The Role of Social Support and Social Services for Refugee Mental Health, Mala Gorica Refugee Center, Croatia

OTAKE Yuko * ・ SAWADA Mai **

1. Background

Recently there has been a lot of interest in the state of mental health of refugees after a civil conflict, and several studies about Posttraumatic Stress Disorder (PTSD) and posttraumatic depression have been performed in post-conflict situations (Mollica et al. (1992), Carlsson et al. (2006)). According to certain reports showing the prevalence of PTSD and depression in refugees, researchers have concluded that about 50 percent of these symptoms was present five years after the war (Kozaric-Kovacic et al. (2000), Mollica et al. (2001)), and 20 percent of the symptoms would be still left 10 years after the war (Carlsson et al. (2006)). In addition, alcoholism are frequent complications of stress symptoms, and it is reported that the prevalence of alcoholism was about 60 percent in male refugees (Kozaric-Kovacic et al. (2000)).

Meanwhile, some social factors such as social support and the social status of refugees are investigated as alleviating factors against stress symptoms in post-conflict situations (Ryan et al. (2008), Ghazinour et al. (2003)). It is supposed that social isolation would make symptoms worse, however, social relationships within the family, between partners or friends, as well as social services which provide refugees with status or access to medical care could reduce the symptoms (Misic et al. (2005)).

In the present study, we have focused on the civil war in Yugoslavia and conducted research on refugees in Croatia. There are several issues concerning refugees in Croatia. For instance, elderly refugees are left in a refugee center and it is difficult to integrate them into the general society. The social interest in refugees tends to decrease since almost 15 years have passed after the war. However, demographic information concerning stress symptoms, the problem of alcoholism, social support and social services is still lacking in Croatia.

Consequently, it is necessary to collect demographic data and explore which kinds of social support or social services are important for the mental health of refugees in Croatia.

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2. Objective

The objectives of this study are (1) to collect demographic information concerning the mental health status, alcoholism, social support, recognition of social services, and desire for immigration in refugees 15 years after the civil war in Yugoslavia, and (2) to examine the social support or social services which are important for the mental health of refugees.

3. Method

3.1. Study design

We conducted a cross-sectional research through home visits in the Mala Gorica Refugee Center, Croatia from the 22nd to 28th February, 2010.

3.2. Participants

Eligible participants were 50 adult refugees who were over 18 years old and lived in the center during this research term.

There were 160 houses in the center, 91 of them were vacant or with their residents absent for a long time and 6 were occupied by neighbors, so that we visited 63 houses and asked 79 adult refugees to participate in the research (Table 1). In the end, we obtained 50 refugees' consent to participate (participant rate = 63.3%), except for 8 who refused to participate, 4 who were not able to continue answering because of drinking or violence, and 17 who were not at home.

Table 1. House and refugee status in the Mala Grica center

	Number	(%)
House status		
Occupied	63	(39.4)
Vacant/absent for a long time	91	(56.9)
Occupied by neighbor	6	(3.8)
total	160	(100.0)
Refugee status		
Children (less than 18 years)	22	(21.8)
Adults (over 18 years)	79	(28 2)
total	101	(100.0)

3.3. Materials

We used three globally standardized questionnaires and two original questionnaires in this research.

3.3.1. Characteristics

We inquired about the age, sex, ethnicity, the place of residence before the war, traumatic experiences, the number of family members in the refugee center, the number of children, and the length of living in the center in order to obtain background information about the refugees.

3.3.2. Mental health

The General Health Questionnaire (GHQ) was applied to evaluate the mental health

status of refugees. The GHQ was developed by Goldberg (Goldberg & Blackwell (1970)) to measure the quality of life (QOL) focused on mental health problems and has been widely used in post conflict studies. It is composed of 4 sub-scales: 'Somatic symptoms', 'Anxiety and insomnia', 'Social disfunction' and 'Severe depression'. The score range of each sub-scale is 0-21 and the higher the scores, the severer the problem.

3.3.3. Alcoholism

The GAGE questionnaire developed by Ewing (Ewing (1984)) was used to evaluate alcoholism. This questionnaire consists of 4 simple questions for detecting alcoholism. The score range is 0-4 and the higher the scores, the severer the problem.

