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# Social determinants of emotional well-being in new refugees in the UK

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ABSTRACT

*Objectives:* Refugees are most vulnerable to mental health problems of all migrant groups, and an understanding of the role of postdisplacement social factors in refugee emotional well-being can help to shape the future interventions for this group. We aimed to investigate the effect of social determinants, such as employment, language ability and accommodation, on mental health in refugees in the UK.

*Study design:* This prospective longitudinal cohort study was set in the UK. The study population of new UK refugees was drawn from an existing data set of the Longitudinal Survey of New Refugees ($n = 5678$), in which all new UK refugees (2005–2007) were sent a postal questionnaire at four time points across 2 years.

*Methods:* Ordered logistic regression models were used to evaluate associations between social determinants and the dependent variables, emotional well-being or change in emotional well-being, using a question from the Short Form-36 Health Survey Questionnaire.

*Results:* Refugees who were unemployed in the UK, could not speak English well or were unsatisfied with their accommodation had significantly higher odds of poorer emotional well-being in the cross-sectional analysis ($P < 0.05$ at all time points measured).

*Conclusions:* Postdisplacement social factors, including language ability, employment status and accommodation satisfaction, were important determinants of refugee emotional well-being. Changes in these social determinants have the potential to improve refugee mental health, making them legitimate, modifiable targets for important public health interventions. Accounting for this, further research into how to improve refugee well-being is crucial given the increase in refugee numbers around the developed world.



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## Introduction

Forced displacement of populations has occurred for centuries as a result of 'persecution, conflict, generalised violence and human rights violations'.[1] The number of forcibly displaced persons has gradually increased globally such that by the end of 2015, this number reached 65.3 million persons, 21.3 million of whom were refugees.[1] The United Nations Refugee Convention defines a refugee as a person who, 'owing to a well-founded fear of being persecuted … is outside the country of his nationality, and is unable to or, owing to such fear, unwilling to avail himself of the protection of that country'.[2]

According to the United Nations High Commissioner for Refugees (UNHCR), at the end of 2015, there were 122,996 refugees of all nationalities living in the UK and 45,773 asylum seekers with pending applications for refugee status.[3] For refugees, resettlement to a new country and culture brings numerous social challenges, including financial difficulties, building new social support networks, gaining suitable employment and, often, learning a new language.

Refugees are the most vulnerable to mental health problems of all migrant groups.[4] Epidemiological studies measuring the prevalence of mental health disorders in resettled refugee populations have found high rates of psychiatric disorders including post-traumatic stress disorder (PTSD),[5,6] depression[7] and anxiety.[7] Fazel et al.'s[8] systematic review of large refugee population psychiatric disorder surveys suggested lower prevalence rates of serious mental disorder than those reported in some smaller studies using more rigorous definitions. However, the combined reported prevalence rate of 9% of PTSD was still approximately 10 times higher than that in age-matched general populations. A large meta-analysis, including 56 studies and 67,294 participants, reported that refugees scored 0.41 standard deviations worse on measures of mental health compared with control groups across all studies.[9]

Traditionally, studies in this area have focussed on risk factors in the country of origin.[9] The importance of post-displacement social factors for moderating refugees' current mental health and well-being has been highlighted;[9] however, much of the existing research has investigated the effect of individual social determinants on refugee mental health but not controlled for the impact of other pertinent social factors.

Cross-sectional designs[10–13] have limited the interpretation of the relationship between mental health and dynamic postdisplacement social factors. Longitudinal research allows better interpretation of the causative relationships between factors and outcomes. In this study, we investigated the effect of social determinants on emotional well-being and changes in emotional well-being in new refugees in the UK, using anonymised data from the Longitudinal Survey of New Refugees.[14]

## Methods

The Longitudinal Survey of New Refugees, carried out by the UK Border Agency,[14] aimed to study refugee integration in the UK, using measures of social factors. A self-completion questionnaire was sent to all new adult refugees, identified by the Border Agency's central database, from 01 December 2005 to 25 March 2007, 1 week after they were granted the refugee status and leave to remain in the UK (this included a positive decision of asylum, humanitarian protection or discretionary leave to remain in the UK). Further survey waves were carried out 8, 15 and 21 months later. Questionnaires were translated into appropriate languages. Anonymised data were downloaded from the UK Data Service. Further details of the survey are provided elsewhere.[15]

Emotional well-being was measured at all time points, using a self-reported 5-point ordinal scale in response to a question, which has been validated in a refugee population[16] from the Short Form-36 (SF-36) Health Survey Questionnaire.[17] The question used was 'During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling worried, stressed or depressed)?', to which respondents could answer 'not at all', 'slightly', 'moderately', 'quite a lot' or 'extremely.' This was the only question from the SF-36 included in the survey. Change in emotional well-being was derived from the responses at each time point to the same question and calculated by subtracting each respondent's earlier time point score from their later one to give a value ranging from −4 to +4.

Potential predictors were also assessed from the questionnaire, with sex, age group at time of asylum decision, country of origin and number of years of education before arriving in the UK all measured at baseline only. Longitudinal measures included frequency of contact with relatives, friends, their own national or ethnic group and place of worship in the UK (all measured at baseline and the final follow-up). Their current employment status (and how appropriate it was, given their skills and qualifications) was assessed at first, second and third follow-ups. How satisfied they were with their accommodation was measured at first and second follow-ups only. Ability to understand English was measured at baseline and the final follow-up, while both difficulties in managing money and whether they had been a victim of verbal or physical attacks in the previous 6 months were assessed at all follow-ups after baseline. All such data were self-reported in questionnaires.[15]

### *Statistical methods and weighting*

The cross-sectional analyses included all individuals who answered the relevant question(s) at a given time point, whereas in longitudinal analysis, participants were restricted to individuals who responded to all time points of the survey. All analyses were weighted using either a baseline, cross-sectional or longitudinal weighting, provided by the Longitudinal Survey of New Refugees,[15] to account for non-response and attrition.

Ordered logistic regression models were used to evaluate associations between the dependent variables, emotional well-being or change in emotional well-being and the independent variables. Estimated odds ratios with corresponding 95% confidence intervals are reported, describing the impact of each category on predicting emotional well-being, relative to the reference category for each variable. Statistical