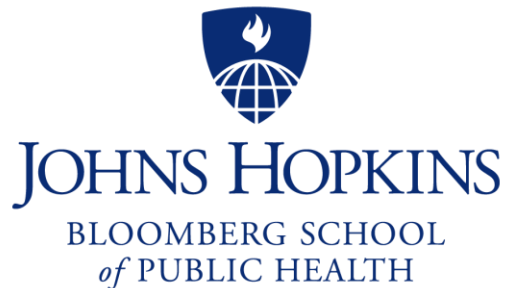


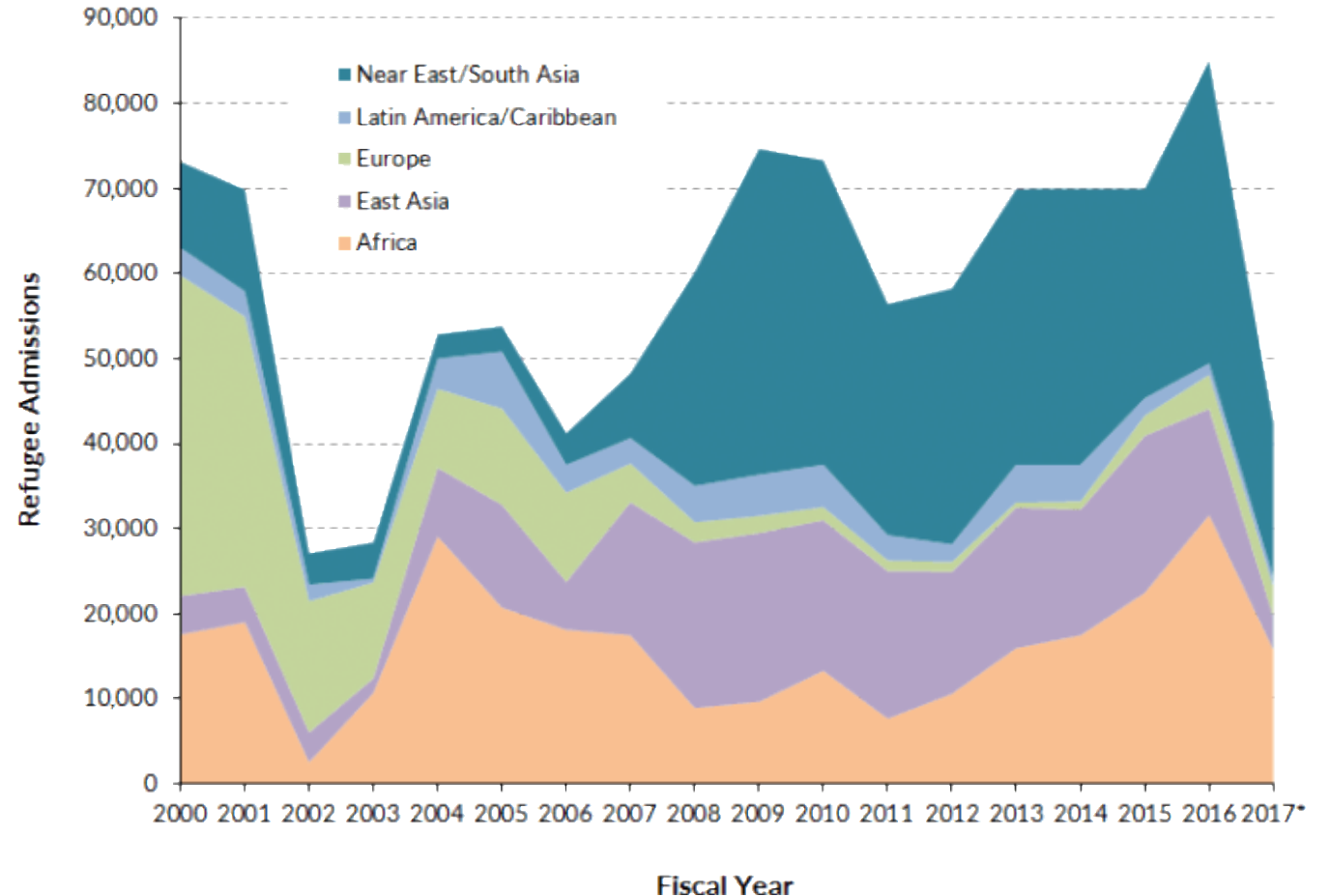
Assessing predictors of elevated distress among newly-arrived humanitarian immigrants in Maryland