3.3.4. Social support

We used the Lubben Social Support and Network Scales (LSNS) to evaluate the perceived social support by refugees. This scale is designed for measuring perceived social support from family and friends in elderly people. It was originally developed in 1998 (Lubben (1998)) and was revised into a short version (Lubben & Gironda (2000)). We used the short version with certain adaptations for refugees in order to measure the social support of their family, their friends in the center and Croatians out of the center. Score range is 0-15 and the higher the scores, the stronger the social support.

3.3.5. Recognition of social services

We used the original questionnaire to inquire about the recognition of social services for getting jobs, receiving education and medical services. Participants read the question 'Do you feel or think that you are disadvantaged because of being a refugee concerning the social services listed below?' and chose an answer between 'yes', 'cannot say yes or no', or 'no'. The social services listed after the question were: 'Job' (finding a job, being employed, selecting the type of job), 'Education' (entering elementary school, going to junior high school, going to high school), 'Medical services' (receiving sufficient medical care, seeing a doctor, buying a prescription medicine). The higher the scores, the stronger the feeling of disadvantage.

3.3.6. Desire for immigration

We also asked original questions about their desire for immigration, 'Would you like to live in Croatia permanently if possible?', 'Would you like to return to your home country if possible?', 'Would you like to move to another country if possible?', 'Would you like to live in the Mala Gorica refugee center for the rest of your life if possible?', and participants

answered with ‘yes’ or ’no’. The last question was added halfway through the research because we found a lot of people who have the desire to live in the center permanently.

3.3.7. Analysis

In order to examine the social support and social services important for mental health of refugees, we focused on sub-scales ‘Anxiety and insomnia’ and ‘Severe depression’ in the GHQ, and divided the participants into two groups above or less than the average scores. We compared the mean scores of characteristics, social support, recognition of social services, and also the percentage of desire for immigration between high and low groups.

4. Results

4.1. Characteristics of participant refugees

The characteristics of participants are presented in Table 2 and 3. The mean age of participants was 60.3 (min-max = 18-80) years old and the number of over 60 years were 30 (66.0%). Participants included 23 males (46.0%) and 27 females (54.0%), 39 (78.0%) refugees with Croatian ethnicity and 38 (76.0%) having lived in Bosnia before the war (Table 2).

The average number of family members in the refugee center was 0.9 (min-max = 0-6), and the average length of living in the center was 6.6 (min-max = 1-18) years (Table 3).

Table 2. Characteristics and alcohol problems of participants *(total number = 50)*

	Number	(%)
Gender		
male	23	(46.0)
female	27	(54.0)
Age (years)		
18-30	4	(8.0)
31-40	2	(4.0)
41-50	8	(16.0)
51-60	6	(12.0)
61-70	9	(18.0)
71-80	21	(48.0)
Ethnicity		
Croatian	39	(78.0)
Bosnian	6	(12.0)
Gypsy	2	(4.0)
Muslim	1	(2.0)
Romanian	1	(2.0)
Albanian	1	(2.0)
Living place before the war		
Bosnia	38	(76.0)
Croatia	5	(10.0)
Cosovo	1	(2.0)
Serbia	1	(2.0)
Slovenijya	1	(2.0)
Traumatic experiences		
Destruction of home	42	(84.0)
Lack of food and water	13	(26.0)
Murder of family members or friends	12	(24.0)
Captivity in detention camps	11	(22.0)
Being close to death	10	(20.0)
Lack of shelter	10	(20.0)
Ill without medical care	8	(16.0)
Combat situation	8	(16.0)
Forced separation from family	8	(16.0)
Missing family members	6	(12.0)
Witnessing murder of strangers	4	(8.0)
Rape or sexual abuse	1	(2.0)
Alcoholism (the CAGE questionnaire)		
Yes (scored 1-4)	8	(16.0)
No (scored 0)	42	(84.0)

Table 3. Score distribution of characteristics, health status, social support, and recognition of social services

(total number = 50)

