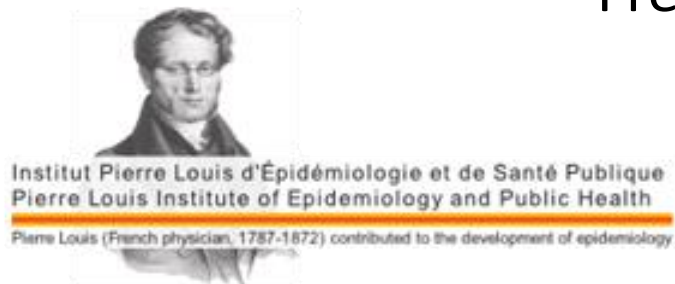


Migration and mental health

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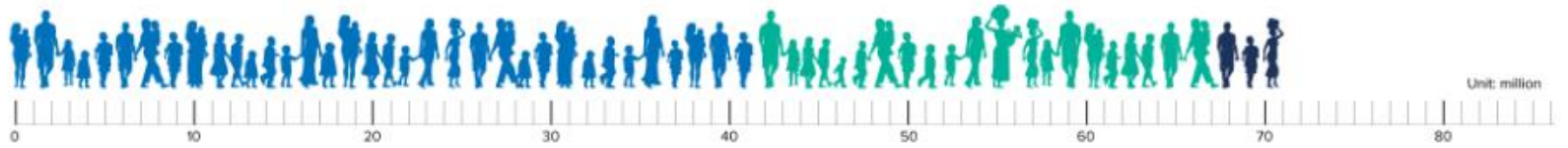
258 million international migrants worldwide (UN, 2017)

Most migrants live in developed countries (64%), but refugees tend to stay in developing countries (83%)

Most migrants in the world are from Asia (40%) – India (17 million), followed by Mexico (13 million) and Russia (11 million)

70.8 million

forcibly displaced people worldwide



Internally Displaced People
41.3 million

Refugees
25.9 million

20.4 million under UNHCR's mandate
5.5 million Palestinian refugees under UNRWA's mandate

Asylum-seekers
3.5 million

Where the world's displaced people are being hosted



About 80 per cent of refugees live in countries neighbouring their countries of origin

57% of UNHCR refugees came from three countries

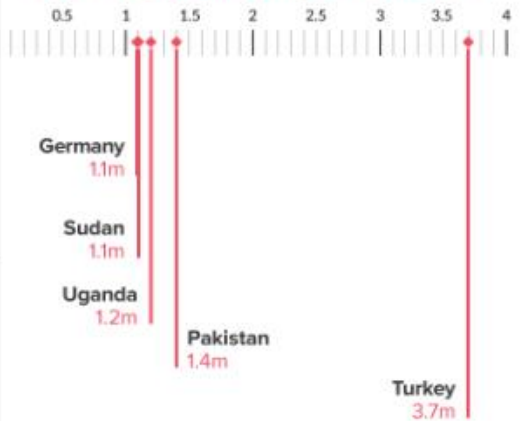


341,800 new asylum seekers

The greatest number of new asylum applications in 2018 was from Venezuelans



Top refugee-hosting countries



UNHCR has data on

3.9 million stateless people
but there are thought to be millions more



92,400 refugees resettled

16,803 personnel

UNHCR employs 16,803 people worldwide (as of 31 May 2019)

134 countries

We work in 134 countries (as of 31 May 2019)

37,000 people

a day forced to flee their homes because of conflict and persecution

We are funded almost entirely by voluntary contributions, with 86 per cent from governments and the European Union and 10 per cent from private donors

