THE IMPACT OF THE COVID-19 PANDEMIC ON THE MENTAL HEALTH OF REFUGEES: A SCOPING REVIEW

Dino Manzoni, Lilijana Šprah

Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute,

Ljubljana, Slovenia

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INTRODUCTION

- More and more research confirms the impact of the COVID-19 epidemic on the mental health of the general population (Haider et al., 2020).
- The underlying assumption of our study is that the epidemic COVID-19 has a disproportionately greater impact on the mental health of marginalised groups such as refugees (Kluge et al., 2020).
- Thus, the aim of this review is to provide a systematic overview of the current literature on the impact of the pandemic on refugee mental health. In this context, answers to the following questions were sought:

1. *Did the COVID-19 pandemic have an impact on refugees' mental health?*

2. *What were the most common mental health problems refugees faced during the epidemic?*

METHOD AND PROTOCOL

I. During the literature search, the *Web of Science* proved to be an appropriate database for conducting a scoping and systematic review of mental health research (Xiong et al., 2020).

II. Studies were included that met the following selection criteria: (i) studies published in peer-reviewed journals between January 1, 2020 and September 8, 2023, (ii) studies primarily focused on the refugee population, (iii) published in English, (iv) mental health studies conducted in any country, (v) related to the pandemic COVID-19.

III. The two reviewers collected the data independently, discussed the results, and continuously updated the data collection form in an iterative process.

