

Psychiatric morbidity among physically injured Syrian refugees in Turkey

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Abstract

Objective: To the best of our knowledge, the mental health status of physically injured Syrian refugees has not yet been investigated. The aim of this study was to examine the prevalence of psychiatric morbidity among physically injured Syrian refugees in Turkey receiving treatment at the main rehabilitation centre near the Syrian border.

Method: This is a cross sectional study. Information was collected from consenting injured Syrian refugees at Dar-el-Shefa'a Hospital in Reyhanli (Turkey) during a one week period in December 2012 and another one week period in August 2013. A clinical psychiatric interview was conducted to determine a diagnosis according to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR.

Results: A total of 40 refugees consented and completed a clinical psychiatric interview. All refugees in this study did not have a significant past psychiatric history. The most prevalent current diagnosis was major depressive disorder (22.5%), adjustment disorder (20%), and post-traumatic stress disorder (15%). Five (12.5%) patients had no evidence of a psychiatric disorder.

Conclusion: The prevalence of psychiatric morbidity among injured Syrian refugees in our study was extremely high. This may help guide the treatment and management of this select population.

Limitations: This study had a low number of participants. The method of assessment was not standardized with a validated tool.

Clinical implications: This study may help guide the treatment and management of this select population, both in neighbouring countries and as resettled refugees in Western host countries.

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1. Introduction

The current crisis in Syria is a humanitarian catastrophe. According to the United Nations High Commissioner for Refugees, there are over 5.1 million Syrian refugees, with over 3.1 million in Turkey alone [1]. There are estimates of 6.5 million internally displaced persons in Syria [1]. The

United Nations also estimates that more than 400,000 people have been killed due to the conflict [2]. People are in dire need of food, clean water, shelter and medical support. The psychological damage from this crisis is unimaginable.

Refugees are at high risk of developing mental disorders due to traumatic experiences, adjustment difficulties and loss [3]. Overall, epidemiological studies among displaced and war-affected populations have indicated high rates of mental disorders, especially post-traumatic stress disorder (PTSD) and major depressive disorder (MDD) [4]. The literature also suggests that psychiatric morbidity does not simply resolve with relocation to a stable living environment [5]. Refugees are challenged with psychological and physical dysfunction during the first two-year period of resettlement, albeit this has been reported to improve after three years of resettlement [5]. Unfortunately, a significant proportion of refugees continue to suffer from serious psychiatric morbidity even many years post-resettlement, related to somatoform disorder, MDD, and PTSD [6–7].

Abbreviations: DSM, Diagnostic and Statistical Manual of Mental Disorders; PTSD, post-traumatic stress disorder; MDD, major depressive disorder; TBI, traumatic brain injury; GMC, General medical condition.

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Refugees who have been physically injured represent a special group within the refugee population. Along with the many struggles refugees experience in general, physically injured refugees have further considerable struggles including need for medical care, significant rehabilitation needs and non-medical stressors such as difficulty with employment due to their injuries [8]. It seems fair to assume that physically injured refugees may represent a high risk group within an already high risk population for developing and struggling with mental illness. Unfortunately, there is a paucity of information about mental illness in physically injured refugee populations in the literature [9].

To the best of our knowledge, psychiatric morbidity in physically injured Syrian refugees has not yet been studied. The purpose of this paper is to investigate the prevalence of psychiatric morbidity among physically injured Syrian refugees receiving treatment at the main rehabilitation center (Dar-el-Shefa'a Hospital) in the bordering town of Reyhanli, Turkey. Secondary objectives include obtaining further clinical and demographic details of these injured refugees.

2. Methods

Dar-el-Shefa'a Hospital is the main rehabilitation center for Syrian refugees in Reyhanli, Turkey. It is also considered a secondary care center for Syrian refugees. The facility is managed by medical professionals, allied health professionals, volunteers and other professionals. It has treatment rooms for medically compromised patients but it is not a trauma center by any means. This center provides rehabilitation services for orthopedic and neurologically compromised patients (paraplegia, quadriplegia, orthopedic trauma). It also has some outpatient medical and dental clinics for Syrian refugees. Various health professionals and allied health professionals from across the globe have visited Dar-el-Shefa'a Hospital to help provide clinical expertise, training and education.

Information was collected from physically injured Syrian refugees at Dar-el-Shefa'a Hospital during a one week period in December 2012 and another one week period in August 2013. These time frames correspond to the dates that a team of Canadian health professionals visited Dar-el-Shefa'a Hospital and hence the sample was that of convenience.

All the physically injured refugee patients undergoing rehabilitation at Dar-el-Shefa'a Hospital during the above time frames were approached for consent and participation in the study. No patients refused participation in the study. Exclusion criteria included refusal to consent to participate in the study and not being an injured Syrian refugee. No subjects were excluded in this study. All refugees consented to a clinical psychiatric interview, the collection of data, and the use of their data for research purposes. All refugee patients under the age of 18 who participated in the study had a legal guardian (mother and/or father) consent in addition to the patient's consent as well. The administration of

Dar-el-Shefa'a Hospital approved all these actions as well. Of interest, 2 young children were part of this study. They were 10 and 8 years of age. Both provided consent, in addition to their legal guardians' consent, and could engage in the interview process. However, to obtain an accurate assessment, their psychiatric interview relied heavily on collateral information from their guardians, collateral information from their medical and allied health staff, and on their mental status examination.

A clinical psychiatric interview was completed and documented by a Canadian psychiatric resident in the Arabic language for all refugees. The clinical psychiatric interview included all aspects of a full psychiatric interview including: identification/demographics, history of illness, past medical history, past psychiatric history, medication history, allergies, family history, personal and social history, review of psychiatric symptoms, obtaining collateral information (when available and with the refugee's consent) and a mental status examination. No standardized screening tools were used in this study. All assessments were reviewed with a Canadian staff psychiatrist of Syrian background. Final diagnoses were determined after discussion with the staff psychiatrist and in accordance to the diagnostic criteria of the DSM IV-TR. The data were analysed using basic statistical methods.

3. Results

A table outlining demographics is illustrated below (Table 1). A total of 40 refugees consented and completed a clinical psychiatric interview. Thirty three (82.5%) were male and only 7 were female (17.5%). They ranged in age but the largest group was between 21 and 25 years of age ($n = 14$) followed by the ages of 16–20 ($n = 9$). A total of 5 refugees (12.5%) were under the age of 18. Two refugees (5%) were 10 years of age and younger. Twenty-three refugees (57.5%) suffered from spinal cord injuries, while 9 (22.5%) suffered traumatic brain injury (TBI). Some refugees had suffered both spinal cord and traumatic brain injuries. The other trauma group, a total of 9 refugees (22.5%), signifies refugees who suffered physical torture, gunshot wounds, and/or blast injuries that did not result in TBI or spinal cord injury. Only one refugee had another general medical condition (GMC), which was a known seizure disorder. All the refugees were previously psychiatrically healthy. Close to half of the refugees (47.5%) have been on Turkish soil for a period of less than 3 months. However, some refugees did not remember when they arrived and others refused to disclose this information. Most patients also did not disclose when their physical injury occurred. Typically, physically injured patients in Syria are treated in field hospitals, stabilized and then transferred to Turkey for ongoing medical and/or rehabilitative treatment.

Table 2 outlines the prevalence of psychiatric disorders found in our study sample. The most prevalent diagnosis was

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