

# Cultural Identity and Trauma. Construction of meaning among Afghan and Iraqi refugees under treatment in Dutch mental health care

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The main purpose of this PhD research is to obtain more insight in the interplay between psychopathology and cultural identity among refugees from Afghanistan and Iraq and to contribute to more effective treatment plans. Information about the...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Anxiety disorders and symptoms
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON41386

### Source

ToetsingOnline

### Brief title

Cultural Identity and trauma

### Condition

- Anxiety disorders and symptoms

### Synonym

Post traumatic stress disorder

### Research involving

Human

### Sponsors and support

**Primary sponsor:** GGZ Drenthe (Assen)

**Source(s) of monetary or material Support:** GGZ Drenthe; Fonds Nuts Ohra; Cie. Onderzoeks- en programmaevaluatie GGZ Drenthe; Stichting tot Steun VCV-GZ

## Intervention

**Keyword:** Culture, Identity, Refugees, Trauma

## Outcome measures

### Primary outcome

All patients will be interviewed with the "Cultural Interview". From the Harvard Trauma Questionnaire the questions about traumatic events will be included in the qualitative research.

At the Evenaar the HTQ and HSCL-25 is already part of the standard assessment.

### Secondary outcome

To measure the relation of shocking events with patients' identity the Centrality of Events Scale (CES) will be used. The CES is a tool to measure the integration of trauma into one's identity and its relation to posttraumatic stress disorder symptoms (Berntsen & Rubin 2005). The CES can be used in a full 20-item version or on a short 7-item scale. A pilot study will be undertaken to evaluate the 20-item version together with the 7-item version.

Post migration living problems will be gathered with an adaptation of the Post Migration Living Problems checklist (Silove et al. 1997). The Post-Migration Living Problems Checklist (PMLP-CL) is a tool to measure post-migration stressors. It contains items such as: fear of being sent home, unable to return home in an emergency, not being able to find work, delays in processing refugee application, no permission to work, worries about family back home, poor access

to dental care, worried about not getting treatment for health problems, little government help with welfare, and separation from family. The items of post-migration stressors are made applicable for refugee\*s situations in The Netherlands (Laban et al. 2005). Participants will be asked whether a living problem is applicable to them or not. If a living problem is applicable, then they will be asked how much this worries them on a five-point scale (1= \*not worried\*, 5=\*very much worried\*).

To measure the impact of shocking events, psychopathology, post-migration living problems on the treatment plans all the contributions of mental health professionals will be analyzed. To measure the impact of cultural identity on the treatment plan 14 indicators of previous study will be used (Groen & Laban 2011). These are: descent, ethnicity, acculturation, stage in life, self esteem, gender, position in the family, contact with family, social contacts, shame, stigma, insight into illness, illness explanation, and religion.

## Study description

### Background summary

Most refugees from post-conflict areas have experienced a multitude of shocking events. These events may lead to psychiatric disorders. According to Gerritsen et al (2006) 68 % of Afghan, Iranian and Somalian refugees in The Netherlands suffer from anxiety or depression disorders and 28 % from posttraumatic stress disorder (PTSD). Laban (2010) has found that the length of the asylum procedure increases the number of psychiatric disorders among Iraqi refugees in The Netherlands, from 42 % in the group that was in The Netherlands for six months or less up to 66 % in the group that was in The Netherlands for two years and more. Psychiatric treatment of these disorders has resulted in discussions about the cultural diversity of perceptions of traumas and their consequences in the form of psychiatric disorders. In the Netherlands some psychiatrists make use of the scarcely available anthropological knowledge to make

psychiatric diagnosis and treatment cultural sensitive. They primarily used the anthropologically informed guidelines and concepts that are available in the fourth edition of the Diagnostical and Statistical Manual for Mental Disorders (DSM-IV): the Cultural Formulation of Diagnosis, idioms of distress and culture bound syndromes. In-depth knowledge of the impact of culture on individual perceptions and experiences of traumas and their related psychopathology among refugees is hardly available. Small-scale comparative research proved that this knowledge was highly relevant for accurate culture sensitive diagnosis and treatment among this particular group of patients in inpatient care (Groen & Laban 2011). Research among larger samples of refugees is needed in order to corroborate these findings and develop specific guidelines for psychiatrists to enhance culture sensitive diagnosis and care.

