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## The importance of having a job on refugees' health

## Refugees – some facts

- > 106.000 refugees in Danmark – approx. 2% of the population
- > There are 5.5% non Danish citizens in Danmark
- > Every year approx. 1.300 are granted asylum
- > The largest groups of refugees recently arrived come from Iraq, Russia (Chechnya), Iran and Afghanistan



## How many people are we talking about?

- > No systematic screening. A common estimate is that 25-30 % of all refugees are traumatized. In Denmark, this corresponds to about 30.000 people.
- > Asylum seekers in Denmark (N = 142)  
34 % meet the criteria for PTSD  
63 % of the torture survivors meet the criteria for PTSD  
Asylansøgere i Danmark (2008),  
Amnesty Internationals Danske Lægegruppe
- > The prevalence of PTSD among the refugee populations is 50 % or more

MTV om behandling og rehabilitering af PTSD  
(2008), Region Syddanmark



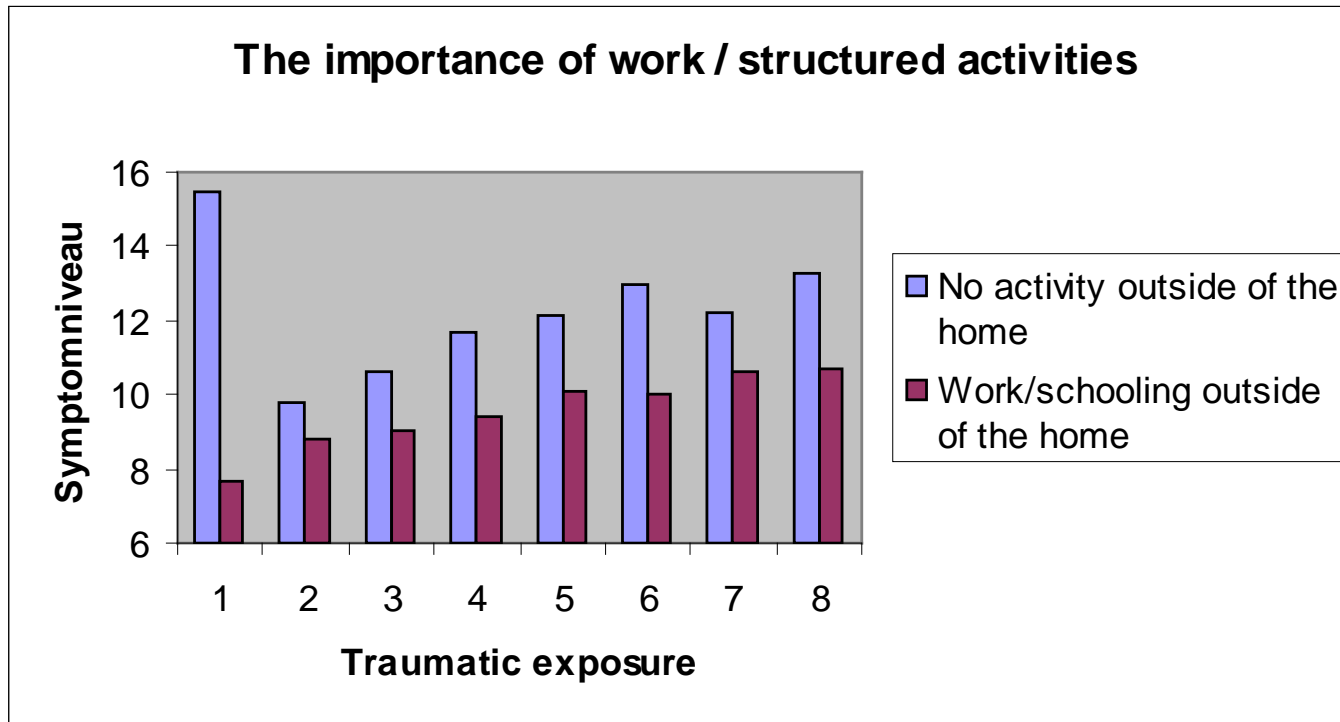
# The significance of having a job on refugees' mental health

