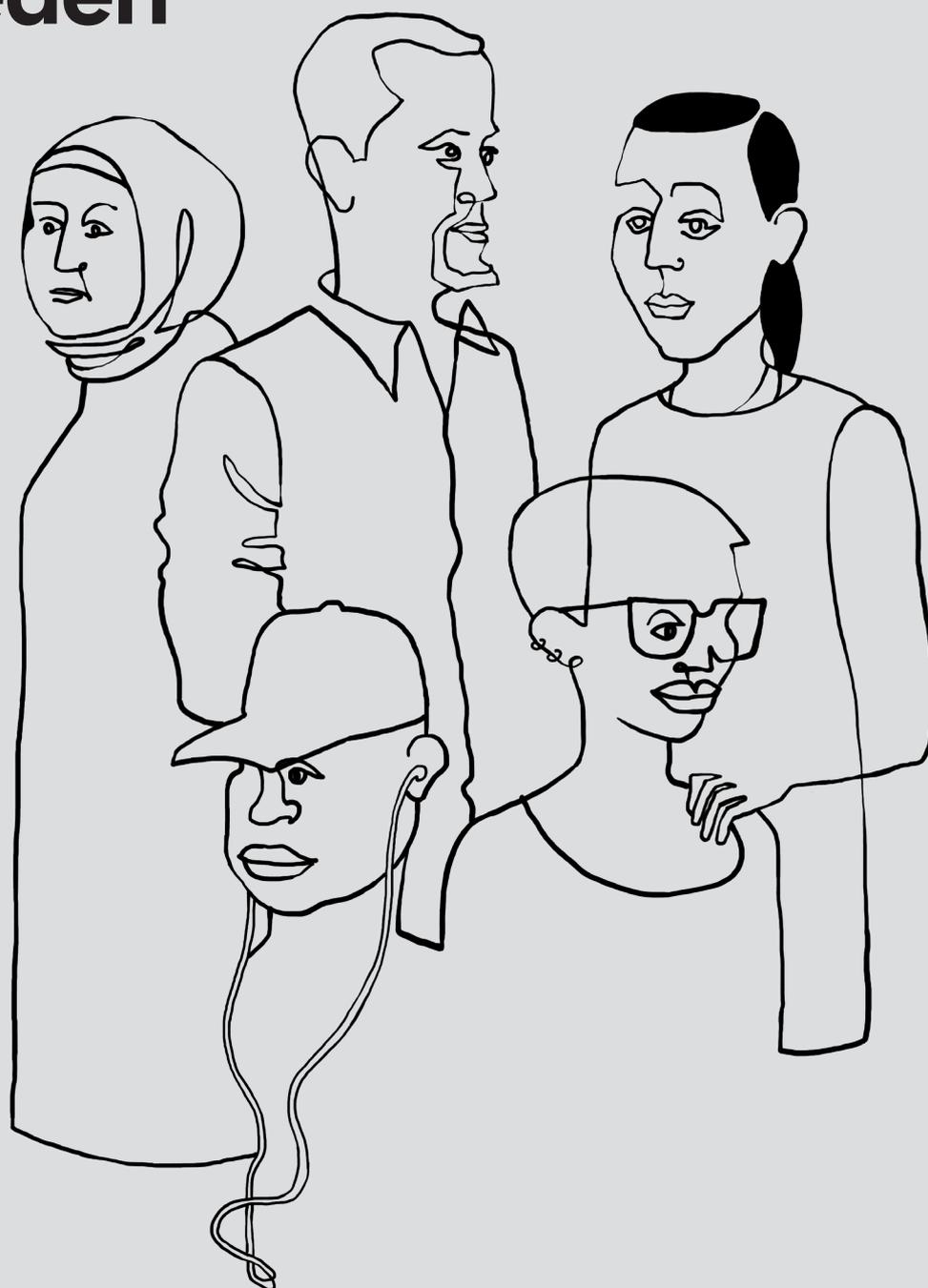


Newly resettled refugees and asylum seekers in Sweden

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**A study of mental ill health,
trauma and living conditions**



Summary

This study was carried out in collaboration between the Swedish Red Cross University College (SRCUC) and the Swedish Red Cross (SRC), where SRCUC has carried the main responsibility. The research has been made possible through funding from the Swedish Ministry of Employment, with additional financial support from the SRC and the SRCUC.

BACKGROUND

At this moment, around 65 million people in the world are forced migrants or refugees, which is a higher number than ever before. Sweden too has seen a sharp increase in the number of people seeking refuge from persecution, war and conflict in the past few years.