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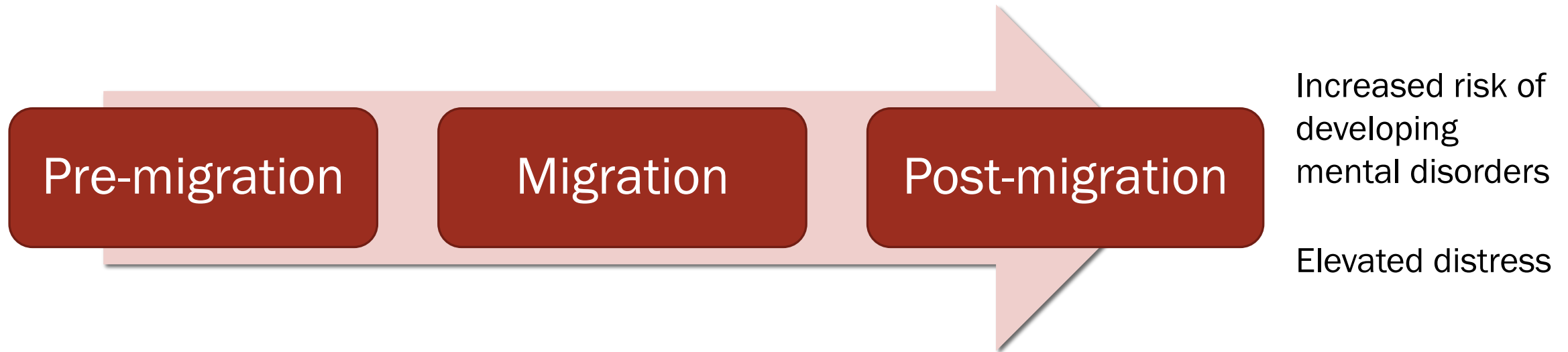


Forced Displacement and Mental Health

- 65.6 million displaced worldwide
- Unaddressed mental health (MH) needs upon arrival to U.S.
- Common diagnoses: PTSD, depression, anxiety
- Poor MH → poor social functioning, productivity
- U.S. emphasis on economic self-sufficiency
- **Good MH critical to resettlement success**



Triple Trauma Paradigm



Women are especially vulnerable to stressors in migration journey

- Pre- and during migration: Sexual and gender-based, intimate partner violence
- Post-migration: disrupted gender roles, loss of social support, acculturation

Study Aim

Aim: Assess predictors of elevated distress (positive RHS-15 screening) among newly-arrived humanitarian immigrants in Maryland, particular focus on women



Humanitarian immigrant type: proxy for migration experiences & stressors

Hypothesis: SIVs have lower odds & asylees have higher odds of demonstrating elevated distress in MH screenings; gender moderates this relationship.

Data Source: Refugee Health Screener-15

Validated among refugee populations

Used in Maryland health assessments

Q1-13: symptoms predictive of PTSD, depression, and anxiety

Q14: coping ability

Q15: distress thermometer

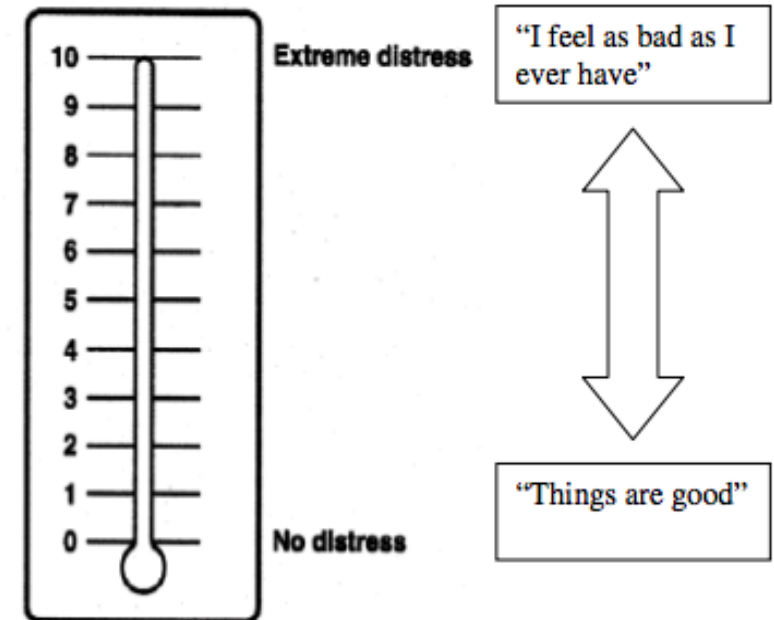
Positive screen:

- Symptom total (Q1-14) ≥ 12
- Distress thermometer (Q15) ≥ 5

Not a diagnostic tool

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Source: Pathways to Wellness

Methods

- Maryland Immigrant and Refugee Information System (MIRIS) database
- Secondary analysis of RHS-15 screening data (2014-2017)
- **Inclusion criteria**
 - Refugees, Asylees, and SIV holders (aged 18 and above)
- **Exclusion criteria**
 - "Delayed Asylees"
 - Incomplete/non-existent mental health screening
- **Bivariate & multivariate logistic regression**
 - Dependent variable: screening positive or negative on RHS-15
 - Independent variables: age, gender, immigrant type, interpreter type
 - Assess gender as moderating factor

Results

	Total Sample (n=4,385)	Refugees (n=2,767)	Asylees (n=789)	SIV holders (n=829)
Age Category (%)				
18-24	24.0	23.6	26.4	23.3
25-55	70.5	69.1	69.7	76.0
56 and up	5.5	7.4	3.9	0.7
Sex (%)				
Male	53.4	54.8	48.3	53.5
Female	46.6	45.2	51.7	46.5
Country of Origin (%)				
Afghanistan	21.1	4.7	0.5	95.4
Burma-Myanmar	15.3	24.0	0.5	0
DRC	7.6	11.2	2.5	0
Ethiopia	10.3	7.4	31.1	0
Iraq	8.1	11.4	0.8	4.0
Syria	6.0	9.4	0.1	0.4

Results

Top countries of origin for total sample:

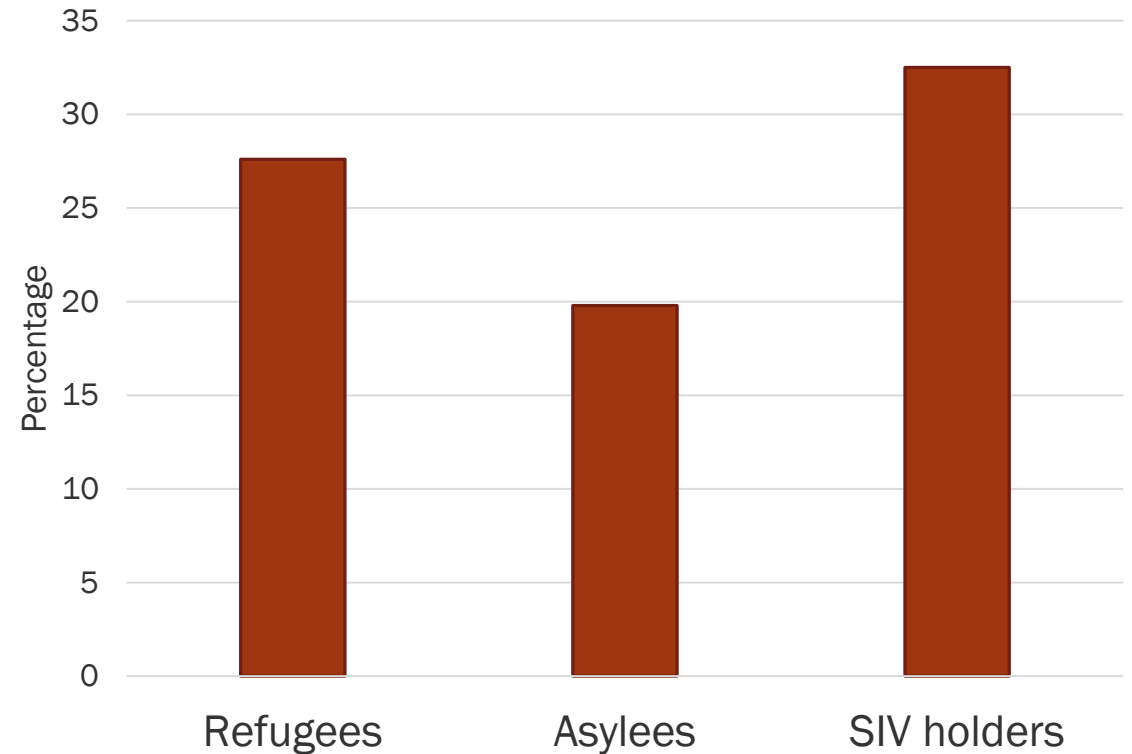
- Afghanistan, Burma-Myanmar, DRC, Ethiopia, Iraq, Syria
- Heterogeneity in country of origin for refugees & asylees, not SIV holders