IV. The PRISMA flowchart system was used as a reference in the selection of studies.

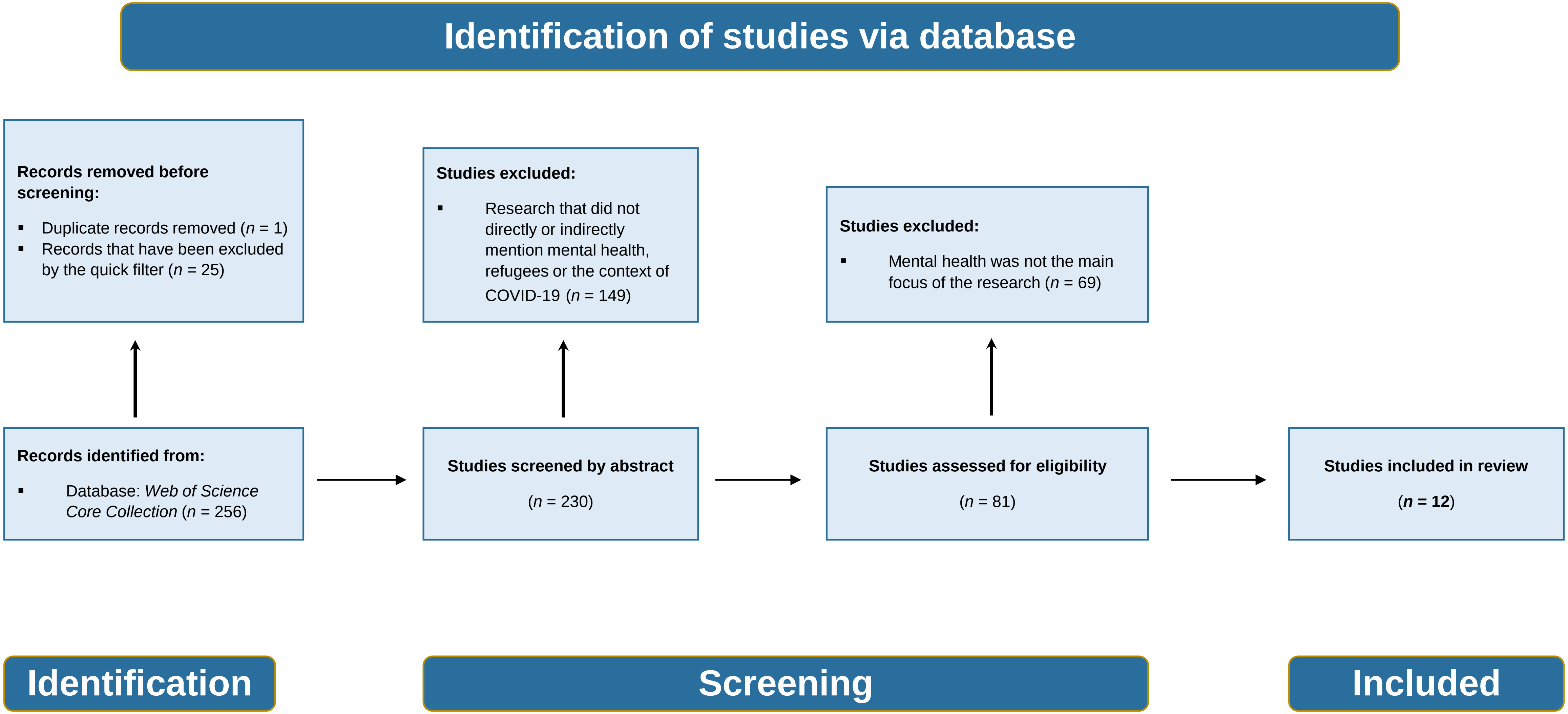

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Table 1. Summary of study objectives, sample characteristics, study design, assessment instruments, dates, and mental health outcomes

Year / Author(s)	Country	Type of Study	Objective of the research or the hypothesis	No. of participants	Sample Data	Data Collection Instruments	Data collecting Method / Date	Mental Health Outcomes
2023, Lotito et al.	Italy	Qualitative	The aim was to investigate what most worried and burdened refugees living in Italy during the pandemic COVID -19.	19	Free listing interviews: 12 stakeholders, 7 refugees (Male: 5 (71.4%), Female: 2 (28.6%)). Focus group: 12 stakeholders, 8 refugees (Male: 5 (62.5%), Female: 3 (37.5%)). Country of origin: Nigeria 7, Morocco 2, Afghanistan 2, Pakistan 4. Age (mean): 34 years (SD=7)	Semi-structured interview form made for the purpose of the survey	Online / February-April 2021	The pandemic COVID -19 has further exacerbated previous states of psychological distress, strong feelings of fear, insecurity, and frustration, which are also related to unemployment, housing, difficult access to health care, isolation, and racism.
2021, Akhtar et al.	Jordan	Longitudinal	Examination of the mental health status of Syrian refugees assessed in a clinical trial before the pandemic and again during the peak of the pandemic in Jordan.	410	Female: 71.5%, Male: 28,5%. Age (mean): 40.4, SD=7.1. Married (n=203). Half the sample (199 (48.5%)) completed their 3-month follow up assessment after the pandemic restrictions began.	Kessler Psychological Distress Scale (K10); Hopkins Symptom Checklist-25 (HSCL-25); PTSD Checklist for DSM-5 (PCL-5)	1) Screening: August-December 2019. 2) Baseline assessments: September 2019 - January 2020. 3) 6-week online assessments: November 2019 - March 2020. 4) 18- week online assessments: January-June 2020	Refugees had less severe PTSD symptoms than those assessed before the pandemic. Significant predictors of pandemic-related worry were lower pre-pandemic depression scores and greater anxiety during the pandemic. Financial worries (165, 82.9%), shortages of essential supplies (145, 72.9%), local health care system capacity (65, 32.7%)
2021, Kurt et al.	Turkey	Cross-sectional	The aim was to investigate the relationship between COVID -19 related stressors and mental health among Syrian refugees in Turkey.	345	Female: 165, Male: 10. Age (mean): 33.4, SD=9.11. University graduates (45%), high school graduates (24 %). Married (74 %). Previously diagnosed psychiatric problem 8%	Generalized Anxiety Scale (GAD-7); Patient health questionnaire-9 (PHQ-9); Multidimensional scale of perceived social support (MSPSS); Everyday discrimination scale (short version); The conservation of resources evaluation (modified version)	Online / September-October 2020	High levels of depressive and anxiety symptoms were reported. Resource loss and perceived discrimination during the pandemic significantly and positively predicted depressive and anxiety symptoms.