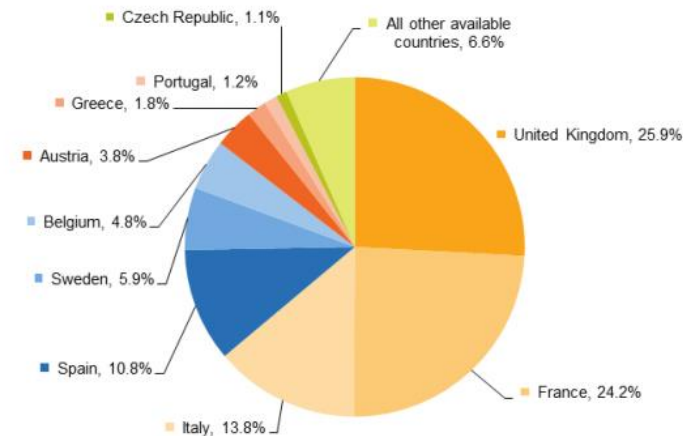
Migration to the European Union

- ~4.4 million new immigrants/year - ~2 million from non EU countries

Absolute numbers (2017): Germany, UK, France, Italy, Spain

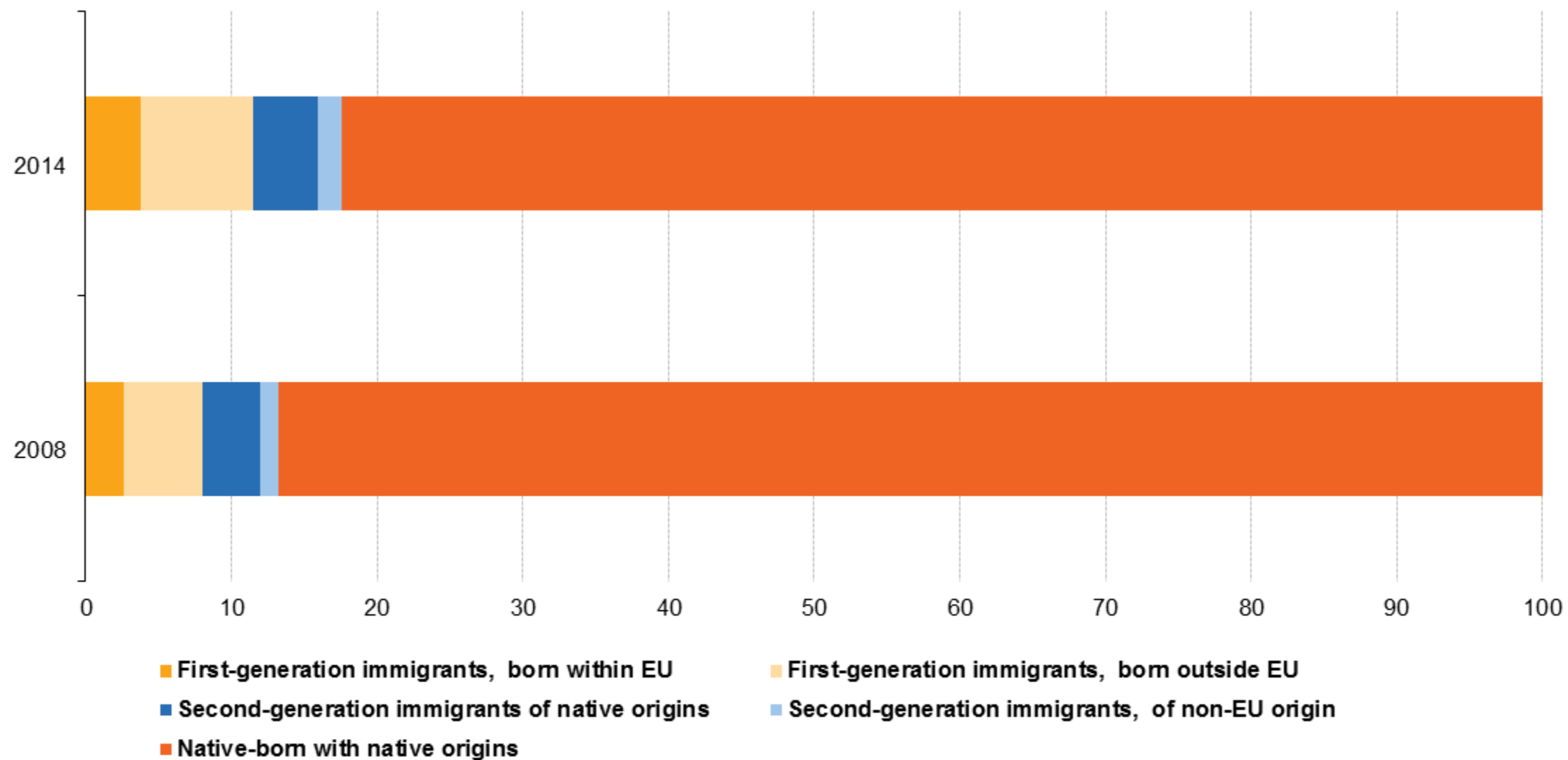
Relative to population (2017): Malta, Luxembourg, Cyprus, Ireland, Sweden

- 20% of households include a 1st or 2nd generation migrant
 - 55 million (including 22 million from a non-EU country)
 - Majority 'long-term settled' (10 years and over)



Missing countries: Germany, Denmark, Ireland and the Netherlands

Figure 2: National share of immigrant households in total number of immigrant households living in the EU, 2014, % Source: Eurostat (lfso_14hhcompob)



Note: For 2014, all EU aggregates do not include data for Denmark, Ireland and the Netherlands

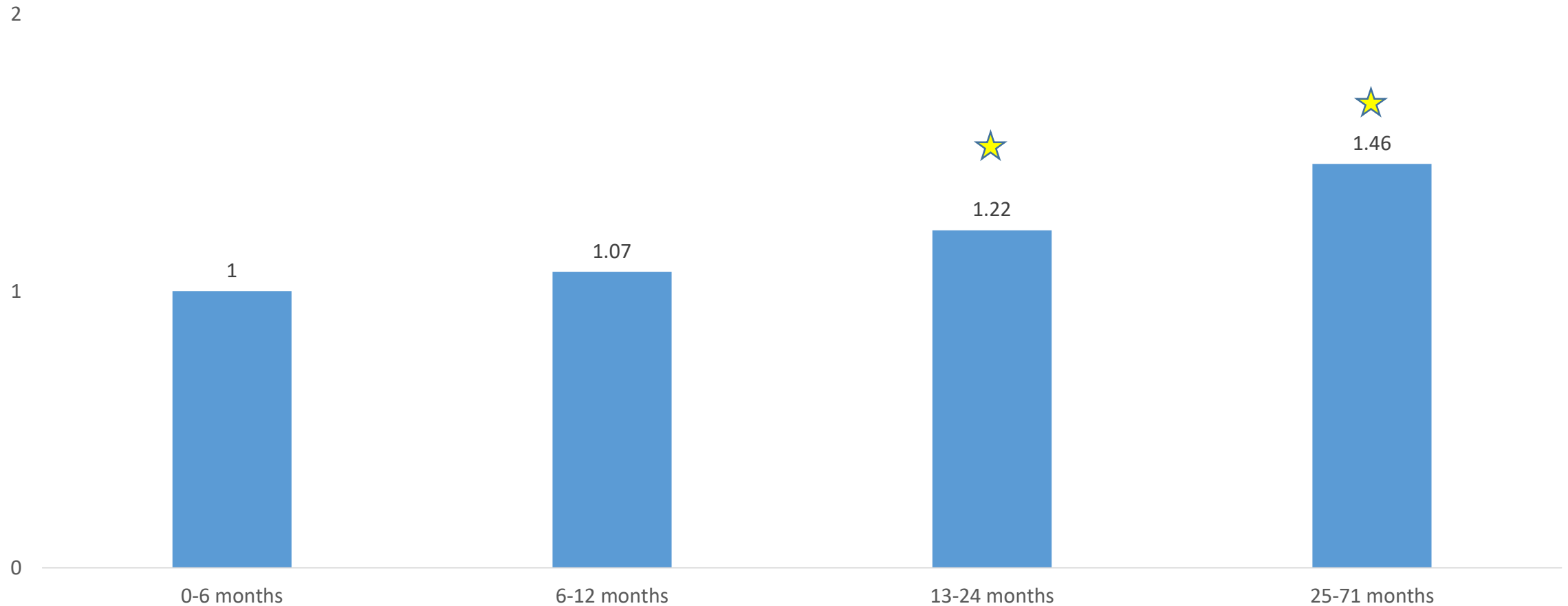
Source: Eurostat, 2008 and 2014 LFS ad hoc module

