Short communication

Suicidal feelings run high among mothers in refugee camps: a cross-sectional survey


Objective: To study levels of mental distress in a sample of Afghan mothers caring for children in two refugee camps in North West Frontier Province (NWFP) of Pakistan.

Method: Cross-sectional survey of 297 consecutive mothers with young children, attending primary care centres, using a psychiatric screening instrument, the Self-Reporting Questionnaire (SRQ-20).

Results: One hundred and six (36%) of women in the sample screened positive for a common mental disorder. Ninety-six (91%) of those screening positive had had suicidal thoughts in the previous month, and nine (8%) rated suicidal feeling as their topmost concern.

Conclusion: There is a high prevalence and severity of mental distress in Afghan mothers caring for young children in refugee camps. This may have serious long-term effects on the psychological and physical development of their children.

Introduction

In the last 25 years, about 5 million Afghans have been dislocated, almost half this number seeking refuge in Pakistan (1). Many of the worst affected live in large refugee camps operated by the United Nations High Commission for Refugees in the North West Frontier and Baluchistan provinces along the Afghanistan border. With the set-up of the interim government, the rebuilding of this ravaged country is underway. This includes the gradual return of refugees to their homes. Years of life in the camps have been a severely demoralizing and incapacitating experience, and previous studies have found high rates of psychological problems (2).

Three quarters of the camps’ population comprises of women and children. Young mothers are a vulnerable group with little political voice, yet they are at the forefront of the repatriation process, expected not only to rebuild their lives but also to provide care and some semblance of a nourishing environment for their children, who represent the future of the country. This is a demanding task, and poor physical or mental health in these mothers might be expected to have adverse consequences on their children’s physical (3) and psychological (4) development.

Aim of the study

The aim of this study was to investigate levels of mental distress in a sample of mothers caring for children in two refugee camps in North West Frontier Province (NWFP) of Pakistan.

Material and methods

The study was carried out at Shamshatu and Shalman refugee camps having an approximate population of 70 000 and 30 000, respectively. From September to November 2002, 297 consecutive mothers with children, attending for minor ailments at primary health care (PHC) facilities, were assessed by the PHC doctors using a Pushto version of the Self-Reporting Questionnaire (SRQ-20). This psychiatric screening instrument, which was developed specifically for use in primary care by health workers in developing countries, has 20 items with a ‘yes’ or ‘no’ response to questions about psychological and somatic symptoms in the past 30 days. It has been validated in many
cultures (5) including Pakistan (6). SRQ-20 is a self-administered questionnaire but can be verbally administered by lay health professionals to non-literate respondents. PHC doctors were given a half-day training course, based on the SRQ manual (5), by a mental health professional experienced in its use. After obtaining informed consent, the questionnaires were administered to mothers during an interview at the health centre. Respondents were also asked to describe the biggest concern they had about their future.

Results

The mean age of the sample was 28.2 years (SD 7.3) and average duration of stay at the camps was 13 months (SD 3.4). Only 2% of the women interviewed had any formal education. The average number of children was 4.0 (SD 2.4) and the mean number of visits to the health centre in the last 6 months was 6.3 (SD 2.7). Considering the high levels of social distress in the camps, we used a higher cut-off score of ≥13 for the SRQ-20 (compared with the most commonly used cut-off score ≥7). One hundred and six (36%) women in the sample screened positive for a common mental disorder. Ninety-six (91%) of those screening positive had had suicidal thoughts in the previous month, and nine (8%) rated suicidal feeling as their topmost concern. From the full sample, financial problems and children’s future were rated the main concern by over 50%, while 15% rated marital or domestic problems. Only 7% rated further conflict or war as a major concern. A review of their medical records of the 6 months prior to the study showed that none of these women had been diagnosed as having a psychological problem or received any psychological treatment.

Discussion

About a third of the women attending PHC facilities screened positive for a mental disorder and, on self-report, had suicidal feelings in the previous 6 months. While high rates of mental disorder are not uncommon in developing countries (7), such high self-report of suicidal feelings in a society where suicide is a social taboo is very significant, indicating perhaps the severity of problems in these refugees. In a poor and, to a large extent, culturally similar district of neighbouring Punjab province, using the same instrument, we found <3% women of 670 surveyed admitting suicidal thoughts (A Rahman, personal communication). High rates of hopelessness and suicidal feelings among refugee mothers may have important public health and social implications. Depression and mental disorder in mothers are known to be associated with emotional, behavioural and conduct problems in children, thus creating a vicious cycle of despair, despondency and anti-social behaviour. High levels of suicidal feelings in the primary caregiver may lead to different or more severe psychopathology in the offspring. Further research and strategies for intervention in this area are required.

Acknowledgements

We would like to thank Dr Rubina Riaz and Dr Sameen Shah for carrying out the interviews, Mr Zafar Iqbal for training the interviewers, and the Provincial Department of Health (NWFP) for allowing access to health centres.

References