2022, Jones et al.	Jordan	Mixed-method: cross-sectional quantitative data and in-depth qualitative interviews	To examine the extent to which the pandemic has exacerbated preexisting socioeconomic and service inequalities among youth in Jordan.	3311	Two cohorts: aged 10–12 years and 15–17. 1603 boys (191 Jordanian, 107 Palestinian, 1305 Syrian). 1708 girls (319 Jordanian, 152 Palestinian, 1237 Syrian). Age: 15-21 (n=1639), 10-14 (n=1672). Qualitative sample: 104 girls, 74 boys	Patient Health Questionnaire 8 (PHQ-8); Generalized Anxiety Disorder 7 (GAD-7) scale; Brief Resilient Coping Scale (BRCS); Household Food Insecurity Access Scale (HFIAS); COVID-19-related quantitative surveys (COVID-R1 and COVID-R2)	Phone call and online / 1) October 2018 - March 2019. 2) May 2020 and January 2021	Nine months after the start of the pandemic, 19.3% of adolescents reported symptoms of moderate to severe depression, with little evidence of improvement. 12.4% of adolescents suffered moderate to severe anxiety symptoms. Two-thirds of adolescents reported increasing stress at home.
2021, Logie et al.	Uganda	Longitudinal	To examine the prevalence and ecosocial risk factors (food insecurity, social support, intimate partner violence) of depression in the pre- and post-pandemic declaration period COVID -19 among urban refugee youth in Kampala, Uganda.	450	Age: 16–24 years. Male (n=185), Female (n=182), Age (mean): 20.0, SD: 2.4. 75 (16.7%) were lost to follow-up by December 2020	Patient Health Questionnaire-9 (PHQ-9)	Face-to-face / February-December 2020)	The prevalence of depression was high, but there was no significant difference before (27.5%) and after (28.9%) the pandemic.
2021, Liddell et al.	Australia	Longitudinal	The purpose of this study was to examine which COVID -19 stressors are specifically associated with depression, PTSD, health anxiety, and disability in refugees.	656	Male: 50.8%. Females: 49.2%. Age (mean): 42.85, SD=12.22. Married (n=503, 76.9%)	Patient Health Questionnaire (PHQ); Posttraumatic Diagnostic Scale (PDS); Bodily Preoccupation Scale of the Illness Attitude Scale; World Health Organization Disability Assessment Schedule 2.0; RAS Harassment and Bullying Survey; Harvard Trauma Questionnaire (HTQ); Generalised Anxiety Disorder Assessment (GAD-7)	Online / June 2020	41.1% of refugees reported that the pandemic COVID -19 reminded them of past traumas. COVID -19 Memories of past traumatic events were the strongest predictor of PTSD, health anxiety, depression, and disability.

