

On the assessment of symptom validity in refugee mental health

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IMPACT

Events in recent decades have shown that refugees – regardless of whether they are attempting to escape political, religious or ethnic persecution, the atrocities of war or economic disparity – are willing to endure extreme hardship. Indeed, some are prepared to risk their lives and that of their loved ones to reach the country of their choice. The research presented in this thesis could have a significant impact by alerting the mental health community to the possibility that some refugees are also prepared to endure psychiatric treatments and admissions for the sake of a residence permit.

Symptom validity experts have assumed that patients who distort their symptoms because of external incentives will avoid the harmful consequences of feigned illness that factitious disorder patients are willing to face (Feldman, 2004; Yates et al. 2018). However, the findings in this thesis suggest that this assumption underestimates the despair and determination of refugee mental health patients (Chapter 2). This is all the more problematic, as this steadfast preparedness to endure protracted periods of psychiatric treatment may initiate an escalating cycle that prompts psychiatrists to prescribe ever more hazardous types of medication (Chapter 3) and patients to exaggerate their complaints even more with the aim of being granted yet another extension of treatment (Frueh et al. 2005).

At the same time, our knowledge about prevalence rates and treatment effects in refugee mental health patients is almost entirely based on research designs that monitor self-reported symptoms without a check on symptom validity. An impressive body of epidemiological research has accumulated in this way, repeatedly confirming staggering rates of psychiatric morbidity among refugees (Blackmore et al. 2020) – rates that even tended to increase during asylum procedures (Laban, 2004). Nevertheless, experts in refugee mental health continue to assert that intentional over-reporting of symptoms is rare among their patients, and that it is easily detected by experienced practitioners (se.g., Houtekamer, 2012). In both clinical practice and research, diagnostic classifications are made without checking symptom validity, even though these patients may be involved in legal procedures that are crucial to their residency status (se.g., Braakman et al., 2013).

My discussions on these issues with colleagues in refugee mental health ultimately revolved around two topics. The first involved the assumption that poor intercultural validity of symptom validity tests (SVTs) preclude their use in refugee mental health. The findings reported in this thesis contradict this assumption. Strategies that are effective in American and European patients – implausible symptom endorsement and the floor effect – were also found to be effective in refugee mental health patients (Chapters 6 and 8). As reported in this

thesis, SVT outcomes in refugee mental health patients were confounded by various factors, such as psychotic symptoms, but these factors also confound outcomes in American and European patients (Chapter 7). SVTs do not suffice to establish malingering in refugee mental health patients, but this also applies to other target groups. However in refugee mental health, as in other target groups, SVTs can effectively detect insufficient symptom validity. Indeed, if the outcomes of SVTs regarding symptom validity are taken into account, this may prevent unnecessary treatments. At the referral center for refugee mental health that provided most of the data for this thesis, the use of SVTs reduced polypharmacy, the duration of admissions, and the need for coercive measures (Chapter 10).

The second topic concerned the possible political ramifications of the findings in this thesis. Many colleagues were concerned that these findings could encourage politicians to press for more restrictive immigration policies, which would also affect the prospects of genuinely vulnerable immigrants. This ethical dilemma touches upon the independence and objectivity of scientific reporting. Although withholding or even censoring this reporting might benefit vulnerable individuals in the short term, it would ultimately undermine the credibility of science. In a society that allows its citizens to exercise freedom of belief and expression independently of political, religious or ethnic authority, credible science is a crucial asset. These citizens need access to credible facts, and science can provide such facts only if it remains independent and objective. The findings in this thesis, after being peer reviewed and published, could have additional impact by demonstrating this independence and objectivity even in the face of an ethical dilemma.