
- Change of interfamily 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

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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.

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

Fig. 2: Age group 15-44 years, depression (PHQ8 scale) and anxiety disorder (GAD7 scale).

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

PUBLISHED IN HEALTH POLICY


Published in Health Policy

This work was supported by the Austrian Federal Ministry of Education, Science and Research; the Austrian Federal Ministry of Labour, Social Affairs, Health and Consumer Protection; the Federal Ministry of Finance (FMM); and the Austrian Federal Ministry for Transport, Innovation and Technology (BMVIT). Furthermore, funding was provided by a cooperation between the Austrian pharmaceutical industry and the Austrian social insurance funds (http://www.rheiss.fondssozialenwien.at). The funding bodies had no role in the study design, data collection, analysis, writing of the report or submission decision.

Graphic illustration by Viktoria Strehn.

Contact:
Dr. Judith Kohlenberger
Institute for Social Policy
Department for Socioeconomics
Wirtschaftsuniversität Wien
judith.kohlenberger@wu.ac.at