Many of those who have been forced to leave their homes have experienced horrific and life threatening events and situations, either in their home country or during their flight. The psychological consequences of such events make refugees especially vulnerable to mental ill health. A good mental health is considered an important precondition for refugees to be able to enter the labour market and to participate in social and civic life. Currently, ill health has also been identified as the most common reason for newly resettled refugees in Sweden to discontinue their participation in establishment measures. There is a great need for a robust knowledge-base on these topics for several reasons: As a basis for supportive and health promoting establishment measures in society for newly resettled refugees, and to develop necessary resources in the health care sector in order to meet the specific needs of refugees and asylum seekers.

The aim on the present study is to estimate the prevalence of mental ill health in Sweden among newly resettled refugees from Syria, and asylum seekers from Syria, Eritrea and

Somalia, and to estimate the prevalence of trauma history, experiences of post-migratory stress and poor social support in these groups. Further, the study aims to identify groups with particularly high prevalence of mental ill health among newly resettled refugees from Syria.

The study has been carried out using cross-sectional data collected through surveys and nationwide Swedish registers in two complementary study populations. The first study population consists of 1215 newly resettled refugees from Syria, with permanent residence permits, that were settled in Swedish municipalities between the years 2011 and 2013. The second study population consists of 173 asylum seekers from Syria, Eritrea and Somalia, living in an asylum reception centre in the western part of Sweden.

RESULTS

The results indicate that mental ill health is common among newly resettled refugees from Syria and asylum seekers from Syria, Eritrea and Somalia in Sweden in 2016. One in three among newly resettled refugees from Syria had marked symptoms of depression and anxiety. In the same group, 30 % indicated symptoms consistent with a PTSD diagnosis. The study further shows that mental ill health in the forms of depression, anxiety, PTSD and poor well-being are more common among asylum seekers, especially those from Eritrea and Somalia.

Over 60 % of newly resettled refugees and asylum seekers from Syria indicated that they had poor social support. Among asylum seekers from Eritrea and Somalia, this share was over 70 %. It is also important to highlight the various types of post-migratory stress that were common in all groups. These included financial problems, frustration connected to not

being able to support oneself, loss of or separation from of family members, and not being respected on the basis of national background. Further, almost all study participants indicated that they had experienced at least some type of traumatic event, either before or during migration. Among newly resettled refugees from Syria, slightly over 30 % indicated that they had been subjected to torture. Among asylum seekers (where estimates are less certain due to the smaller sample) 25 % of persons from Syria and 87 % of persons from Eritrea and Somalia had been subjected to torture.

The analyses aiming at identifying groups with higher prevalence of mental ill health, found that individuals with poor social support, severe post-migratory stress and persons who had experienced torture constituted such subgroups. Further, the results showed that mental ill health was most common among middle-aged women. Persons who experienced difficulties in communicating in Swedish had higher probability of PTSD.

DISCUSSION AND REFLECTIONS

These results suggest a need for interventions that can lessen the burden of mental ill health, and promote mental well-being in these vulnerable groups. Mental ill health constitutes an important barrier in the establishment process in a new country. Interventions aimed at promoting mental health can, apart from alleviating the suffering for the individual, also have positive socio-economic consequences.

It is important to develop the health care system in order to meet the specific circumstances and needs of refugees and asylum seekers. Interventions aiming to lessen the frequency, magnitude, and severity of post-migratory stressful experiences are relevant mainly on a societal and policy level. Shortened waiting times for asylum applications,

possibilities of permanent residence permits and reunification with family members are important factors that may lessen such stress. Other interventions such as access to meaningful daily activities and individually adjusted measures to enter the labour market and become financially self-sufficient can be assumed to lessen post-migratory stress in refugees. To promote local solutions adapted to local circumstances, it is important to increase knowledge within relevant realms of society concerning the connections between post-migratory stress and mental ill health.

From a resilience perspective, systematic interventions should be developed in order to strengthen and mobilise the individual resources of persons in vulnerable groups. In the case of refugees, resiliency is promoted by interventions that increase the possibilities of social and civic participation, by facilitating the access to information and social networks, as well as counteract discrimination in society.

There is limited knowledge concerning how different establishment measures influence refugees' socio-economic integration and mental health, and what the causal relationships between establishment measures, socio-economic integration and mental ill health are. In order to develop and establish a knowledge-based health promoting establishment process, more longitudinal studies, as well as thorough qualitative research is needed concerning these issues. We also need systematic evaluations of interventions aimed at the promotion of mental health and of establishment of refugees.



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The full report, in Swedish, can be downloaded from
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