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## **Resilience, Posttraumatic Growth, and Refugee Mental Health in Australia**

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# Resilience, Posttraumatic Growth, and Refugee Mental Health in Australia

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## **This paper will:**

- Outline the literature around resilience, posttraumatic growth (PTG) and the mental health of refugees
- Present our findings in relation to the mental health and resilience of a sample of refugees from a regional Australian community
- Explore the factors that determine PTG among this sample

# The Refugee Situation

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## Globally

- By the end of 2012 there were an estimated 15.4 million refugees (UNHCR, 2013)

## Within Australia

- In 2010 over 750,000 refugees had been admitted since nationhood
- In 2010-2011, 13,799 refugees entered Australia.
- While most refugees are settled in capital cities, a small proportion are resettled in urban and rural areas.

## **Mental disorder among refugee populations**

Research with refugees has focused on trauma experiences and mental disorders

Common diagnoses include PTSD, depressive disorders, anxiety disorders, somatization disorders, brief reaction psychoses and adjustment disorders (Ovitt, Larrison, & Nackerud, 2003).

Prevalence rates show higher levels of disorder than age-matched peers (Fazel, Wheeler, and Danesh, 2005):

- PTSD: mean prevalence 9%
- Depression: 5%
- Anxiety: 4%

# A strengths-based approach

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## Resilience

- Resilience represents a class of phenomenon characterized by good outcomes in spite of serious threats to adaptation or development. It is through resilience that people are able to maintain, recover and improve in mental health following challenges.
- Longitudinal studies show high pre-trauma levels of instrumental support, community resources and trait self-enhancement predicted higher levels of resilience and positive affect at follow up (Bonanno, Westphal, & Mancini, 2011).

## Resilience in Refugees

- Currently a small research base
- High levels of resilience in Iraqi refugees has been linked with reduced trauma-related psychological distress, but not reduced PTSD symptomatology (Arnetz, Rofa, Bengt, Ventimiglia, & Jamil, 2013)
- Resilience in Sudanese refugees resettled in Australia has been found to positively correlate with high family and community support, religious beliefs, personal attitudes, and downward social comparison (Schweitzer, Greenslade, & Kagee, 2007)
- Higher rates of depression were correlated with lower resilience levels in a refugee youth sample (Ziaian, de Anstiss, Antoniou, Baghurst, & Sawyer, 2012)

## Posttraumatic growth – PTG

- “Positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1)
- Five domains: personal strength, relating to others, appreciation of life, new possibilities, and spiritual change (Tedeschi & Calhoun, 2004)
- While PTSD is not needed for PTG to occur, some psychological distress is necessary to ensure reappraisal and growth (Teodorescu, Siqueland, Heir, Hauff, Wentzel-Larsen, & Lien, 2012)

# A strengths-based approach

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## PTG in refugees

- Conflicting results are common in PTG studies with refugees. For instance, a positive relationship was found between PTG and PTSD by Hussain and Bhushan (2011), while others have found a negative relationship (Hall, et al., 2008; Hobfoll, Hall, Canetti-Nisim, Galea, Johnson, & Palmieri, 2007).
- High PTG scores have been correlated with high right wing attitudes, increased psychological distress and support of retaliatory violence (Hobfoll, et al., 2007).



# PTG and Resilience

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- PTG and resilience are separate constructs. While resilience denotes to the ability to continue living a purposeful life after hardship, signaling a return to the status quo, PTG exceeds and (theoretically) improves upon the pre-trauma state (Hussain & Bhushan, 2013).
- Resilience is more than the absence of PTSD or depression, though some studies have erroneously used these definitions
- Levine, Laufer, Stein, Hamama-Raz, & Solomon (2009) found high resilience was correlated with low PTG scores. This study however defined resilience as lack of PTSD.
- More research on this relationship is needed.

RQ1: What is the prevalence of mental disorders among the sample?

RQ2: Does resilience positively influence mental health?

RQ3: What factors predict PTG?