	Minimum	Mean	Maximum	(Score Range)	
Characteristics					
Age	18	60.3	80		
The number of family members in the refugee center	0	0.9	6		
The number of children	0	1.9	6		
The length of living in the refugee center	1	6.6	18		
The number of traumatic experiences	0	2.7	10	(0-12)	
Health status (the General Health Questionnaire)					
Somatic symptoms	0	9.7	21	(0-21)	
Anxiety and insomnia	0	8.2	18	(0-21)	
Social disfunction	2	9.2	16	(0-21)	
Severe depression	0	3.8	21	(0-21)	
Total score	8	32.3	64	(0-84)	
Social support (the Lubben Social Network Scale)					
Social support from family	0	5.7	15	(0-15)	
Social support from friends in the refugee center	0	5.2	10	(0-15)	
Social support from Croatians out of the refugee center	0	5.2	15	(0-15)	
Recognition of social survices of government (feeling disadvantaged in...)					
Job	3	6.5	9	(3-9)	*
Education	3	1.5	9	(3-9)	**
Medical service	3	8.2	9	(3-9)	

** total number = 20, ** total number = 17*

4.2. Traumatic experiences

Traumatic experiences of refugees are shown in Table 2. The most common traumatic experience was ‘Destruction of home’ listed by 42 refugees (84.0%), the second was ‘Lack of food and water’ applied by 13 refugees (26%), followed by ‘Murder of family members or friends’ reported by 12 refugees (24%). The average number of traumatic experiences was 2.7 (min-max = 0-10), presented in Table 3.

4.3. Mental health and alcoholism

The health status including mental health is presented in Table 3. The average score of ‘Somatic symptoms’ was 9.7 (min-max = 0-21), that of ‘Anxiety and insomnia’ was 8.2 (min-max = 0-18), ‘Social disfunction’ was 9.2 (min-max = 2-16), ‘Severe depression’ was 3.8 (min-max = 0-21). The most severe problem for refugees was ‘Somatic symptoms’ according to the results. Especially for mental health, ‘Anxiety and insomnia’ was more serious than ‘Severe depression’.

For alcoholism, there was no problem in 42 refugees (84.0%), but 8 refugees (16.0%) had at least one alcoholism problem and one refugee (2.0%) marked all the alcoholism problems listed (Table 2).

Table 4. Recognition of social services in participants

	Number	(%)
[I feel disadvantage in...]		
Job *(total number = 20)*		
Finding a job		
Yes	13	(65.0)
Cannot say which	1	(5.0)
No	6	(30.0)
Being employed		
Yes	13	(65.0)
Cannot say which	1	(5.0)
No	6	(30.0)
Selecting the type of job		
Yes	7	(35.0)
Cannot say which	1	(5.0)
No	12	(60.0)
Education *(total number = 17)*		
Entering elementary school		
Yes	5	(29.4)
Cannot say which	0	(0.0)
No	12	(70.6)
Going to junior high school		
Yes	3	(17.6)
Cannot say which	0	(0.0)
No	14	(82.4)
Going to high school		
Yes	3	(17.6)
Cannot say which	1	(5.9)
No	13	(76.5)
Medical services *(total number = 50)*		
Receiving sufficient medical care		
Yes	27	(54.0)
Cannot say which	4	(8.0)
No	19	(38.0)
Seeing a doctor		
Yes	23	(46.0)
Cannot say which	3	(6.0)
No	24	(48.0)
Buying a prescription medicine		
Yes	25	(50.0)
Cannot say which	1	(2.0)
No	24	(48.0)

Table 5. Desire for immigration of participants *(total number = 50)*

	Number	(%)
[I want to…]		
Live in Croatia permanently		
Yes	47	(94.0)
Return to home country		
Yes	5	(10.0)
Move to another country		
Yes	10	(20.0)
Live in the Mala Gorica center permanently		
Yes	16	(59.3) *

* *total number = 27*

4.4. Social support and recognition of social services

The score distribution of social support is also shown in Table 3. The average score of 'Social support by family' was 5.7 (min-max = 0-15), that of 'Social support by friends in the center' was 5.2 (min-max = 0-10), that of 'Social support by Croatians out of the center' was also 5.2 (min-max = 0-15).