Mental health of asylum seekers, refugees and migrants

Asylum seekers and refugees

- Adults: 2% psychotic disorders, 7-8% depression, 9% PTSD (Priebe et al, 2016 WHO)
- Children and adolescents: 19-52% PTSD; depression: 10-30% (Kien et al, 2019)
- Unaccompanied children: PTSD++ (Curtis et al, 2018)
- Barriers to mental health care access++:
 - Lack of knowledge
 - Language
 - Cultural beliefs/expectations
 - Lack of trust

Length of asylum waiting period and psychiatric disorder



Migrants who are not necessarily refugees

- High risk of **psychosis**, including schizophrenia: RR=2.1 (Selten, 2019)
 - Ethnicity more important than migrant status? (Tortelli, 2018)
 - Variation across contexts/ levels of ethnic density (Schofield, 2017)
 - Social exclusion?
- **Substance use** (Lacey, 2015)
- No difference with non-migrants in terms of bipolar disorder
- Inconsistent data regarding suicide
- Low rates of psychotropic drugs use (Patel, 2017)
- **Descendants migrants**: mood and anxiety disorders++ (Dingoyan, 2017)
- **'Left-behind'** persons: children (Ding, 2019), parents (Thapa, 2018)

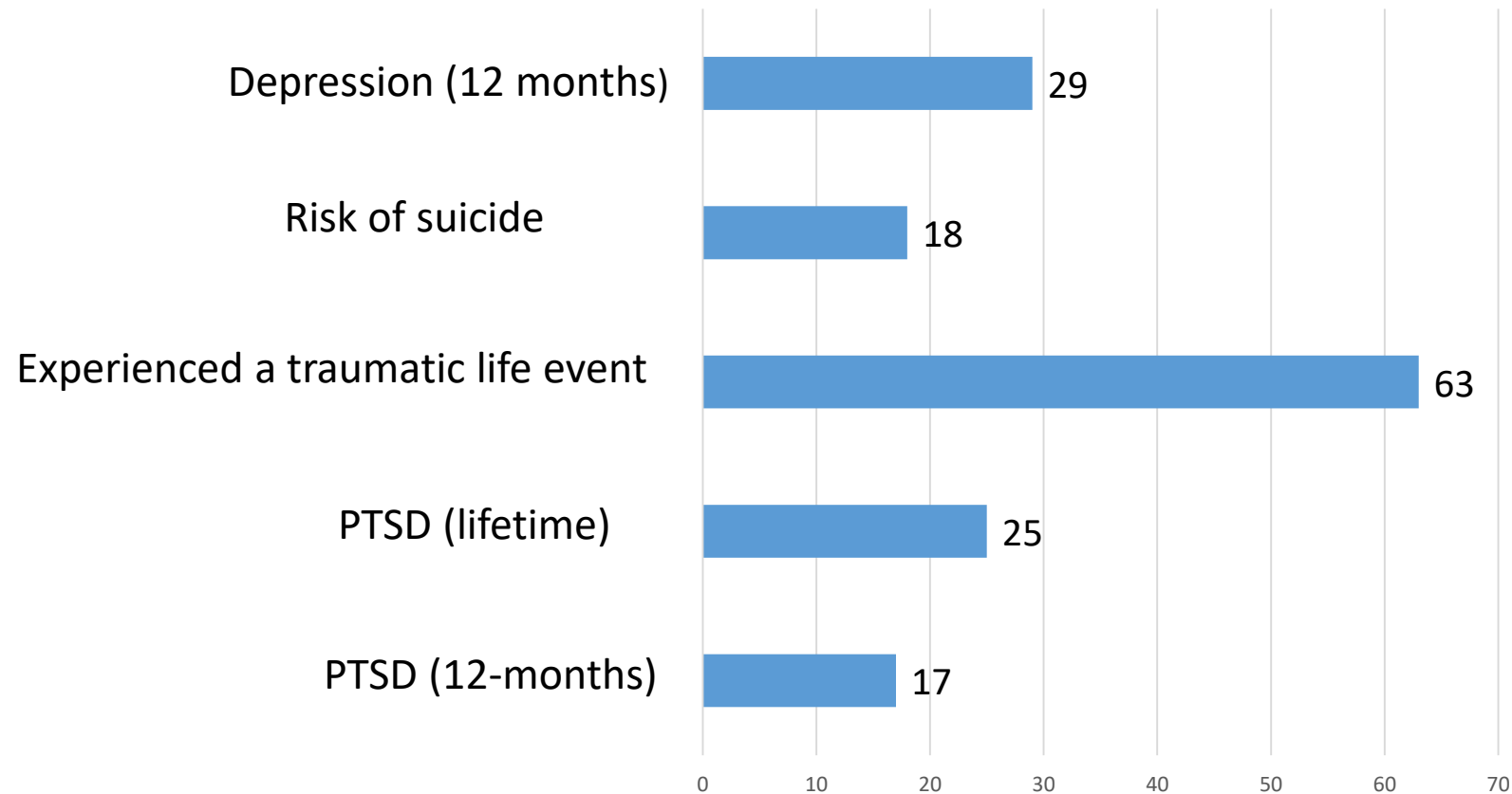
Data from France

Migrant women and children living in poverty: the ENFAMS study (2014)



~10 000 families/ 30 000 persons sheltered in Greater Paris region
>95% immigrant (65% from an African country)
~50% undocumented
~50% single parent, ~20% ≥ 3 children, ~25% domestic violence

Mental health of women participating in ENFAMS (n=733, weighted %)



Factors associated with PTSD in ENFAMS (n=691)

		Multivariate regression	
		Prevalence Ratio	IC 95%
SOCIODEMOGRAPHIC CHARACTERISTICS			
Departure from country of origin due to violence	No	ref	
	Yes	1,45	[1,03;2,04]
MENTAL HEALTH			
Depression (12 months)	No	ref	
	Yes	1,82	[1,20;2,76]
LIVING CONDITIONS			
Residential instability	No	ref	
	Yes	1,82	[1,27;2,93]

