Risks among refugees include schizophrenia

Refugees in Sweden run three times more risk of developing schizophrenia than persons born in Sweden.

They can experience armed drones in the sky, bloody battles, frequent bombings and all sorts of persecution and abuse before encountering the worries and traumas of a dramatic exodus and an uncertain future.

A huge study covering 1.3 million persons indicates that the trials and tribulations which many refugees endure can make them more vulnerable to developing schizophrenia. The disease can cause hallucinations and delusions.

Swedish and British researchers have investigated the number of persons in Sweden who develop schizophrenia and other so-called non-effective psychoses, including paranoiac psychoses.

The odds that refugees will develop such afflictions are 2.9 times greater than for Swedes born in the country.

The refugees also run higher risks than other immigrants who come from their same regions.

More vulnerable than immigrants

The cohort study was based on population registers and involves data covering 1.3 million persons. The only refugees in the study were those who had been granted residence permits in Sweden. They amounted to 12 percent of Sweden’s total population of about 9.4 million in 2011.

All in all, 3,700 new cases of these mental illnesses were registered by the Swedish health authorities in the course of the period covered by the study.

Whereas about 12 in every 10,000 refugees receive these diagnoses annually, eight are diagnosed among other immigrants and four among citizens born in Sweden.

The researchers think their study indicates that the health services should start helping refugees at an earlier stage. Other researchers have pointed out that the development of psychoses can to some extent be predicted, and thus hopefully averted.

High risk south of the Sahara

Refugees from Eastern Europe and Russia run a much bigger chance of becoming schizophrenic than other immigrants from the same region.

But no such difference is seen between immigrants and refugees who come from Sub-Saharan Africa. This could be because life is often nearly as hard in this region for people who do not live under conditions that qualify them for refugee status.

The researchers suggest another possible explanation – immigrants and refugees alike from south of the
Sahara are more likely to experience discrimination in Sweden than ones from other parts of the world.

The participants in the study are born 1 January 1984 and followed from their 14th birthday or arrival in Sweden, if later, until a diagnosis of a non-affective psychotic disorder, or their prospective emigration or death, by 31 December 2011.

Shortens lives

The researchers cannot quantify anything about the mental health of the large influx of refugees seen in the past five years, but they guess the picture is similar.

They took into account and made adjustments for issues such as age, gender, incomes and types of residences in Sweden – whether they were sparsely populated rural settings or populous urban areas. Of course, much more can have an impact on the development of these mental illnesses, but the researchers lacked the data to help them investigate other relevant factors.

Several studies show that refugees have poorer mental health than the general population. They are, for example, more prone to suffer depression and post-traumatic stress syndrome. This reduces life expectancies by several years.

Schizophrenia largely has genetic causes but it can also be triggered by environmental factors. A number of reasons can be suggested regarding why refugees are more prone to develop such psychoses – wars and violence in their home countries, negative experiences they have when trying to escape to other countries as well as hardships they might encounter in the country they fled to.

Although an enormous number of people were accounted for in the study, relatively few refugees develop these psychoses. As for gender differences, there were not enough females in the study for the researchers to arrive at conclusions.

Another factor that could have an impact is the possibility that some refugees were registered as other types of immigrants, or perhaps they never contact health personnel and thus are less likely to get diagnosed. This means that the study can give a flawed picture.

The results of similar studies in other countries vary widely. The researchers point out that this is a good reason to initiate new studies which can provide more answers.

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Read the Norwegian version of this article at forskning.no [6]

The traumas of war and violence in their home countries, perilous escapes and uncertain conditions in the countries they flee to can contribute to mental illnesses among refugees. (Photo: Alexandros Avramidis/Reuters) [7]

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