

# Mental ill-health and suicidal behaviour in asylum seekers and refugees during the COVID-19 pandemic

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## **WITHOUT DOUBT, THE COVID-19 PANDEMIC**

is the greatest Public Health challenge of our time. Naturally, incidence rates of COVID-19-related morbidity and mortality as well as discussions on the most suitable strategies to lower them, have dominated media and scientific reporting. Increasingly, though, attention has also been given to the possible mental health consequences of the pandemic. Here, asylum seekers and refugees are a particular risk group as levels of mental ill-health have been already high before the COVID-19 outbreak. Specifically, there are several reasons to expect suicide rates in asylum seekers/refugees to increase in the wake of the pandemic. Here we raise key points of concern and suggest priorities for research and prevention initiatives.

Among all mental disorders, post-traumatic stress disorder (PTSD) is particularly prevalent in asylum seekers/refugees. Reasons include traumatic experiences in the country of origin and during flight. For refugees a pandemic might potentially result in additional traumatizing life events through death and illness among loved ones, as well as introduce or aggravate pre-existing depressive symptoms. Both these circumstances have been found to boost the risk for suicidality among individuals with PTSD.

Refugees and particularly asylum seekers are at an increased risk of being infected as recommendations regarding physical distancing and adequate hygiene are often difficult to comply with given the living conditions some of these populations have to face. This higher risk of infection might also enhance social exclusion and stigmatization in a group that is already at risk of being marginalized. Given the devastating consequences of the COVID-19 outbreak on the economy and on unemployment rates, this pandemic will have an additional adverse effect on social exclusion among refugees, as they were already before the crisis prone to be unemployed or have precarious employment. This in turn might increase the risk of developing mental disorders and consequently the suicide risk.

Despite the higher prevalence rates of mental disorders, 3 several studies have shown that asylum seekers/refugees are less likely to be users of mental health services. Barriers to such services include culturally determined stigma of mental disorders, lack of knowledge about and trust in these services, language obstacles as well as limited financial resources, among others. Several circumstances related to the ongoing pandemic will probably lead to even lower rates of mental health care utilisation in asylum seekers/refugees. These include,



but are not restricted to, a reduced capacity to provide mental health services in clinics, which have reduced their activities due to relocation of personnel to treat patients suffering from COVID-19. In addition, people in need for mental health services may nevertheless stay away from them because of fear of being infected when seeking health care.

This aggravated lack in mental health care together with the other risk factors mentioned above, might also increase the suicide risk in asylum seekers/refugees, for which unaccompanied minors seeking asylum might be at a particularly high risk. According to a recent report from Sweden, unaccompanied minors seeking asylum had an 8-fold increased risk of suicide compared to the general population. While refugees with a residence permit were shown to have a lower risk for suicidal behaviour than individuals born in a high-income country like Sweden, this might not be the case for migrants seeking refuge in low- and middle-income countries and it might also not be the case in high-income countries during a Public Health crisis like the current pandemic.

Therefore, we would like to stress the utmost importance of putting intervention strategies in place in order to prevent high levels of mental health problems and suicidal behaviour in asylum seekers/refugees in the aftermath of the COVID-19 outbreak. Whether there will be an increase in mental health problems in asylum seekers/refugees in the short or long term remains to be seen, but mental health and migration researchers can use this time to start and evaluate the effect of culturally sensitive and easily accessible interventions. Furthermore, it is important to provide easy access to counselling in different languages via e.g. telephone helplines. Some countries have implemented such measures during the first infection wave and these opportunities need to be maintained over a longer time span. Increased stigmatization and social exclusion related to the risk status of being a refugee need to be addressed on all levels including tailored social and labour-marked initiatives. Moreover, awareness among health care personnel about this particularly vulnerable group should be raised.

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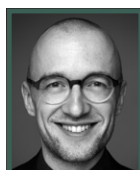
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