Adjusted for : age, country of birth, income, fluency in French, life events, self-reported health, chronic health problems, pregnancy, suicide risk, experience of sleeping rough, housing type, social network in France

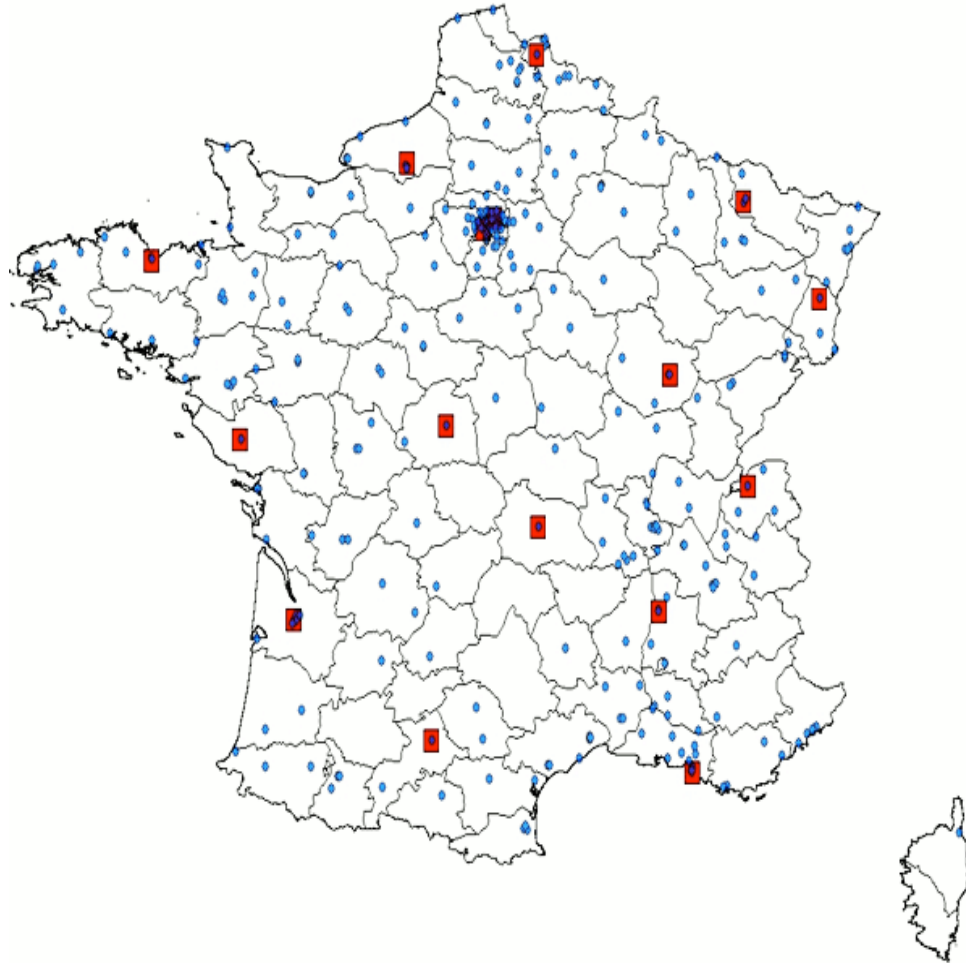
Maternal characteristics and children's emotional and behavioral difficulties (ENFAMS, n=343, 4-13 years)

		Multivariate model		
		Coefficient	IC 95	p _{global}
SOCIODEMOGRAPHIC CHARACTERISTICS				
Mother's region of birth	North Africa	ref		0,020
	Sub-Saharan Africa	1,74	[-0,14;3,62]	
	Eastern Europe	0,60	[-1,76;2,95]	
	Other	3,22	[1,04;5,39]	
N moves/year		0,22	[0,05;0,38]	0,012
CHILD PHYSICAL HEALTH				
Chronic health problem	No	ref		<0,001
	Yes	3,49	[2,00;4,97]	
BMI	Normal or underweight	ref		0,007
	Overweight or obese	2,14	[0,54;3,75]	
Sleep time	< 22	ref		0,002
	≥ 22	2,82	[1,43;4,21]	
MOTHER'S MENTAL HEALTH				
Risk of suicide	Yes	ref		<0,001
	No	4,13	[1,98;6,28]	
CHILD'S LIVING EXPERIENCE				
Likes his/her housing	Yes	ref		<0,001
	No	3,59	[1,78;5,41]	
Bullied at school	No	ref		0,002
	Yes	3,21	[1,29;5,12]	

Ajusted for : age and sex, country of birth, number of children, parental age, parental legal status, n contacts with family members, child respiratory problem, maternal depression or PTSD, domestic violence and maternal physical health.

Nationally-representative ELFE cohort study

INSERM/INED
PI Marie-Aline Charles



Children born in 2011
Single or twin pregnancy
>= 33 weeks of gestation
Mothers >= 18 ans, fluent in
French/English/ Arabic/ Turkish

18 312 children
18 042 mothers
320 maternity wards
Participation : 49%

Characteristics of the ELFE study population (weighted %)

	Non-immigrant (n=15,143)	Immigrant (n=2330)	P-value
25-29 years	31.9	26.6	<0.0001
>=35 years	20.5	28.8	
>=1 child	53.5	58.1	<0.0001
Immigrant partner	8.0	56.2	<0.0001
Does not live with a partner at the time of birth	4.7	10.5	<0.0001
Low educational level (primary school or below)	3.0	17.5	<0.0001
Unemployed/out of the labour force	16.5	44.2	<0.0001
Partner unemployed/out of the labour force	7.3	15.7	<0.0001
<7 prenatal medical visits	9.7	14.7	<0.0001

Region of origin of immigrant women in ELFE (weighted %)