Table 1. Summary of study objectives, sample characteristics, study design, assessment instruments, dates, and mental health outcomes (continued)

2022, Nakhaie et al.	Canada	Cross-sectional	To examine how the degree of assimilation and acculturation of newcomers, food insecurity, resilience, and social relationships affect the mental health of young refugees in a medium-sized city during COVID -19.	244	Age < 19 (60.2%). Born in Syria (50.8%), Iraq (15.7%), Africa (12.7%), Asia (17.1%), Latin America (3.7%). Male: 43.8%. Female 56.2%	Canadian Community Health Survey Questionnaire - 2017-18	Phone call / July 22 - November 26, 2020	Food insecurity had by far the greatest impact on the psychological distress of newly arrived adolescent refugees.
2023, Hoffman et al.	Indonesia	Cross-sectional	The aim was to assess the impact of the COVID -19 pandemic on refugee mental health and well-being in the context of ongoing displacement.	913	Male (n=630). Female (n=281). Age (mean) 30.85, SD=9.45. Married (n=411, 45%). Afghanistan (n=227, 24.9%), Iraq (n=224, 24.5%), Somalia (n=162, 17.7%), Iran (n=69%), Sudan (n=49, 5.4), Other (n=182, 19.9%)	Harvard Trauma Questionnaire (HTQ); Posttraumatic Diagnostic Scale–IV; Patient Health Questionnaire–8; Generalized Anxiety Disorder–7 scale (GAD-7); Dimensions of Anger Reactions–5; Medical Outcomes Survey–Short Form; A list of 12 stressors related to COVID-19 was created for this study; social support questions used by Araya et al. (2007)	Online (Key Survey platform) / 29 May - 29 October, 2020	The refugees' greatest concern was how the pandemic COVID -19 would affect resettlement. Fear of deportation may be reflected in the second most frequently cited stressor.
2021, Yalcin et al.	Turkey	Cross-sectional	The aim was to investigate and compare depression, anxiety, and PTSD symptoms in refugees and native End-Stage Renal Diseases patients receiving hemodialysis between COVID -19.	58	Syrian refugee (n=27). Native (n=31). Age (mean) 48, SD=15.2, Male: 44.4%. Female: 55.6%	Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptoms (PHQ-SADS); Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)	Face-to-face / July 2021	Scores for anxiety and traumatic stress were significantly higher in refugee patients, whereas scores for depression and somatic anxiety did not differ between groups. Refugee patients had significantly higher somatic symptom scores than native patients. Refugee patients HD had significantly higher PTSD scores than native patients.
2023, Anwar et al.	Bangladesh	Cross-sectional	The aim was to investigate the effects of COVID -19 on exacerbating anxiety and stress in older adults in the Rohingya refugee camp.	864	Age ≥ 60. Male 57%. Majority of the participants were aged 60–69 years (72%). Married: 79%. No formal schooling: 89%. Living alone (67%). Currently unemployed or retired (89%). Household size > 4 members: 57%. Currently suffering from any non-communicable chronic diseases: 50%	Bengali version of the five-point Coronavirus Anxiety Scale (CAS); 10-items Perceived Stress Scale (PSS), validated among Bangladeshi population	Face-to-face / November–December 2021	The prevalence of COVID -19-related anxiety was 68% and perceived stress was 93%. Most participants reported difficulty accessing food (81%), earning money (90%), and receiving routine medical care (73%).
2021, Cameron et al.	Canada	Qualitative	Exploring the impact of COVID -19 on postnatal experiences of resettled Syrian refugee women with formal health services and informal support.	8	Married (n=8). 1-2 children: 1. 3-4 children: 2. 5-6 children: 3. 7-8 children: 2	Semi-structured interview form made for the purpose of the survey	Telephone interview or online / March-August 2020	Three themes emerged: systemic barriers to postnatal care, loss of informal support, grief, and anxiety.
2022, Palit et al.	Bangladesh	Longitudinal	The aim was to investigate the impact of the current pandemic on the mental health of Rohingya refugees with pre-existing health problems.	732	Age (mean): 32.25 ± 14.01 years (SD). Female: 61.1%, Male: 38.9%. 342 participated in the follow-up survey	The Refugee Health Screener 15 (RHS-15); The COVID-19-Impact on Quality of Life (COV19-QoL) scale v 1.5	Face-to-face / 1) Baseline survey 5 July 2019. 2) 10 November 2020	The pandemic had a significant impact on quality of life and increased stress levels among refugees. Women were significantly more affected than men.

RESULTS

- The studies included in the review were conducted in eight different countries: Italy (*n*=1), Uganda (*n*=1), Indonesia (*n*=1), Australia (*n*=1), Jordan (*n*=2), Turkey (*n*=2), Canada (*n*=2), and Bangladesh (*n*=2). Most refugees were from Syria and Myanmar, but there were also refugees from Afghanistan, Iraq, Somalia, Nigeria, etc.

- *Five* of the included studies were cross-sectional, *four* were longitudinal, one used mixed methods, and *two* were qualitative. In the latter, data were collected using a semistructured interview. Other data were collected using established psychological instruments, most of which have been validated cross-culturally, with the exception of one study conducted in Canada that used only the National Community Health Survey Questionnaire.

- It was found that due to COVID-19 measures and limitations, most data were collected online (*n*=5), by phone or online (*n*=2), by phone only (*n*=1), and in person (*n*=4).

- *Three* studies examined adolescent mental health and *one* study examined the mental health of older adult refugees aged 60 years and older. The remaining studies (*n*=8) examined the mental health of refugees aged 18 years and older.

- Mental health outcomes fall into *four* main categories.

SYMPTOMS OF ANXIETY

Four of the studies came to results related to anxiety:

1. In the first study, 12.4% of adolescents suffered from moderate to severe anxiety symptoms.
2. The second study showed a high level of anxiety symptoms within the sample (42.9%). It was found that loss of resources and perceived discrimination during the pandemic significantly and positively predicted anxiety symptoms.
3. In the third study, anxiety symptoms were significantly higher in the refugee sample than in the native sample (7.20 ± 3.89 vs. 4.83 ± 4.54, $p < 0.05$).
4. The last study was a qualitative study. Young mothers reported anxiety related to systemic barriers to postnatal care and loss of informal support.