27% of total sample screened positive

Higher proportion screening positive:

- Females
- Individuals aged 56+
- Individuals from Afghanistan, Iraq, & Syria

Proportion Screening Positive on RHS-15



Pearson's chi-squared test: $p < 0.001$

Results: Regression of Positive RHS-15 Screening on Independent Variables

	Bivariate			Multivariate		
	Odds Ratio	95% CI	p-value	Odds Ratio	95% CI	p-value
Immigrant Type (reference: refugee)						
<i>Asylee</i>	0.65	(0.53 – 0.79)	0.000	0.73	(0.54 – 0.99)	0.041
<i>SIV holder</i>	1.26	(1.07 – 1.49)	0.007	0.89	(0.68 – 1.16)	0.388
Age (measured continuously)						
<i>Under 60 years</i>	1.02	(1.01 – 1.02)	0.000	1.03	(1.02 – 1.03)	0.000
<i>Over 60 years</i>	1.00	(0.97 – 1.04)	0.920	0.94	(0.90 – 0.98)	0.004
Sex (reference: male)	1.46	(1.27 – 1.66)	0.000	1.32	(1.12 – 1.57)	0.001
Interpreter Type (reference: no interpreter used)						
<i>Telephonic Service</i>	2.02	(1.64 – 2.49)	0.000	1.52	(1.21 – 1.91)	0.000
<i>Bilingual Staff</i>	0.97	(0.79 – 1.20)	0.005	0.80	(0.63 – 1.02)	0.068
<i>Contracted</i>	1.59	(1.28 – 2.00)	0.000	1.28	(1.01 – 1.62)	0.045
<i>Other</i>	2.49	(1.80 – 3.44)	0.000	2.00	(1.41 – 2.82)	0.000
Interaction Terms						
<i>Female x Asylee</i>	-	-	-	0.87	(0.59 – 1.30)	0.503
<i>Female x SIV</i>	-	-	-	1.74	(1.22 – 2.48)	0.002

Discussion

Asylees had lower odds of screening positive on RHS-15

- Variation in time spent in U.S. before screened
- Existence of social networks upon arrival
- Social support systems identified as buffer for distress

Higher odds of screening positive among females

- Gendered stressors and more comfort with communicating distress

Discussion

SIV holders' odds ratio non-significant, but strong interaction term for SIV women

Gender-specific stressors:

- Younger, less educated, less English proficient
- Strong joint family structures in Afghanistan
 - Afghan tradition of family support during childbirth, child rearing
 - Loss of social support → isolation, depression, somatic complaints
- Disruption of traditional gender roles

SIV-specific stressors

- Bypass cultural orientations, may come to U.S. less prepared with higher expectations
- More benefits in home countries than in U.S.
- Difficulty in finding employment → frustration and disappointment

Study Limitations

Limitation	Impact
Nearly all SIV holders from Afghanistan	Limits extent to which results can be attributed to immigrant type vs. country
No information on asylee type (affirmative vs. derivative)	Better understand impact of different migration experiences
No information on asylum-seekers	Cannot study impact of insecure status distress
No information on other characteristics (e.g. education or income level, English proficiency, marital status, family members)	Cannot control for other important contributors/buffers to distress

Conclusions & Implications

Humanitarian immigrants arriving in Maryland with elevated distress

- Afghan SIV women may most likely be in need of MH service referrals

Findings inform MDH service planning & resettlement agencies activities

- Maryland in top 10 states of SIV holder arrivals
- Travel bans, stakeholders rely on SIV admissions to stay operational
- Focus on reducing post-migration stressors

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