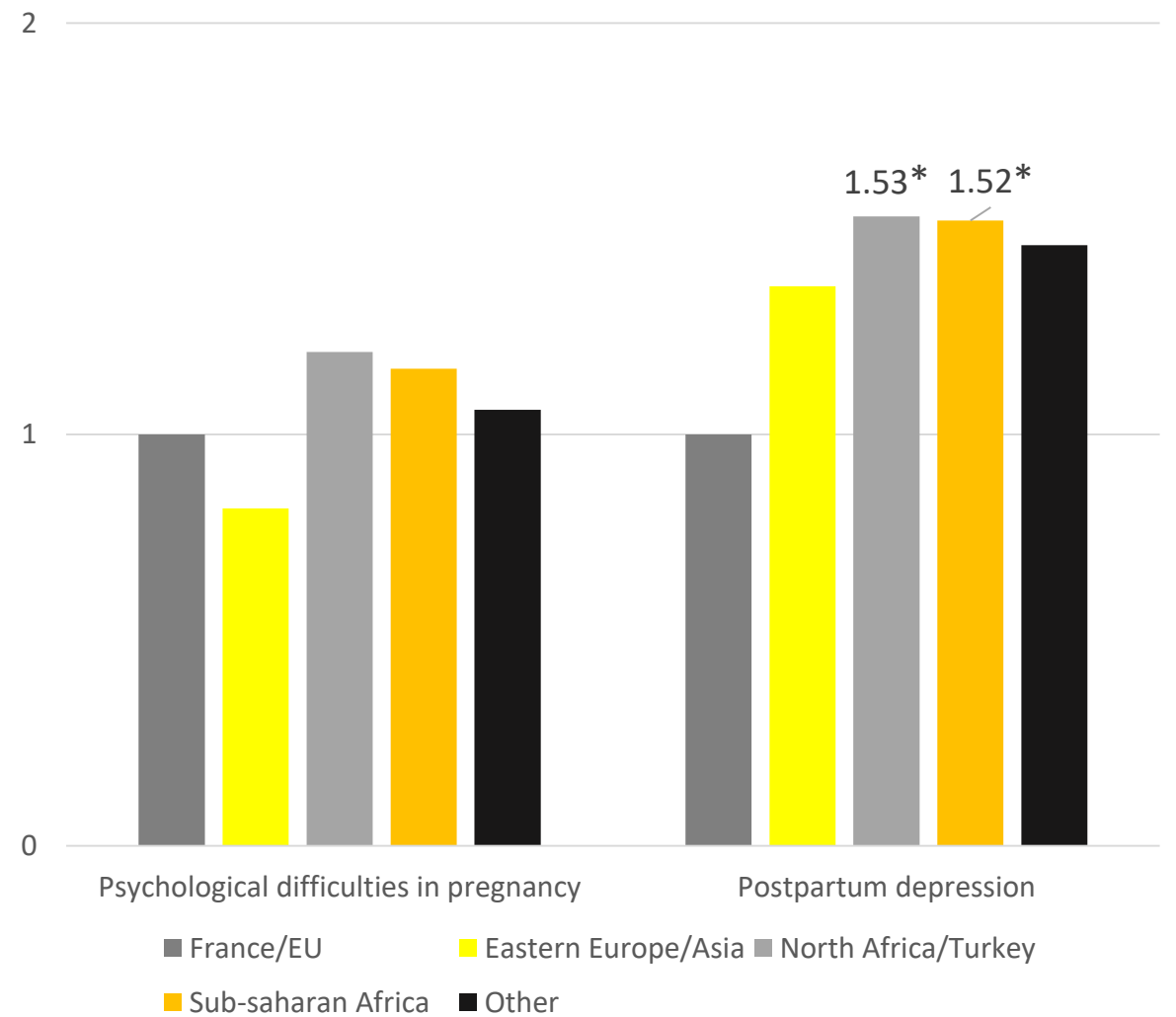
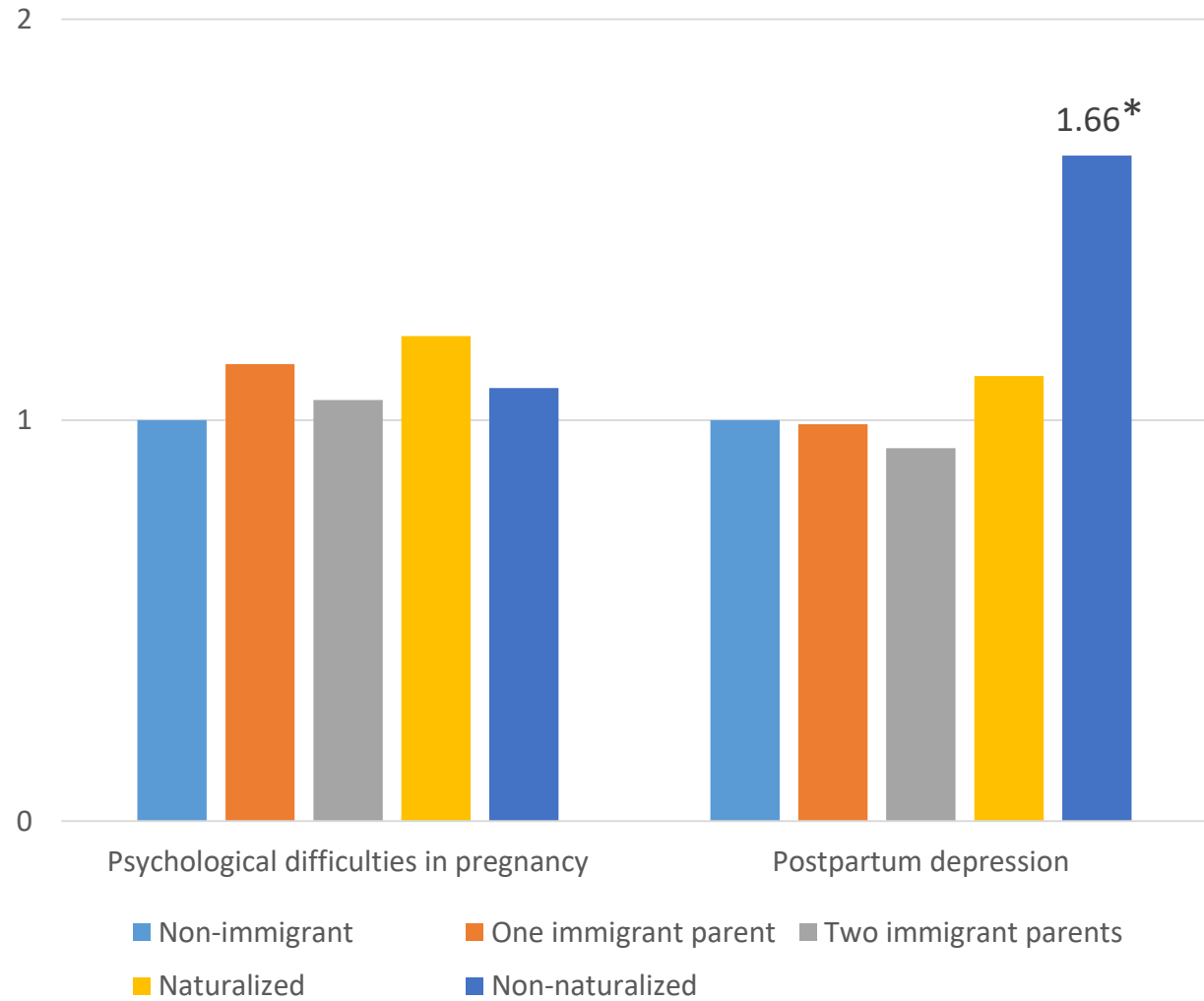
Table 2 Region of origin of immigrant women participating in the ELFE (Etude Longitudinale Française Depuis l'Enfance) cohort study (*n* = 17,988, France, 2011)