SYMPTOMS OF DEPRESSION

Three of the studies came to results related to depression:

1. The first study revealed a *high level of depression symptoms* within the sample (52.9%). It was found that loss of resources and perceived discrimination during the pandemic significantly and positively predicted depression symptoms.
2. In the second study, 19.3% of adolescents reported symptoms of moderate to severe depression.
3. In the third study, the prevalence of depression was high, but there was *no significant difference before (27.5%) and after (28.9%) the pandemic*.

SYMPTOMS OF PTSD

Three of the studies reached conclusions related to post-traumatic stress disorder:

1. The first study found that refugees had *less severe PTSD symptoms than before the pandemic*. Nevertheless, the data collected show the following problems of the refugees: 1. financial worries (82.9%), 2. lack of basic necessities (72.9%), and 3. insufficient capacity of the local health system (32.7%).
2. In the second study, 33.3% of refugees reported PTSD symptoms and had significantly higher PTSD symptom scores than native patients (26.65 ± 15.84 vs. 16.52 ± 13.09, $p < 0.05$).
3. The third study found that the COVID-19 pandemic served as a reminder of past trauma. 41.1% of the sample reported symptoms of PTSD.

STRESS

Almost half of the studies (*n*=5) came to results related to stress:

1. In the first study, the prevalence of distress was 93%. It should be added that most refugees in the sample also reported difficulties in accessing food (81%), earning money (90%), and getting routine medical care (73%).
2. In one of the qualitative studies, participants reported psychological distress, insecurity, and frustration related to socioeconomic and cultural factors such as unemployment, housing problems, difficulty accessing health care, and perceived discrimination.
3. In the third study, the prevalence of adolescent refugees who felt distressed was 34.5%.
4. In the fourth study, the most frequently cited stressors were resettlement concerns (70.3%), reminders of previous stressors (60.4%), limited access to daily necessities (57.2%), and concerns about child care (55.9%).
5. Analysis of the fifth study showed *a significant increase in psychological distress* among refugees after the outbreak of the COVID-19 pandemic (4.43±1.59 vs. 6.91±1.49, $p < 0.001$).

DISCUSSION & CONCLUSION

- Interestingly, in one of the studies, refugees who were assessed during the pandemic reported lower intensity of PTSD symptoms than before the COVID-19 outbreak. This finding was unexpected in the context of numerous studies predicting that pre-existing mental health problems would be a major risk factor for poorer mental health during the pandemic (Lancet, 2020).

- The hypothesis could be that the symptoms of some mental health problems temporarily subside during a severe crisis and reappear after the state of emergency has ended. The existing literature on this subject should also be reviewed.

- All four studies included in the review, using a longitudinal research design, indicate that COVID-19 exacerbates refugees mental health problems. The problem is that we have not found a single study that directly examines and confirms our hypothesis that the COVID-19 epidemic had a disproportionately greater impact on the poorer mental health of refugees compared to natives.

- Research shows that the mental health of refugees during the COVID-19 pandemic was closely related to their previous poor socioeconomic situation, social exclusion, lack of access to health services, and difficult and insecure living conditions, which were exacerbated by the pandemic.

LIMITATIONS AND FUTURE RESEARCH

I. An obvious limitation of our study is that we examined only one electronic database. This is due to the fact that this is the first review of the literature we have conducted as part of the project. Thus, the work is ongoing, and we will update and expand the review in the future.

II. Because of the nature of this study, we cannot make reliable recommendations for practice and policy. Indeed, our primary goal was to provide a basic overview of the evidence and findings without assessing the quality and validity of the studies. Therefore, a systematic literature review should also be conducted in the future.

III. Future research should examine which factors had the greatest impact on refugee mental health during the epidemic so that we are better prepared to address them with direct interventions and prevention programmes in the future.

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Thank you for your attention.

e-contact: dino.manzoni@zrc-sazu.si, lilijana.sprah@zrc-sazu.si

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