## Scales Used:

- *Posttraumatic Growth Inventory* (PTGI; Tedeschi & Calhoun, 1996)
- *Resilience Scale* (RS-14; Wagnild & Young, 1993)
- Depression and anxiety measured using the *Hopkins Symptom Checklist-25* (HSCL-25; Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987)
- Trauma events and PTSD measured using the *Harvard Trauma Questionnaire* (HTQ; Mollica, et al., 1992)

# Results - Demographics

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- The study has a sample size of 69 (35 males, 31 females, 3 did not report gender)
- Ages of participants ranged from 18 to 70 ( $M = 35.29$ ,  $SD = 14.82$ )
- Participants had been in Australia for an average of 4.48 years ( $SD = 4.35$ ).

Table 1

*Country of origin of participants*

Country	Frequency	Percentage
Congo	20	29.0
Sierra Leone	6	8.7
Liberia	2	2.9
Burma	21	30.4
Thailand	1	1.4
Sudan	6	8.7
Iran	1	1.4
Sri Lanka	2	2.9
Somalia	1	1.4
Rwanda	1	1.4
Iraq	3	4.3
Missing	5	7.2

# Results – Mental Health

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Depression and anxiety scores of 1.75 and over indicate a disorder is present. PTSD scores of 2.5 and over indicate the disorder is present (Mollica, McDonald, Massagli & Silove, 2004)

Table 2  
*Mental health among the sample*

	Mean score	Frequency	Percentage
<i>Depression</i>	<1.75	44	63.8
	≥1.75	25	36.2
	Missing	-	-
<i>Anxiety</i>	<1.75	46	66.7
	≥1.75	22	31.9
	Missing	1	1.4
<i>PTSD</i>	<2.5	59	85.5
	≥2.5	8	11.6
	Missing	2	2.9

Depression:  $M = 1.76$ ,  $SD = 1.60$ ; Anxiety:  $M = 1.64$ ,  $SD = 1.50$ ;  
PTSD:  $M = 1.74$ ,  $SD = 1.55$

Table 3

*Pearson's product moment correlations between RS-14 scores and psychological disorder scores*

	Depression	Anxiety	PTSD
Resilience	.048	.086	.086

Resilience:  $M = 64.82$ ,  $SD = 16.70$ , observed range = 15-98

Table 4

*Summary of stepwise regression analysis predicting PTG*

Predictors	$R^2$ adj	$F$	$B$	$SE B$	$\beta$
<i>Model 1</i>	<b>.255</b>	<b>20.12**</b>			
Constant			38.23	5.95	
PTSD			14.20	3.17	.52
<i>Model 2</i>	<b>.399</b>	<b>19.60**</b>			
Constant			9.84	9.23	
PTSD			13.28	2.85	.48
Resilience			.46	.12	.39

\* $p < .05$ . \*\* $p < .01$ .

When PTSD scores were excluded from the analysis and depression and anxiety scores were included individually they were then flagged as significant predictors, suggesting that PTSD, depression and anxiety scores share much of the same variance in explaining PTG



# Results - Predictors of PTG

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Table 5

*Summary of stepwise regression analysis predicting PTG after excluding PTSD scores*

Predictors	$R^2$ adj	$F$	$B$	$SE B$	$\beta$
<i>Resilience + Dep</i>	<i>.355</i>	<i>15.12**</i>			
Constant			9.68	10.10	
Resilience			.49	.13	.41
Depression			12.30	3.24	.41
<i>Resilience + Anx</i>	<i>.285</i>	<i>12.16**</i>			
Constant			16.35	9.91	
Resilience			.48	.134	.40
Anxiety			9.59	.31	.35

\* $p < .05$ . \*\* $p < .01$ .

Very high prevalence of mental disorders/distress among the sample

Resilience did not correlate with depression, anxiety and PTSD, *an unexpected finding*

It was expected that higher resilience scores would be associated with lower distress scores. It may be that the stress associated with being a refugee is more than even very resilient individuals can cope with without developing mental disorders/distress

Resilience was predictive of PTG, as was PTSD, depression and anxiety

Perhaps resilience does not prevent mental disorders/distress among individuals exposed to extreme levels of stress. However, it may help promote PTG.

**significant distress + resilience** —————→ **PTG**

- Refugees as a group appear to have very high levels of psychological distress
- Resilience does not automatically equate to reductions in psychological distress among refugees
- PTG may result from the interaction of resilience and psychological distress

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