

COVID-19 and the Mental Health of People From Refugee Backgrounds

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Abstract

Approximately 1 in 10 of the current 26 million people who are refugees reside in high-income countries. They have commonly experienced trauma related to violence, insecurity, persecution and shortage of food and medicine. Our research suggests that COVID-19 and its health and social sequelae may be triggering past traumatic reactions, exacerbating mental health problems and undermining functioning. The purpose of this article is to promptly communicate these anecdotal findings to general health practitioners to ensure informed and sensitive health care delivery to this vulnerable population.

Keywords

refugee, COVID-19, health and mental health

Of the 26 million people who are refugees, approximately 1 in 10 reside in high-income countries. They have commonly experienced trauma related to violence, insecurity, persecution, and shortage of food and medicine. We lead a large, systematically recruited mental health cohort study of women from conflict-affected background.¹ Our research suggests that COVID-19 and its health and social sequelae may be triggering past traumatic reactions, exacerbating mental health problems, and undermining functioning.^{2,3} The purpose of this article is to promptly communicate these anecdotal findings to general health practitioners. A trauma trigger is a psychological response to a situation that induces recall of a traumatic experience. During the pandemic, it is vital for health services to have a more detailed understanding – and adequate resources – to respond to the unique issues affecting the mental and general health of people who arrived as refugees.⁴

Fear of Illness and Death

Widespread disease and death related to the virus can cause pathological anxiety and fear for self and family members, especially those who are older or have an existing illness.³ People from refugee backgrounds experience compounding anxieties that concern family members, many of whom remain living in conflict-affected or

low-resource countries where the virus is spreading and where health care is poor or nonexistent. Being unable to return to the country of origin in an emergency to support or protect family members can contribute further to mental distress.

Military Presence and Government Monitoring

COVID-19 has led to increased government control, including restrictions on community activity. People who arrived as refugees have often escaped repressive regimes and may associate the intensified use of government power with harm and loss of life. Police and military presence to enforce restrictions, including lockdowns, can therefore be experienced as a threat, rather a protective mechanism. The Australian government's COVIDSafe App uses software and Bluetooth technology on mobile devices to enable tracking and

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identification of personal contacts exposed to COVID-19. This tracing technology has also been identified as a significant source of anxiety for refugees, who perceive it as a potential threat to their newfound personal freedom and security. Similar tracing apps are being used globally, including in Singapore, Hong Kong, China, South Korea, Germany, Israel, and the United Kingdom. Fear of authorities can trigger anxiety, depression, rumination, and anger; and post-traumatic stress symptoms may worsen as refugees re-experience past acts of military repression. Lack of trust in authorities can also reduce compliance with COVID-19 testing programs, a concern recently identified in Australia. If law and order are threatened during the pandemic, as we have seen in the United States, there may be an even greater military presence on the streets. We need to ensure compliance with regulations to reduce the spread of COVID-19; however, the risks to refugee mental health should be better understood by general health services.

Social Isolation

Refugees are often socially isolated because of poor English-language skills, low income, and having family members overseas. Social support and connectedness are among the strongest predictors of recovery for refugees following trauma. Mental health professionals therefore routinely encourage people from refugee backgrounds to build their social networks and to connect with the broader society; however, in the COVID-19 world, communities are being advised to socially isolate or to restrict social interactions. While social isolation and distancing are part of our collective effort to contain the virus, professionals need to understand how and why it may exacerbate adverse mental health responses in refugees.

Detainment

Quarantine may be enforced on whole communities, at risk or exposed individuals and groups, and those who have tested positive for COVID-19. The quarantine experience can cause anger, confusion, and traumatic stress in general populations.⁵ Many refugees have previously experienced forced detainment, and commonly have traumatic memories of restricted freedom of movement, and associated physical and psychological violence. Being quarantined in the pandemic could therefore trigger severe mental distress amongst populations with prior exposure to detention or forced imprisonment. If the rationale and context around quarantine are sensitively explained and better understood, the refugee's distress could be systematically ameliorated.

Food and Medicine Insecurity

Regardless of the actual level of food shortage during the pandemic, people from refugee backgrounds can suffer adverse psychological responses to media reporting or their direct experience of panic buying. Reports predicting recession, economic hardship, and lower standard of living, all contribute to states of anxiety. Many refugees associate economic hardship, food, and medicine shortage with threat to life, a foundation for post-traumatic stress disorder. Food shortage is often at its most severe in times of war and conflict, a compounding factor that can trigger traumatic responses. Public health messages that reassure refugees about access to food and medicines during the pandemic are important to support their mental and general health.

Trust in Health Services

Many refugees come from countries where they cannot trust state-run institutions. When refugees are unwell and need to attend a hospital, or consult a health professional, they are sometimes fearful to disclose personal health-related issues. Trust can be undermined further when the patient is not familiar with the dominant language, culture, or mode of consultation, especially culturally foreign telehealth services. During the COVID-19 outbreak, refugees need to know who to trust in order to report worrisome symptoms, as well as to understand and have confidence in medical advice and requirements.

Being aware of how past trauma and social adversity impacts mental health during the pandemic may improve health responses for this particularly vulnerable population.

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Susan Rees, PhD, is an associate professor and full-time academic in the School of Psychiatry, Faculty of Medicine, University of New South Wales, Australia. Her research focus is the mental health of conflict- and disaster-affected populations, people from refugee backgrounds, and gender-based violence. She has previously worked as a practitioner and in government and policy

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Jane Fisher, PhD, AO, an academic clinical psychologist, is the Finkel Professor of Global Health and Director of the Global and Women's Health Unit in the School of Public Health and Preventive Medicine at Monash University in Melbourne, Australia. She has longstanding interests in public health perspectives on the links between women's reproductive health and mental health from adolescence to midlife, particularly related to fertility, conception, pregnancy, birth, and the postpartum period. She is interested in building evidence about the social determinants of mental health, including in low- and lower middle-income countries. She has completed major epidemiological studies in clinical and community settings in Australia and Vietnam and nationally funded intervention trials. She was appointed an Officer in the Order of Australia in the January 2019 Australia Day Honours for her contributions to perinatal mental health, women, and the community.