

Sabra Melamed^{1,2}, Afona Chernet^{1,2}, Niklaus D. Labhardt^{1,2,3}, Nicole Probst-Hensch^{1,2}, Constanze Pfeiffer^{1,2},

¹ Swiss Tropical and Public Health Institute, Basel, Switzerland. ² University of Basel, Basel, Switzerland. ³ Division of Infectious Diseases and Hospital Epidemiology, University Hospital Basel, Basel, Switzerland

Background and Objectives:

Eritreans comprise the largest group of asylum-seekers in Switzerland and often arrive with unaddressed mental health problems. Gaining recognized refugee status can take up to 36 months, during which time asylum-seekers live in a state of legal limbo, intensifying threats to their wellbeing. Resilience among this population is poorly understood, inhibiting effective screening and treatment. Conceptions of mental health and resilience have never been studied among this population, despite a higher prevalence of physical and mental health conditions than the general population.

This study used a qualitative design to explore social resilience towards migration related mental health challenges of Eritrean asylum-seekers and refugees living in Switzerland. The study sought to gain insight into (1) how Eritrean asylum-seekers view mental health, (2) their pathways to mental health care, and (3) whether, how and which capitals are leveraged by asylum-seekers. The study was conducted in Basel, north-western Switzerland, using semi-structured in-depth interviews from March through June 2017.

Result / Main Findings:

Results indicated that mental health was understood as a binary state and that it was primarily the task of close friends and family to recognize and attempt to treat mental health problems. Pathways to mental health care were therefore interrupted for asylum-seekers arriving alone. We contextualize the asylum-seeker's experience into a resilience framework and offer practical recommendations for improving mental health care access.

Main findings include:

1. Understanding of mental health: In this sample, mental health was understood as a binary state (either 'healthy' or 'crazy'). Several interviewees noted that it was primarily the task of close friends and family to recognize and attempt to treat mental health problems.

2. Pathway to mental health care: The interviewees understood the family physician 'Hausarzt' system, but its emphasis on individuals presenting for mental health care is at odds with Eritrean cultural expectations. For individuals arriving without close social networks, this presents a break in the pathway to mental health care (figure 1).

3. Capital leveraged by Eritrean asylum-seekers: Sources of resilience included faith, establishing of new social networks, and proactive capital building. Volunteers working in asylum homes were described by participants as particularly helpful. The asylum-seeker's experience was contextualized into a resilience framework which shows how they mitigate threats and leverage competencies as actors across multiple social levels (figure 2).