- > Research catalog from the autumn of 2008.
- > 24 selected research publications and evaluation reports from 2000 to 2008
- > The empirical data is primarily from Europe and USA – from refugees living in exile – as well as one from Ethiopia.
- > 4 primary conclusions

# 1. There is a positive correlation between working and improved psychological well being

- > For this target group the concept of “working” must be broadly understood – it can include language studies and other structured daily activities
- > The quantitative data are insufficient to claim a directional causal relation
- > But the qualitative data support the probability that activity contributes positively, while passivity has a negative effect

# The importance of work (Sveaass 2004)



## What do the refugees themselves say?

*“I am feeling much better, having had a job the last 5 months as a teaching assistant. I always have pain in my feet and legs, but I force myself not to think about it. When I work, I forget all the bad.”*

Jessica Carlsson et al. 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, Vol. 193, No. 10, October 2005

*“There is no medicine that helps me. I have taken a lot of medicine, many pills... Taking medicine helps only about two to three hours, then it all comes back. That’s why I say that working is better than taking medicine. I was taking sleeping pills but since starting work I don’t need them anymore.”*

Eva Jakobsson & Björn Sjöström. Flyktingars upplevelser av livssituationen och inställning till ett rehabiliteringsprojekt. Högskolan Skövde 2001

## 2. The work must be meaningful

- > Work does not necessarily facilitate integration and rehabilitation
  - no opportunities for promotion
  - job below competency level
  - meaningless work
  - lack of economic independence
  - prejudice and discrimination at work
  - jobs with little or no contact with other people

## The work must be meaningful (Jakobsson & Sjöström 2001)

- > *"Some of the respondents were, for various reasons, not pleased with the work they were offered in Sweden.(...) They experienced that the work tasks they were presented with were, for one thing, beneath their level of competence and, for another, bad for their health. (...) For these respondents the activity itself was not the most important thing but rather, work tasks that befitted them as persons; and they want personal freedom. The limited range of choices and the implicit compulsion to take any and every kind of work is not good."*

### 3. The post migratory factors are often more important for the refugees than the trauma itself

- > Pre asylum period
- > Difficulties in learning Danish
- > Being unemployed
- > Family problems
- > Few social contacts
- > Poverty
- > Worries about family members left behind
- > Discrimination and stigmatization
- > Poor housing conditions

These conditions are just as important predictors of high symptom level and low quality of life as the traumatic exposure



## Post-migratory factors (Carlsson 2005)

*”Both social relations and being employed were closely associated with both mental health and health-related quality of life.”*