Results of the recognition of social services are indicated in Tables 3, 4, and Figure 1. The average score of feeling disadvantaged in 'Job' was 6.5 (min-max = 3-9), in 'Education' 1.5 (min-max = 3-9), in 'Medical service' 8.2 (min-max = 3-9) (Table 3). Social services in which over 50 percents of refugees felt disadvantaged were 'finding a job (68.2%)', 'being employed (65.0%)', 'receiving sufficient medical care (54.0%)', and 'buying a prescription medicine (50.0%),' shown in Table 4 and Figure 1. The social service in which refugees felt disadvantaged the most was 'Medical service', while they have less to complain about concerning 'Education' and 'selecting the type of job.'

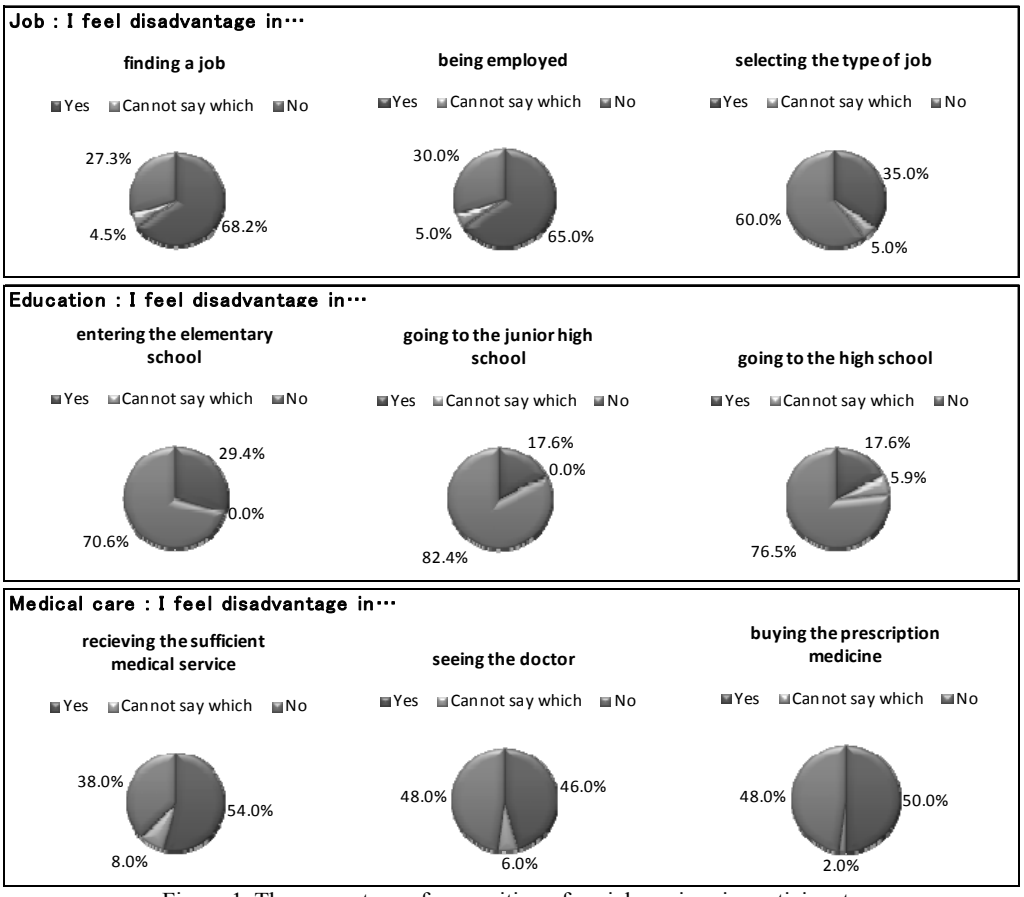

Figure 1. The parcentage of recognition of social survices in participants

4.5. Desire for immigration

Table 5 and Figure 2 present the desire for immigration of refugees. 47 refugees (94.0%) desired to live in Croatia permanently, 45 (90.0%) desired not to return to their home country, 40 (80.0%) desired not to move to another country.