## **Study objective**

The main purpose of this PhD research is to obtain more insight in the interplay between psychopathology and cultural identity among refugees from Afghanistan and Iraq and to contribute to more effective treatment plans. Information about the cultural identity is relevant in treatment because this identity may be affected by shocking events that may lead to psychopathology. Another important cause of identity change is migration and the related post migration living problems. It is relevant to know how strong the associations are between these problems and mental wellbeing. Much of this information is not known when patients with psychopathology are being referred for psychiatric treatment. Clinical experience has shown that psychiatrists are in need for this information. Research among Afghan and Iraqi refugees must show whether patterns can be distinguished in which psychopathology has an impact on cultural identity and vice versa.

Three main research questions can be distinguished, each followed by several sub questions:

### **1. What is the relation between psychopathology and cultural identity?**

Sub questions:

- Are there differences in the relation of psychopathology with various aspects of cultural identity between Afghans and Iraqis?
- What is the relation between traumatic symptoms that are reported in HTQ and HSCL and various aspects of cultural identity?

### **2. What is the relation between shocking events and post-migration living problems on the one hand and cultural identity on the other?**

Sub questions:

- How do shocking events relate to the cultural identity of Afghan and Iraqi refugees?
- How do shocking events relate to their acculturation process?
- Does psychopathology seem to be related to the acculturation process of Afghan or Iraqi refugees?

- To what extent are problems that are related to cultural identity also related to shocking events and/or the acculturation process of Afghan and Iraqi refugees in treatment?
- What aspects of cultural identity of Afghan and Iraqi refugees are related with shocking events?

3. Does information on the interplay between shocking events, post migration living problems, psychopathology and cultural identity lead to more adequate treatment plans?

Sub questions:

- Does attention to cultural identity of Afghan and Iraqi refugees with psychopathology lead to more adequate treatment plans?
- How does the use of information about cultural identity and psychopathology in caretaking lead to more adequate treatment plans?

## **Study design**

This mixed-method study will consist of a qualitative and a quantitative part. In the quantitative part the associations between shocking events, psychopathology, post-migration living problems on the one hand, and cultural identity on the other hand will be measured. In the qualitative part the complex interplay between these shocking events, psychopathology, post-migration living problems and cultural identity will be studied.

Concerning the qualitative part of the research, cultural identity will be described using the cultural interview and participant observation through home visits.

## **Study burden and risks**

For those in contact with the Evenaar the cultural interview and the first two questionnaires (HTQ and the HSCL-25) are already part of common treatment. This interview and these questionnaires will take one hour maximum. For research purposes the sociodemographic form and three extra questionnaires (PMLP-CL, CRM-BS, CES) will have to be answered which will take approximately an extra hour maximum. For those who are not in treatment the whole assessment will take two hours. For those twenty people that will be visited at home participation in the study will take an extra two hours.

Benefits from the study (better understanding of trauma and coping and more effective treatment) can have an influence both on those respondents in care as well as those not in care. The choice of the research groups is directly influenced by the main research questions as there is a large group of Iraqi and Afghan refugees represented in Dutch mental health care.

## Contacts

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Persons

- are 18 years or older;
- are born and raised in Afghanistan or Iraq;
- speak and read Dari, Arabic, Dutch or English or may get help in reading from a close relative or a caretaker;
- receive treatment in 'De Evenaar' OR
- do NOT receive treatment in a Dutch mental health center
- mentally competent to make decisions
- written informed consent

## Exclusion criteria

- current addiction problems
- fluid psychosis episodes

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	06-01-2014
Enrollment:	100
Type:	Actual

## Ethics review

Approved WMO	
Date:	13-09-2013
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO	
Date:	01-05-2015
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL43202.042.13