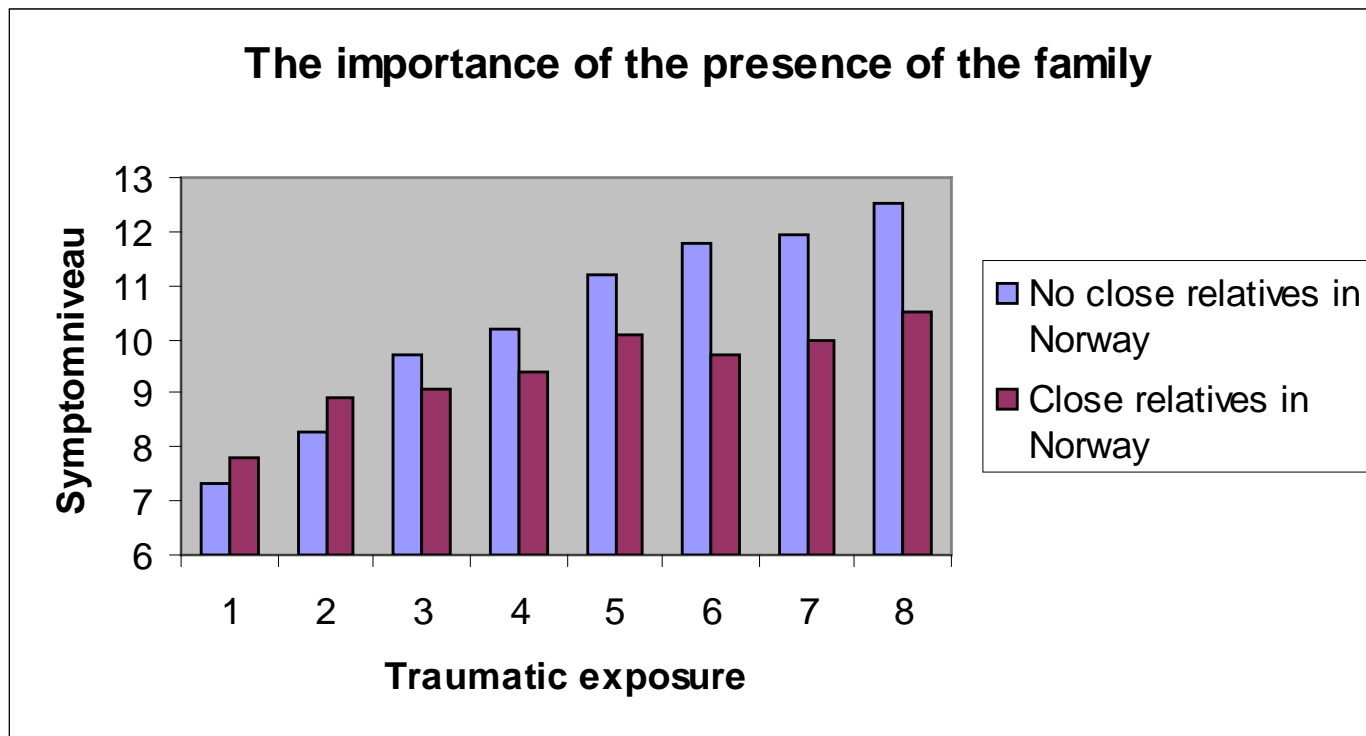
*”Several of the post-migratory factors show a stronger association with mental health and health-related quality of life than torture does. (...) The results also indicate that the direct effect of torture on mental health with time is diluted or increasingly mediated by post-migratory factors.”*

## 4. Mental health is related to the extent of one's network and social relations

The studies indicate that the post-migratory factors that have great significance for psychological well-being are the presence of one's close relatives and a supportive network.

Numerous studies recommend that the interventions thus take their point of departure in the local society and support the refugees in establishing relations to other people – both fellow countrymen and the host country inhabitants.

# The importance of the family (Sveaass 2004)



## Branko and Wihlborgs A/S

”Since I’ve started working I feel much better mentally”

41 years old. Refugee from Bosnia. Came to Denmark in 1992

Married with 2 children. His wife is trained as a pedagogue in Denmark

Has participated in language instruction and vocational courses in Denmark

Has received long-term psychiatric care in Denmark.



## Center for work ability, testing and rehabilitation.

- > Cross-disciplinary rehabilitation with focus on the labor market
- > Focus on relationships and rebuilding trust and self confidence
- > Individual solutions formulated by the citizen, the case worker and the rehabilitation center
- > Close collaboration with work places in the vicinity

## Branko Markovic's story

- > Branko asks for disability pension
- > The center works on rebuilding his self confidence and on getting him to see other possibilities than early retirement
- > Branko accepts a training period at the Willborg building maintenance company.

*"I said yes to the training, but in my head I thought, that I could not work"*

## Branko Markovic's story

Branko found the training very difficult

The center had many meetings with Branko and with his closest colleague Frank

A marked change occurred, when Frank's colleague went on vacation and Branko got new work tasks and more responsibility

*"I was on my way to a disability pension, but what was I going to do as a pensioner? Sit at home together with my dog? It is better to go to work, and I'm also earning my own money!"*