We asked the question of 'Would you like to live in the Mala Gorica center permanently?' halfway through reserch, and obtained answers from 27 refugees. 16 of them (59.3%)

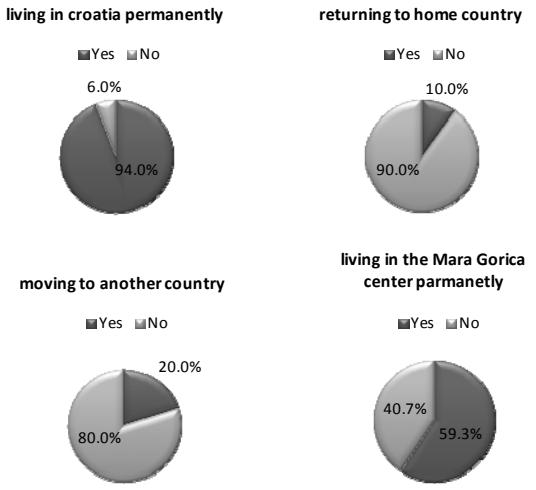

Figure 2. The parcentage of desire for immigration in participants

stated that they wanted to live in the refugee center permanently. However 11 refugees did not desire to live there because the water is not safe, the market is far away, and there is no doctor.

4.6. Comparison of average scores for social support, recognition of social services, and desire for immigration between high and low mental health groups

Table 6, Figures 3 and 4 present the results of the comparison for characteristics of refugees, social support and recognition of social services.

4.6.1. Anxiety and insomnia

After dividing refugees into high and low 'Anxiety and insomnia', 24 refugees were allocated to the low group and 26 to the high group. The differences of over 1.5 points between high and low groups were found in age (the difference = 2.5 points, Low < High) and the recognition of medical service (the difference = 2.2 points, Low < High). This indicates that the high anxiety group was older and felt more disadvantaged in medical services than the low anxiety group. (Figure 3)

4.6.2. Severe depression

After dividing the refugees into high and low 'Severe depression,' the low group included 33 refugees and the high group incuded 17 refugees. The differences over 1.5 points between highly and lowly depressed group were indicated in age (the difference = 1.7 points, Low < High), the number of traumatic experiences (the difference = 2.0 points, Low < High), and the recognition of medical services (the difference = 1.5 points, Low < High). It

Table 6. Comparison of average scores for characteristics, social support and social survices recognition between high and low mental problems groups

	Anxiety and insomnia		Severe depression	
	Low *(total n = 24)*	High *(total n = 26)*	Low *(total n = 33)*	High *(total n = 17)*
Characteristics				
Age	*59.0*	*61.5*	*58.2*	*59.9*
The number of familly in the refugee center	0.9	1.0	1.1	0.8
The number of children	1.3	2.6	1.7	2.3
The length of living in the refugee center	6.8	6.4	6.5	6.4
The number of traumatic experiences	1.9	3.3	*2.0*	*4.0*
Social support (the Lubben Social Network Scale)				
Social support by family	6.0	5.5	5.9	5.5
Social support by friends in the center	3.7	2.7	3.3	2.8
Social support by Croatian out of the center	5.0	5.4	5.5	4.6
Recognition of social survices of government (feeling disadvantaged in...)				
Job	6.3	6.6	5.8	7.0
Education	4.8	4.0	*3.5*	*5.6*
Medical service	*5.0*	*7.2*	*5.7*	*7.2*

The differences of over 1.5 points between high and low groups are presented in *italics.*

