Migrants and psychosomatic symptoms: an evaluation in an Emergency Centre.

M. Perito[1], R.M. Calia[2], G. Carpentieri[1], S. De Guglielmo[1], G. Del Buono[3], R. Della Sala[1,4]
P. De Venezia[1,4], V. Fasano[1], N. Fiorentino[1,4], R. Napolitano[1], M. Forgione[2], B. Solomita[1]
F. Franza[1,4,5]

[1]"Neamente" Neuroscience Association, Neuroscience, Avellino, Italy
[2]"You Think" Association, Psychology, Avellino, Italy
[3]University of Salerno, Psychiatry, Salerno, Italy
[4]Neuropsychiatric Centre "Villa dei Pini", Psychiatry, Avellino, Italy
[5]Psychiatric Study Centre (Cen.Stu.Psi.), Provaglio d'Iseo (BS), Italy

Introduction

In recent years, there has been an increase in migration in Europe. Refugees often experience traumatic events associated with war, persecution, torture, sexual violence and the challenges of resettling in exile (Lolk, et al, 2016). Therefore, refugees are at risk of developing posttraumatic stress disorder (PTSD), anxious and depressive symptoms. While some groups of immigrants may have lower rates of mental health problems, others may experience barriers to seeking help (Straiton et al., 2014). Some studies have found significantly higher rates of somatic comorbidity among migrants with PTSD and depression compared with migrants without a diagnosed psychiatric disorders.
Particularly, Italy has been one of the most important landing place. Currently, migrants in the province of Avellino, South Italy city, amount to about 1.400, housed in 40 facilities in 23 municipalities. Psychological interest on migration and its impact on lifestyle patterns has increased in recent years.

Objectives

There are few studies that evaluated the frequent psychosomatic symptoms in these populations. Despite the trauma experienced, they are not able to give a name to the suffered and somatized pain.

Method

We included 85 immigrants (70 men, 15 women; mean age: 21.3 ys) hosted in Emergency Centre in Avellino, Italy. The countries of origin of the respondents are Nigeria, Ivory Coast, Senegal, Yemen, Mali. All guests have conducted psychological clinical interviews.

At baseline following scales were administered: The Patient Health Questionnaire (PHQ-9); Illness Behaviour Inventory (IBI); Symptoms checklist-90-Revised (SCL-90-R) scale. Same data was collected after three months.

For statistical evaluation we used the EZAnalyze Version 3.0 software, on MS Excel.

Video shows migrants 'activities in *Centro di accoglienza Petrilli*, Monteforte (AV)

Aim

Assessment of somatic symptoms reported by the immigrant cohort after a three-month observation period.

Results

The migrant group was a heterogeneous group. Overall data on IBI and PHQ-9 scale indicate a statistically significant variation baseline vs deadline Data of IBI scale is statistically significant [T-Score:3,921;P: 003]; also with PHQ-9 [T0 vs T1: T-Score: 3,986; P: .003]. Similar results have been found with SCL-90-R.

Discussion and Conclusions

In the first psychological evaluations, immigrant's attention is focused on physical symptoms (for example, stomach pain, frequent itching, physical fatigue and lack of energy), not on psychic pain. Only a few migrants talk about their inner experience, despite the trauma and the terrible violence suffered, the stories of forced removal from their origins, their country and the family. In the first interviews, the migrants do not speak of himself, and even when they tell the past, cannot feel the emotional burden.

Only after four, five weekly psychological interviews, they begin to speak, with great effort of self, of one's origins, of the attachment to the family unit.

The emotions "can be thought" of helping them to give a name to their pain; they can reflect and process all that has been the experience of anguish that these guys bring with them, and so their anguish's experience.

Often, traumatic events, unrecognized emotions, not only are somatized, but going to compromise the cognitive functioning, some in fact, fail to develop, and sometimes remembering his own experience, "the unspoken" becomes like a ghost, and the body becomes traumatic experience voice, even with gestures, posture, facial expressions.

A psychological empowerment helps them to think and to access the psychological dimension of their stories. So, these guys can start to think about a future that seemed initially to have been deleted. After a period of psychological support in almost all listened migrant's symptomatology was reduced of 80%.

References

Fadnes LT, Diaz E. Primary healthcare usage and use of medications among immigrant children according to age of arrival to Norway: a population-based study. BMJ Open. 2017 Feb 1;7(2):e014641
Lolk M, Byberg S, Carlsson J, Norredam M. Somatic comorbidity among migrants with posttraumatic stress disorder and depression - a prospective cohort study. BMC Psychiatry. 2016 Dec 13;16(1):447.
Straiton M, Reneflot A, Diaz E. Immigrants' use of primary health care services for mental health problems. BMC Health Serv Res. 2014 Aug 13;14:341

Dr. Francesco Franza – Neuropsychiatric Centre "Villa dei Pini", Via Pennini 86/a (83100) Avellino, Italy. – email: franza.francesco@virgilio.it