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Objectives

1. Understand the magnitude of mental health problems for refugees
2. Describe Maslow’s Hierarchy of Needs and how it relates to working with survivors of torture
3. Articulate the basic principles of hearing the trauma story
4. Identify the key components of the H.E.A.R.T. model for therapy

Presenter

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WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

New Definition of Health

“Health is a personal and social state of balance and well-being in which people feel strong, active, wise and worthwhile; where their diverse capacities and rhythms are valued; where they may decide and choose, express themselves, and move about freely.”

Figure 2: The Two Stories

Leaving Home  Coming Home

Who Am I

National Capacity Building Project
**H5 Habitat**

- The word “habitat” is derived from the Latin “habitare” and in the ancient world meant the total environment in which a person or an organism dwelled. And there was a belief that a reciprocal relationship existed between the physical and natural environment and those living organisms who lived and prospered within these environments.

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**Magnitude of the Problem**

<table>
<thead>
<tr>
<th>Table III. PTSD frequency and distribution (n = 352).</th>
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<tbody>
<tr>
<td>Diagnosis</td>
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<tr>
<td>Diagnosis of PTSD</td>
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<tr>
<td>Acute</td>
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<tr>
<td>Chronic</td>
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<td>Late-onset</td>
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Forced Displacement

- Systematic review of psychiatric disorders after forced displacement: Morina et al. reviewed 915 studies (38 studies met criteria for inclusion), which included 39,518 adult IDPs and refugees from 21 armed conflict/war impacted countries.

- The review reveals that PTSD, depression, and anxiety disorders are highly prevalent after displacement. *1

- An example from Lebanon - 310 Syrian refugees living in Beirut & Mount Lebanon (2014) (Naja et al)
  - Depression: 43.9%


Forced Displacement

- Systematic review of unpublished needs assessments of Syrian refugees living in Jordan
  - Psychological distress was exacerbated by both environmental (financial, housing, employment) and psychosocial outcomes (loss of role and social support, inactivity)
  - Participatory engagement strategies might help to address psychosocial outcomes.


Forced Displacement and Mortality

- Crude death rate (CDR) - measured in deaths per 1,000 per year
  - Developing countries:
    - CDR 9 deaths per 1,000 per year
    - CDR rate of 149.7 per 1,000 per year (A threshold of 1.0 per 10,000 per day is widely used as the benchmark of elevated mortality)
  - Iraqi refugees living in refugee camps in Turkey*  
    - CDR rate of 4.1 per 10,000 per year

* Reed, H.E. & Keely, C.B., Understanding Migration & Mortality, National Research Council (US) 2001

Repatriation

- Little research on health and mental health impact
- von Lersner et al. examined the data on the mental health of refugees in Germany prior to repatriation and after repatriation to their country of origin
  - Returnees lived in Germany for an average of 13.1 years.
  - 46% reported they considered Germany home (versus their country of origin)
  - Mental health of returnees prior to return and 9 months after return (N=47):
    - PTSD: pre-return: 36% - post-return: 56%
    - Depression: pre-return: 28% -- post-return: 64%
    - Suicidal tendencies: pre-return: 36% -- post-return: 44%

* von Lersner, U., Ellert, T., Neuner, F., Mental health of refugees following state-sponsored repatriation from Germany, BMC Psychiatry 2008; 8:188.
Refugees prior to return | Refugees after return
---|---
PTSD – 36% | PTSD – 56%
Depression – 28% | Depression – 64%
Suicidal tendencies – 36% | Suicidal tendencies – 44%


Hongyun and VanLandingham examined the consequences of immigration and repatriation on Vietnamese never-leavers, returnees, and immigrants (n=709).

Data collected in Ho Chi Minh City and New Orleans (USA).

- Immigrants were more significantly disadvantaged (worse-off) than the never-leavers or returnees.
- Positive relationship between higher quality social networks and better mental health outcomes.


Housing
Poverty
Ongoing Violence

Assault
Discrimination
Health Status
Unemployment

Loss of Social Role
Inactivity
Right of Return (Hopeful)
Giving In; Giving Up
Fixing the crisis in the humanitarian aid model

Hierarchy of needs (Maslow) + H5 Model = HEART: Healing environment and restorative treatment

Mental Health Impact of Torture

Extreme violence pre- and post-migration can have a major negative impact on health and mental health.
- Physical torture
- Emotional torture – incarceration
- Disappearance
- Unnatural death of child, family member
- Sexual violence, including pregnancy by rape

The Centrality of the Trauma Story

- Denial
- Humiliation
- No buried treasure
- Trust and timing
- A little bit, a lot over a long period of time
- The curved road (patient as teacher)
- Diagnosis and treatment

The Centrality of the Trauma Story

- Immune response
- Emotional disclosure
- Healing Trinity
- Teach the patient how to tell the story
- Toxic trauma story
- Stealing the story
- Self-care