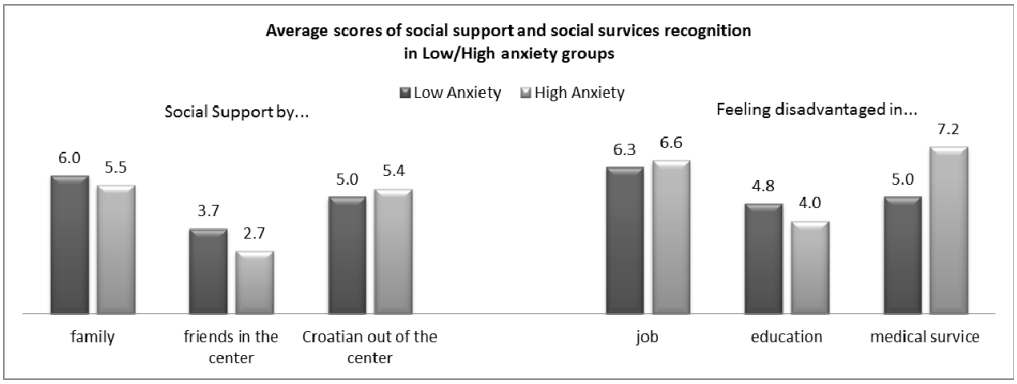

Figure 3. Comparison of average scores for social support and social survices recognition between high and low anxiety groups

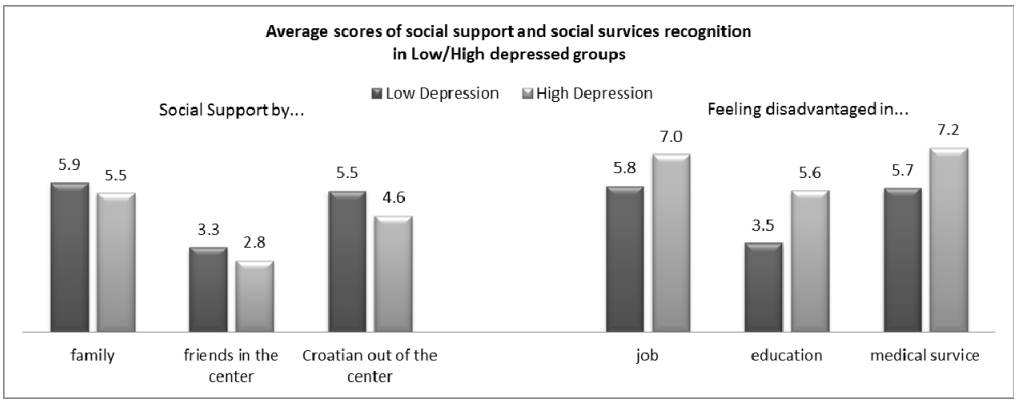

Figure 4. Comparison of average scores for social support and social survices recognition between high and low depressed groups

indicates that the highly depressed group was older, had more traumatic experiences, and felt more disadvantaged in medical services than the less depressed group. (Figure 4)

4.7. Comparison of the percentage of desire for immigration between high and low mental health groups

Table 7, Figures 5 and 6 show the comparison of the percentage of desire for immigration.

4.7.1. Anxiety and insomnia

Differences of more than 10 percent between high and low anxiety groups were found in the desire for moving to another country (the difference = 17.7%, Low > High) and also living in the Mala Gorica center permanently (the difference = 19.2%, Low < High). This means that the high anxiety group wouldn't like to move to another country but would want to live in the center permanently. (Figure 5)

Table 7. Comparison of the percentage of desire for immigration between high and low anxiety and depression

	Anxiety and insomnia		Severe depression	
	Low (%) *(total n = 24)*	High (%) *(total n = 26)*	Low (%) *(total n = 33)*	High (%) *(total n = 17)*
[I want to…]				
Live in Croatia permanently	22/24 (91.7)	25/26 (96.2)	31/33 (93.9)	16/17 (94.1)
Return to home country	3/24 (12.5)	2/26 (7.7)	*5/33 (15.2)*	*0/17 (0.0)*
Move to another country	*7/24 (29.2)*	*3/26 (11.5)*	7/33 (21.2)	3/17 (17.6)
Live in Mala Gorica center permanently	*7/14 (50.0)*	*9/13 (69.2)*	*8/18 (44.4)*	*8/9 (88.9)*

The differences over 10 percents between high and low groups are presented in *italics*.

