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Research interests: social and cultural psychiatry including refugee mental health, interface of physical and mental health, and evidence based approaches to treatments

Health problems of young refugees - risk factors, social support and community-based interventions

This talk will address some of the main health and especially mental health difficulties for young refugees and suggest ways to conceptualise service and treatment provision.

It is known that refugees have an elevated rate of physical health problems including infections eg tuberculosis, and consequences of violence or harrowing journeys that can cause injuries (Williams et al., 2016). The backgrounds of refugees are also associated with elevated prevalence of many psychiatric disorders (Silove et al., 2017). Exposure to organised violence and threats of violence increase arousal and results in stress disorders such as PTSD. Separations and deaths of family members and community can result in sense of loss, hopeless, elevated risk of depression and suicidal behaviour. The migration process and stresses of resettlement impact on family relationships and organisation may be detrimental to children ability to learn and self-regulate (Tousignant et al., 1999).

Given the large numbers of refugees arriving in many European countries a tiered, stepped care approach to mental health provision is required. This proposes the provision of community support for basic needs [housing, financial and legal support etc]. Universal interventions that promote psychosocial wellbeing, maintain same ethnic ties and cohesion, as well as activities to promote integration eg language learning are important. Targetted groups are young refugees at risk of psychiatric disorder who can be identified in schools, and mental interventions in those settings offered (Dura-Vila et al., 2013). Unaccompanied refugee children are at elevated risk and will benefit from supportive living arrangements, and access to mental health services (Sanchez-Cao et al., 2013). A significant minority of refugee children and young adults will need referral to specialist mental health services for more severe mood disorders and PTSD and other anxiety disorders, and also more impairing problems as such as psychosis and self-harm. Some recent studies will be discussed to illustrate these principles. Existing treatments are starting to be evaluated for young refugees and emerging evidence suggests efficacy.

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