

Adaptation and validation of a generic depression and PTSD screening instrument to asylum seekers from diverse cultural background

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INTRODUCTION

The mental health of refugees has been studied widely and evidence shows that particular attention needs to be paid to their psychological well-being. It has been well established, both empirically and clinically, that mental health problems, like major depressive episode (MDE) and Post Traumatic Stress Disorder (PTSD) are common in this population.

However, few studies have focused on the mental health of *asylum seekers* in Western countries, who have fewer rights to health and welfare than *refugees* in most cases. Asylum seekers are faced with numerous stressors linked to their status and post-migratory stress is known to add to the effect of previous trauma. Therefore, there is a need for early detection and treatment in the host country, because of the increasing risk of chronic PTSD and other psychiatric symptoms.

OBJECTIVES

The objectives of this project were :

1/ to adapt an existing mental health instrument to the educational level, culture and social context of asylum seekers in Geneva in order to screen MDE and PTSD among this population.

2/ to assess the performance of the new instrument to screen the two diagnoses through a validation study.

METHODOLOGY

The MDE and PTSD sections of the MINI (Mini International Neuropsychiatric Interview, Sheehan et al., 1998) were chosen. Most of the questions of the original version were found to be ill-adapted to asylum seekers, culturally too direct and/or too complex for the respondent's level of education. Therefore, a multi-disciplinary group was formed to adapt them. The new version of the questionnaire was then submitted to a group of 14 interpreters representing the major cultural groups of Geneva asylum seekers, and re-modified in accordance to their input.

Two public health nurses were then trained to administer the questionnaire which was used systematically during the compulsory, first health assessment. After some months of use, the validation study was initiated. The questionnaire was still administered by the nurses, and the result (diagnosis of MDE or PTSD or not) was compared to the outcome of a clinical interview, conducted by a clinical psychologist or a psychiatrist, according to the DSM-IV

diagnostic criteria. The clinical diagnosis was considered to be a gold-standard, indicating the level of accuracy of the questionnaire.

RESULTS

1/ Screening test :

359 interviews with asylum seekers of 41 different nationalities

314 full-completed questionnaires (87%)

Diagnoses according to the questionnaire :

MDE **76 (24%)**
PTSD **79 (25%)**
MDE+PTSD **50 (16%)**

2/ Validation Study

101 asylum seekers,

- **age mean** (years) : 30 (SD : 11)
- **men %** 34
- **origin (%)** Africa 58
 Europe 37
 Asia 5
- **Diagnoses (%)**

MDE	questionnaire	30
	clin. evaluation :	33
PTSD	questionnaire	28
	clin. evaluation	30
- **Performance (%)**

For MDE diagnosis	sensitivity :79	specificity 94	PPV 86.5	NPV 90%
For PTSD diagnosis	sensitivity :85.5	specificity 94.5	PPV 86	NPV 92%

- **Differences** on test's performances according to geographical groups.

CONCLUSIONS

In a public health setting, when screening a multiethnic population of refugees for mental health disorders, it is unrealistic to *culturally* adapt instruments for each geographical groups. However, refugees populations often underwent similar experiences, like organized violence in country of origin and similar living conditions in host countries, such as isolation, precariousness or unemployment. A pragmatic approach to govern policies for a psychological screening could be to *contextualize* existing instruments.

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