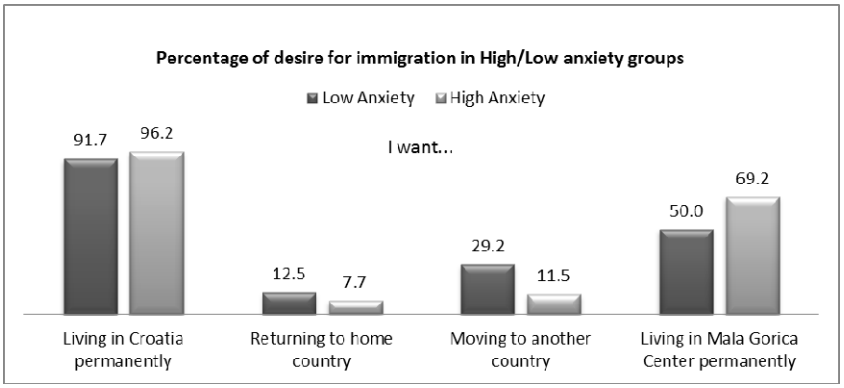

Figure 5. Comparison of the percentage of desire for immigration between high and low anxiety groups

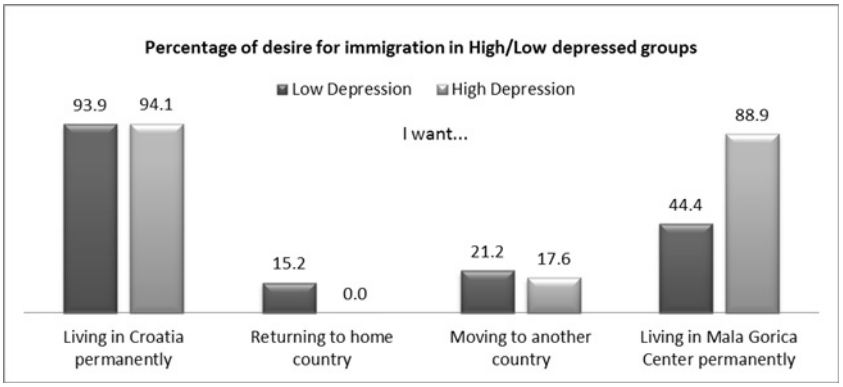

Figure 6. Comparison of the percentage of desire for immigration between high and low depressed groups

4.7.2. Severe depression

Differences of more than 10 percent between highly and lowly depressed groups were found in the desire for living in the Mala Gorica center permanently (the difference = 44.5%, Low < High). It indicates that the highly depressed refugees have more desire for living in the center permanently than less depressed refugees. (Figure 6)

5. Discussions

5.1. Demographic imformation of refugees in the Mala Gorica center

As for the demographic information of refugees in the Mara Gorica center, it is described that 78 percent of refugees have Croatian ethnicity and 76 percents are from Bosnia. Considering that 66 percent of the participants were more than 60 years old and the average number of family members was less than one, it seems that most of the refugees in the Mala Gorica center are elderly people who live alone. The average of years spent in the Center was 6.6, the longest was 18, and a lot of refugees in this center tend to live for a long time.

As a result of the comparison of the characteristics of high and low mental health groups, it is indicated that highly depressed refugees had more traumatic experiences than less depressed refugees. It implies that the present severe depression is related to traumatic experiences from 15 years ago. In other words, posttraumatic symptoms are able to remain for a longer time as depressive simptoms.

5.2. The role of social support for mental health in refugees

There were no sufficient differences between social support scores of high and low mental health groups. However, the difference of the score 'Social support by friends in the center' between high and low anxiety groups was not small (the difference = 1.0, Low > High), which implies that low anxiety refugees percieve more social support from friends in the center. Therefore it is assumed that friendship within the refugee center is more important than the other social relationships.

5.3. The role of social services for mental health in refugees

Refugees who have strong anxiety or depression felt more disadvantaged in medical services in the current study, which indicates that medical services are significant for refugees with low mental health. Since the Mala Gorica center is far from the hospital and there is not enough means of transportation, it is hard for elder refugees to receive sufficient medical sevices. Additionaly, in home visiting, some refugees complained that they are not able to buy medicine because of low income. As most of the refugees are elderly and traumatized people, it seems normal that they ask for medical services. If they have access to sufficient medical care, anxiety and depression could be moderated.