Region of origin ^a	Non-immigrants	Descendants of immigrants	Immigrants	Missing value
EU/France	12,294 (100%)	1064 (53.2%)	335 (15.4%)	1407 (92.9%)
North Africa, Turkey	–	644 (32.2%)	807 (37.0%)	15 (0.1%)
Sub-Saharan Africa	–	157 (7.9%)	561 (25.8%)	8 (0.5%)
Eastern Europe, Asia	–	75 (3.8%)	225 (10.3%)	4 (0.3%)
Others, non-declared	–	51 (2.8%)	239 (11.0%)	23 (0.8%)
Missing value		9 (0.4%)	12 (0.8%)	69 (4.5%)

^aRegion of birth for immigrant women, and parents' region of birth for descendant of immigrants

Perinatal mental health of immigrant women

(ELFE, n=17 988/ 16 280, multivariate ORs)



Prevalence of **joint** parental post-partum depression (n=12 350)

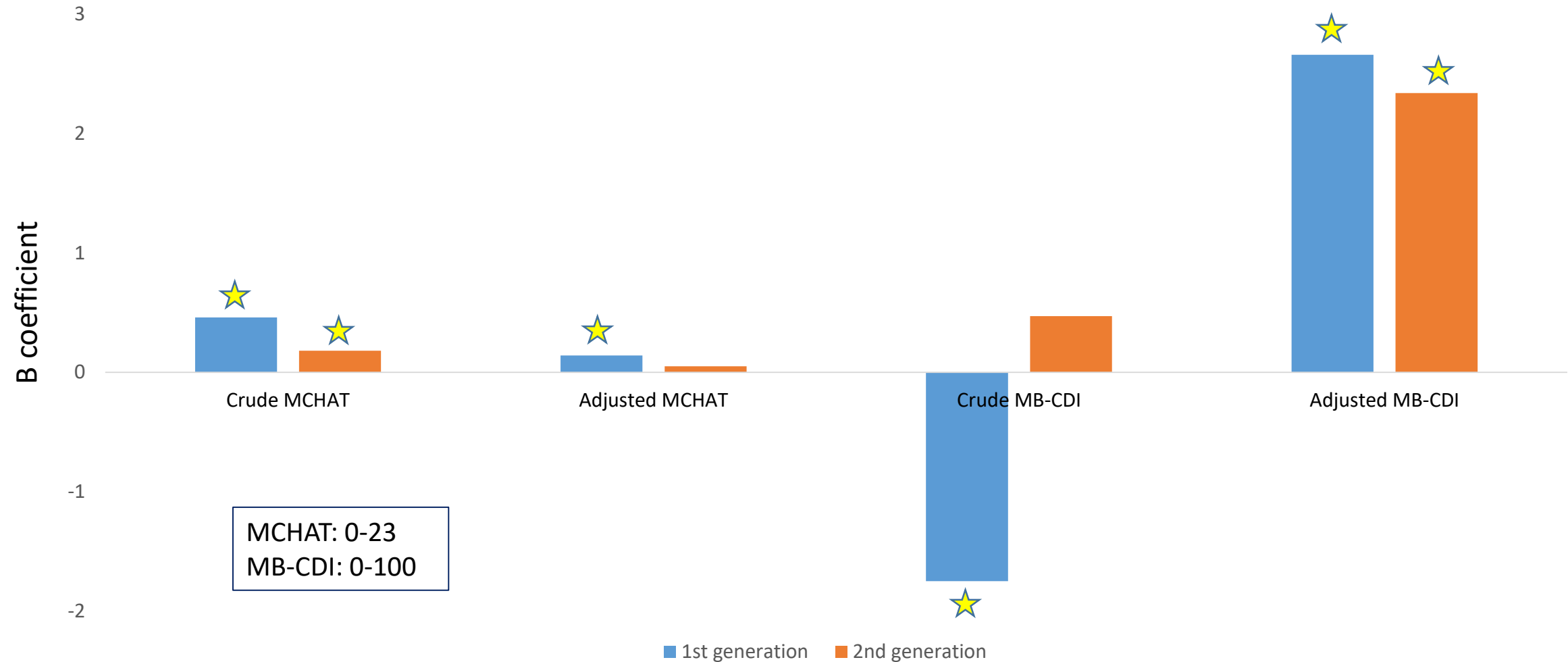
EPDS at 2 months; ≥ 12 in women; ≥ 10 in men

Father \ Mother	Depressed	Not depressed
Depressed	167 (1.3%)	703 (5.7%)
Not depressed	1 238 (10.0%)	10 278 (83.0%)

