

Ethnic minority position as risk indicator for autism-spectrum and psychotic disorders

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Valorisation

“Valorisation is the process of creating value from knowledge, by making this knowledge available and suitable for economic and social exploitation and to translate this knowledge into products, services, processes and new business.” (Maastricht Valorisation Center, Maastricht University)

So valorisation is essentially the question why we study what we study. What is the practical use? Why is it important? Maastricht University emphasizes that PhD students ought to be self-critical and reflect on how their research counts, both within and outside the scientific community. In my discussion, I have already touched upon the importance of this thesis for understanding psychosis aetiology and how this may have implications for clinical treatment. Our findings further demonstrate a need for strengthening the position of ethnic minorities. In this addendum, I take the opportunity to discuss another way in which this thesis may add practical value.

While more than a million, mostly Syrian and Afghani refugees crossed into Europe in 2015, the largest influx of non-European immigrants in modern history (UNHCR, 2015), it is clear that studying the mental health of (ethnic) minority populations is relevant. It is part of our present reality, but it will possibly be even more so in the future. So what are the implications of our findings for this situation? To answer this question, we need to know more about what is happening.

Most refugees escape hunger, war and extreme poverty. There is not much time to plan the migration. They only leave with a bag of belongings and a little bit of money. For some there might already be family in Europe, others leave with the goal to cross to any Western European country where they can settle. All their money is spent on this one shot to make it across. The migration is tough; the journey by boat is dangerous and traumatic. Once on European soil, the circumstances are poor, lodging is insufficient, women feel unsafe, basic needs are not met. With a dream of a welcoming promise land in mind refugees keep on going, walking incredible distances while weather conditions are challenging.

A fortunate group makes it to Germany or Sweden, the most wanted destinations because of their flexible asylum policies, but Austria, Hungary, Belgium and the Netherlands are also popular (Eurostat, 2015). In the country where asylum is sought, people are registered and placed in temporary camps, ranging from military tents to school gymnasiums. There are volunteers from the Red Cross distributing clothes and food, and there is shelter. The accommodation is improvised and there is not much privacy. Volunteers teach the basics of the local language and some sports activities are in place. However, activities are insufficient to fill up a day and people are bored. The registration process takes up a lot of time and there are many uncertainties. Refugees do not know when their case will be handled, when they will have more information on their status and whether they are allowed to stay. Many families have been separated in the process and people are in desperate need of having information on the whereabouts of their loved ones. Unlike their expectations, they learn that family reunification can take up to years.

In Europe, we are preoccupied with the consequences of the migration waves for our safety, our economy, for our living conditions. By doing so, we fail to put in perspective the detrimental effect this crisis may have for the people who are actually experiencing it.

In this thesis, we show that immigrants from the Middle East have a twofold risk increase for psychosis compared to the local population, which persists in the second generation. A similar risk increase was found for refugees in Sweden (Leao et al., 2006), one of the countries considered to have the most favourable circumstances for refugees. Importantly, these figures may represent a too optimistic view as they relate to refugees who obtained a legal status in Europe.

We demonstrated that factors leading to social exclusion might stir up psychosis risk. The majority of asylum seekers in Europe are forbidden to work and they may experience a lack of access to health care services, language barriers, long asylum procedures and family separations. They are excluded from European society.

In line with our findings showing that circumstances after migration are more important for psychosis risk than the migration process itself, the same might be true for psychopathology at large. Porter and Haslam (2005) found that living in institutional accommodation and restricted economic opportunities were predictive of psychopathology, while having a private home was a protective factor. Although socioeconomic status and education are positively associated with mental health, refugees who were more educated and had a higher socioeconomic status before migration had worse outcomes. The authors conclude that: “the sociopolitical context of the refugee experience is associated with refugee mental health. Humanitarian efforts that improve these conditions are likely to have positive impacts.”

I am painfully aware that I am not providing any solutions here, however, acknowledging the high-risk situation that these people are in, may hopefully lead to a somewhat less self-centred attitude in some.

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