5.4. Desire for living in the Mala Gorica center permanently

According to the present study, 94 percent of refugees wanted to live in Croatia permanently, and 59 percent of refugees wanted to live in the Mala Gorica center permanently. As we divided refugees into high and low mental health groups, we found that almost 20 percent more refugees with high anxiety or depression had the desire for living in the center although

there was no difference of desire for living in Croatia between the two groups. Considering that 84 percent of refugees carry the traumatic experience of the destruction of their houses, they have been in the Mala Gorica center for a long time, and they are old, it should be important to continue living in the same place especially for people with strong anxiety and depression.

When we visited refugees, they said that they are under stress of the evacuation order. They did't know when and where they must go out, which made them stressful and worried. We propose that refugees maintain relationships with friends in the refugee center and obtain good access to medical services in order to protect their mental health, even if they have to evacuate from the center.

Acknowledgement

This study was performed as a part of the Balkan Program by Hokkaido University Public Policy School (HOPS). We appreciate that we were given the opportunity to challenge this work and publish it as the achievement of the program. We also express our appreciation for the cooperation of students of the University of Zagreb in conducting the research.

Reference

Carlsson JM, Mortenson EL, Kastrup M. 2005. A follow-up study of mental health and health-related quality of life in tortured refugees in multidisciplinary treatment. The journal of nervous and mental disease. 193(10):651-657

Carlsson JM, Olson DR, Mortenson EL, Kastrup M. 2006. Mental health and health-related quality of life a 10-year follow-up of tortured refugees. The journal of nervous and mental disease. 194(10):725-731.

Ewing JA. 1984. Detecting alcoholism: the CAGE questionnaire. JAMA. 252(14):1905-1907

Ghazinour M, Richter J, Eisemann M. 2003. Personality related to coping and social support among iranian refugees in Sweeden. The journal of nervous and mental disease. 191(9):595-603.

Goldberg DP, Blackwell B. 1970. Psychiatric illness in general practice. A detailed study using a new method of case identification. British Medical Journal. 1(5707):439-43.

Kozaric-Kovacic D, Ljubin T, Grappe M. 2000. Comorbidity of posttraumatic stress disorder and alcohol dependence in displaced persons. Croatian medical journal. 41(2) :173-178.

Lubben JE. Assessing social networks among elderly populations. 1988. Family community health. 11:42–52.

Lubben JE, Gironda MW. 2000. Social Support Networks. In: Osterweil D, Brummel-Smith K, Beck JC, editors. Comprehensive geriatric assessment. McGraw Hill Publisher: New York;

2000. pp. 121–137.

Misic Z, Mamic I, Krezo S, Plavec A, Vrdoljak S, Karelovic D. 2005. Delivery of medical services to different national groups during the war: an example from Bosnia and Herzegovina, 1991-2000. Military medicine. 170(9):810-813.

Mollica RF, Caspi-yavin Y, Bollini P, Truong T, Tor S, Lavelle J. 1992. The harvard trauma questionnaire validating a cross-cultural instrument for measureing torture, trauma, and posttraumatic stress disorder in indochinese refugees. The journal of nervous and mental disease. 180(2):111-1116.

Mollica R, Sarajlic N, Chernoff M, Lavelle J, Vukovic IS, Massagli M. 2001. Longitudinal study of psychiatric symptoms, disability, mortality, and emigration among bosnian refugees. JAMA. 286(5):546-554.

Ryan DA, Benson CA, Dooley BA. 2008. Psychological distress and the asylum process a longitudinal study of forced migrants in Ireland. The journal of nervous and mental disease. 196(1):37-45.

The Role of Social Support and Social Services for Refugee Mental Health, Mala Gorica Refugee Center, Croatia

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Abstract

Objective: To explore the social support or services which are important for refugee mental health. *Method:* The cross-sectional research was conducted on 50 refugees in the Mala Gorica Refugee Center, Croatia. Mental health (the GHQ), social support (the Lubben Social Network Scale), social services, and desire for immigration were inquired about. *Results:* Refugees with strong anxiety and depression felt more disadvantaged in medical services and desired more to live in the center permanently. Highly depressed refugees had more traumatic experiences. *Discussion:* It is desirable for refugees to contine living in the center, provided they have good access to medical services.

Keywords

mental health, immigration, refugee, social support, social service