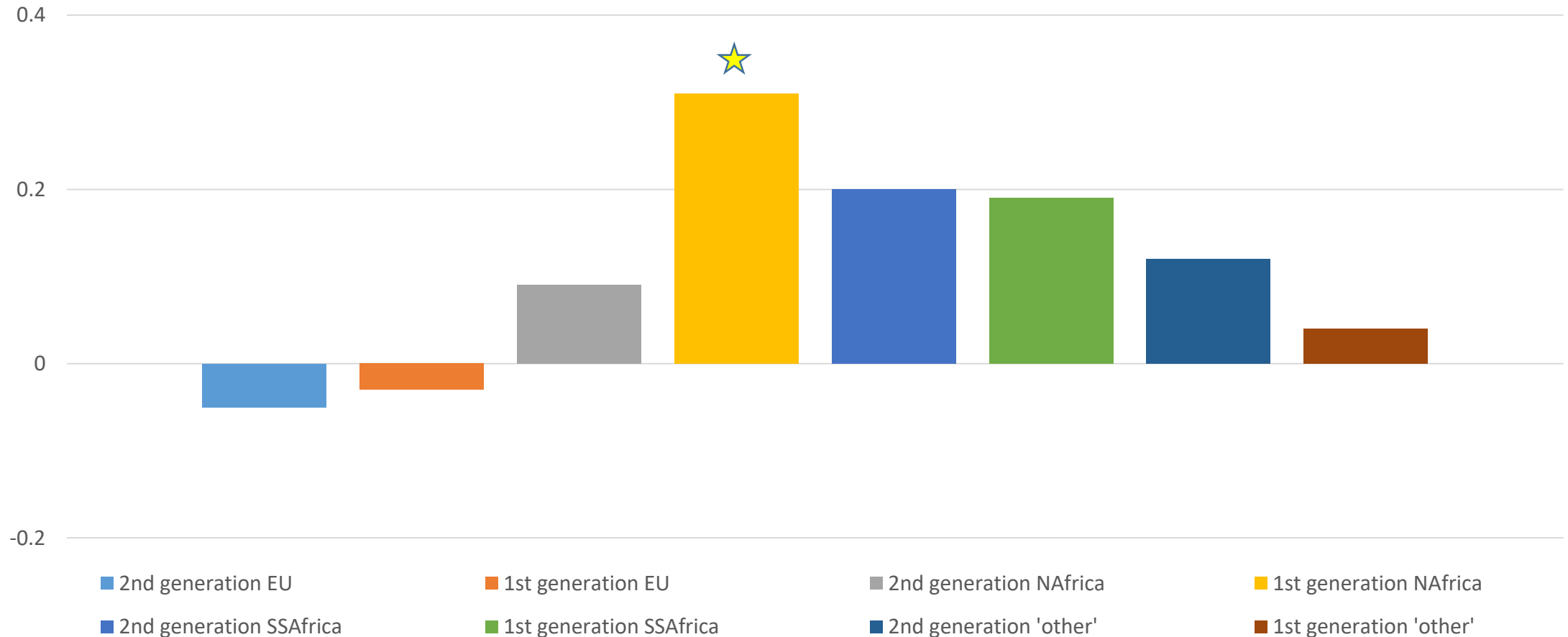
Social determinants of joint parental depression (ELFE, n=167, multivariate ORs, 95% CI)

	Mother and father depressed
Maternal education (vs. \geq Bachelor): high school	1.19 (1.15-1.24)
Paternal education (vs. \geq Bachelor): < high school high school	1.29 (1.25-1.34) 1.12 (1.07-1.17)
Maternal employment (vs. yes): no	1.43 (1.31-1.56)
Paternal employment (vs. yes): no	1.05 (0.95-1.15)
Financial difficulties (vs. no): yes	1.65 (1.61-1.69)
Immigrant mother (vs. French citizen)	1.53 (1.43-1.33)
Immigrant father (vs. French citizen)	1.85 (1.66-2.06)

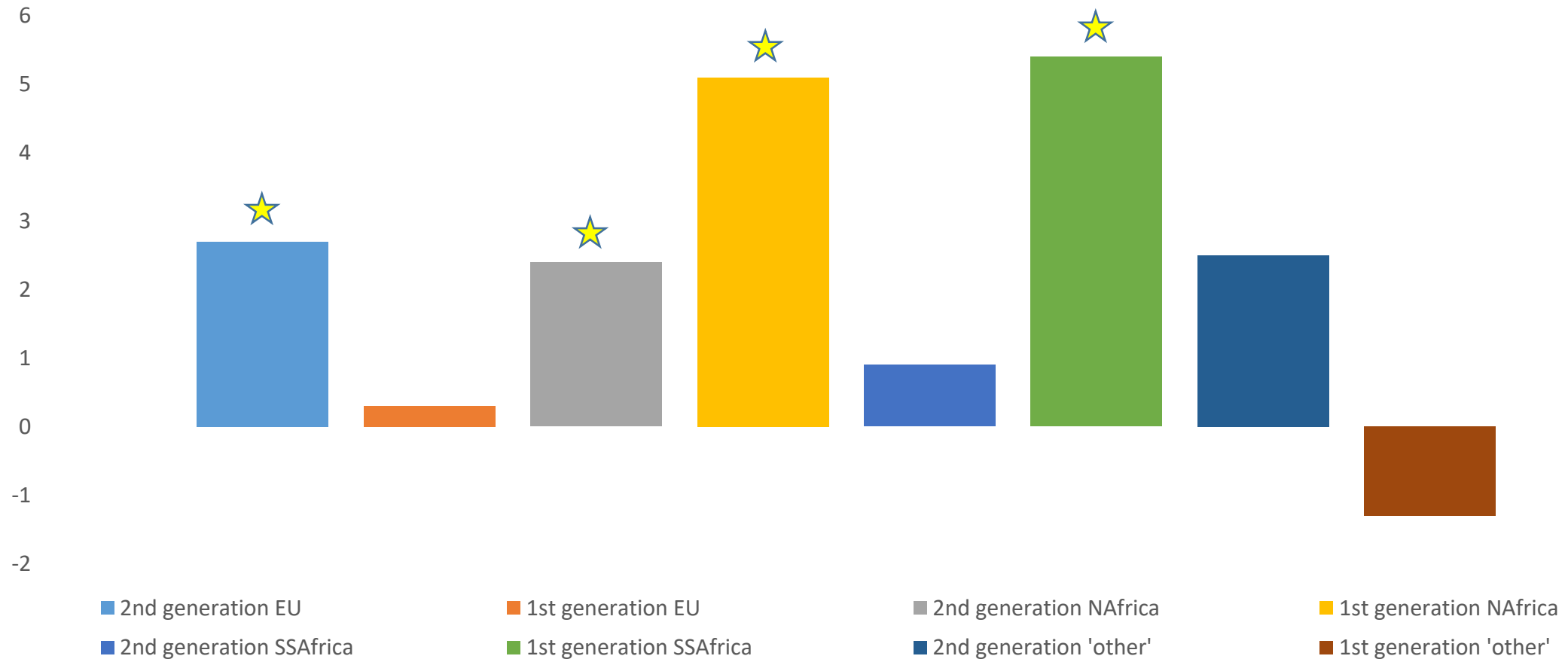
Maternal immigrant status and child developmental outcomes at 2 years (weighted linear regression)