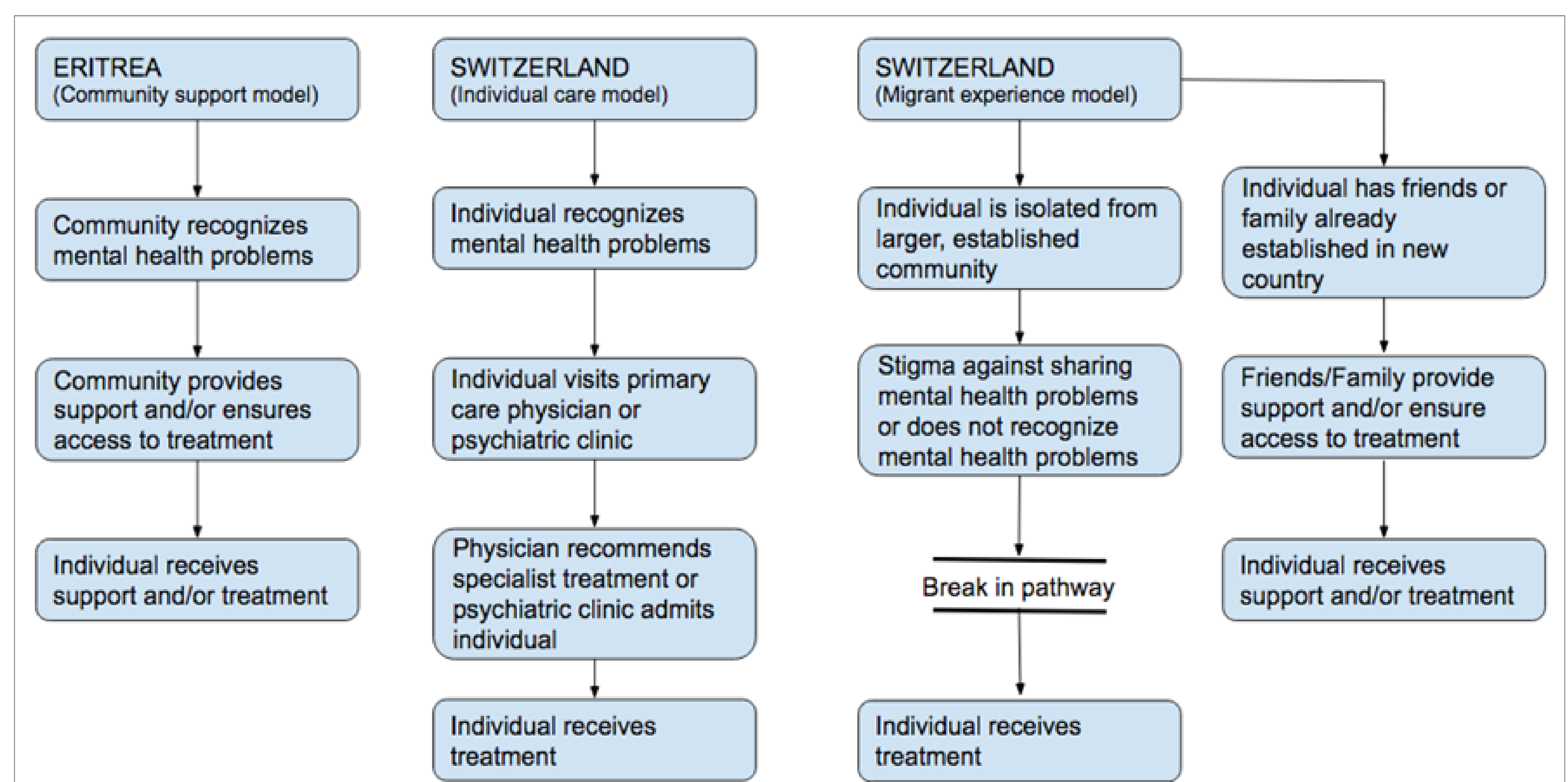


Figure 1. Pathway to Mental Health Care Model of Eritrean Asylum-Seekers in Switzerland

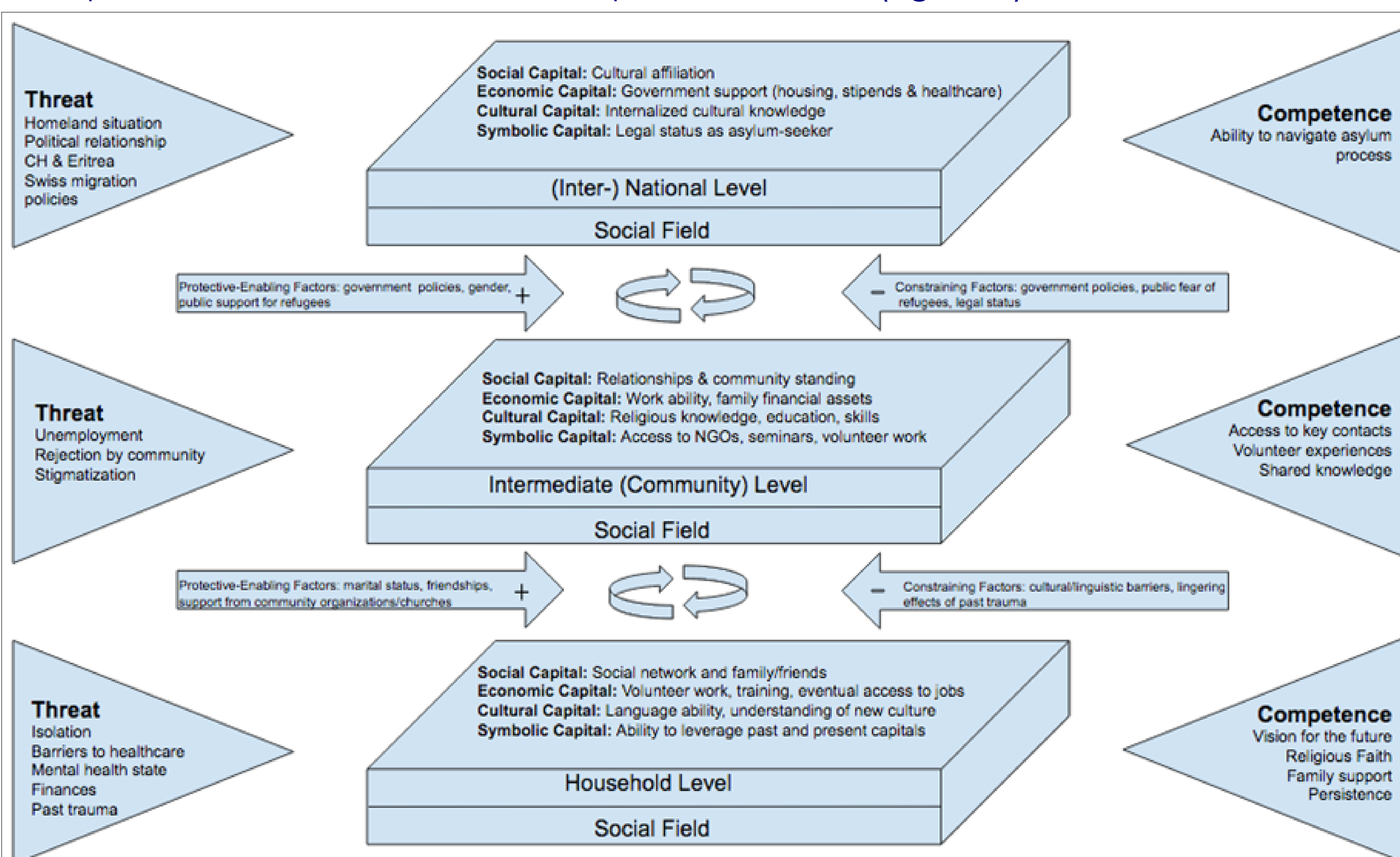


Figure 2. Multi-layered Social Resilience Framework Contextualized for Asylum-Seekers

Conclusion and Main Message:

Public health and government officials should increase resources for mental health education and screenings in asylum homes, and further leverage the work of volunteers. We suggest that community-based organizations may be optimally-placed to support asylum-seekers, both in Switzerland and in the rest of Europe.

Asylum-seekers in Switzerland arrive with multiple ways to build and leverage capital. Public health policies should build on these capacities while supporting mental health education and treatment.