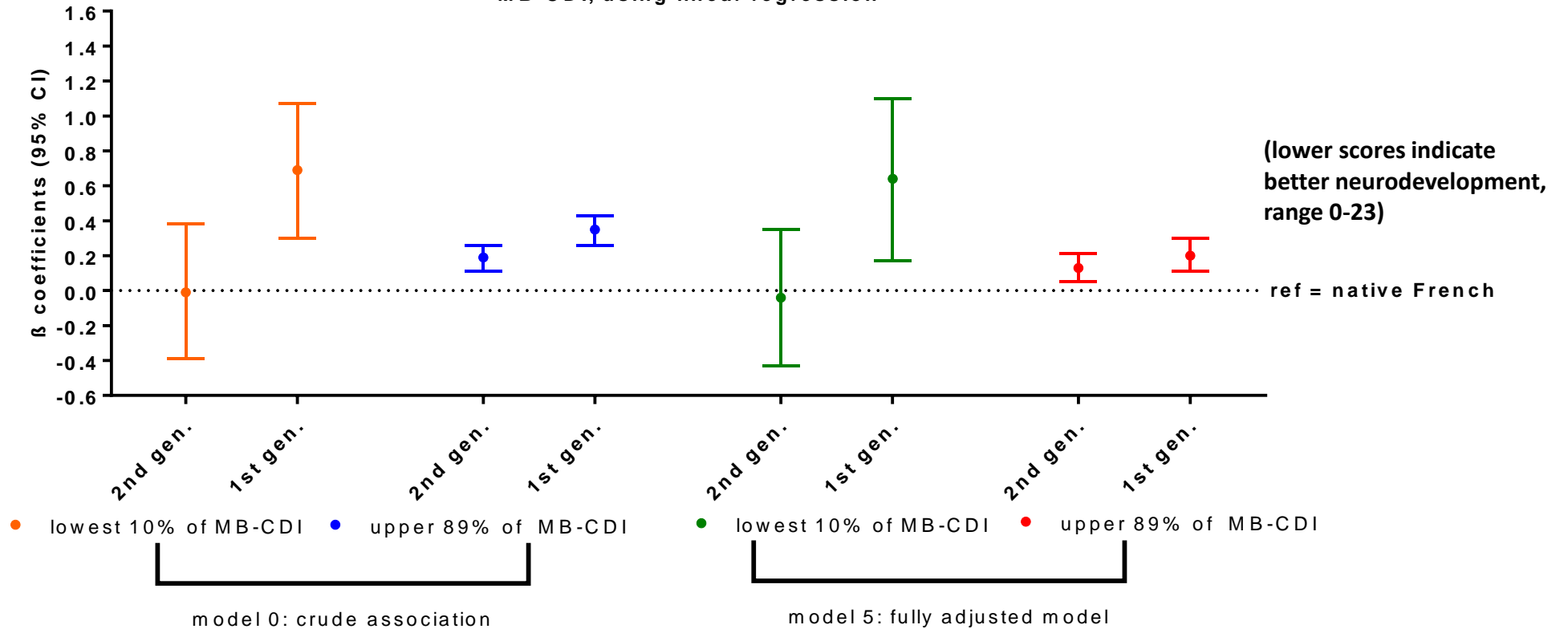
Maternal immigrant status & region of origin and MCHAT scores at 2 years (ELFE, weighted & adjusted linear regression)



Maternal immigrant status & region of origin and MB-CDI scores at 2 years (ELFE, weighted & adjusted linear regression)



The association between maternal immigrant status and M-CHAT, comparing the lowest centile to the upper 89% of the MB-CDI, using linear regression



- stronger association with M-CHAT in children with low lexical development, but only in 1st generation group
 - interaction in 1st generation group statistically significant with p=0.005
- amongst children with low lexical development: no association with M-CHAT in 2nd generation group
 - however, no statistically significant interaction

Why are migrants at risk of mental health problems?



Mechanisms of increased risk (Priebe, 2016)

- **Premigration:**

- Traumatic experiences, persecution, economic hardship

- **Perimigration:**

- Violence/harm, separation and loss of social networks

- **Postmigration:**

- Administrative uncertainty, detention
- Cultural dissonance? Social exclusion? (Curtis, 2018)
- Acculturative stress? (Breslau, 2007)

Resilience factors (Priebe, 2016)

- **Social integration:**

- Social activities and schooling to develop social capital and sense of belonging in children and adolescents (Curtis, 2018)
- Education and employment in adults (Priebe, 2016)

- **Access to adequate treatment:**

- Training of health/ social work professionals
- Translation services
- Outreach (ex. STRENGTHS H2020 program)
- Coordination of services/ global health, social and legal care

Directions for future research

- Mental health of children/descendants of migrants
- Validation of mental health screening tools (children++)
- Role of context of migration (economics, integration)
- Effective ways of preventing mental health problems and increasing access to adequate healthcare in migrants



Thank you for your attention

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