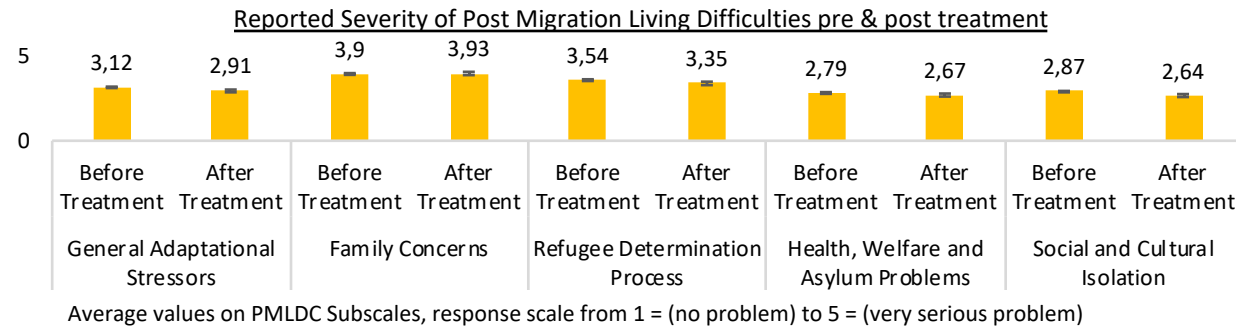


Introduction Asylum seekers and refugees (ASR) encounter a range of post-migration living difficulties after resettlement such as challenges during the asylum-seeking process, separation from families, language barriers, unemployment and discrimination. These challenges contribute to the comparably **high prevalence of psychiatric morbidity and suicidal ideation in the ASR population** (1).

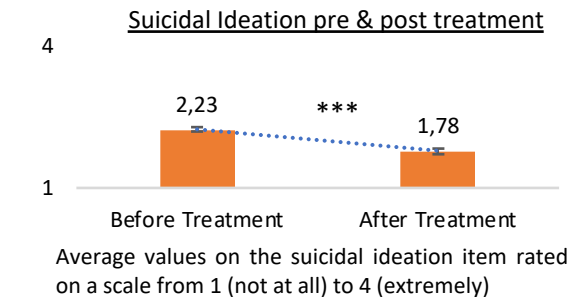
Using data from the **state-funded stepped-care project refuKey**, which aims to improve the access to mental health care for ASR, we addressed the following hypotheses: H1: Suicidal ideation is reduced after treatment. H2: More post-migration living difficulties predict elevated levels of suicidal ideation before and after treatment.

Methods In our naturalistic, multicentric study, 462 treatment seeking ASR were recruited in five *refuKey* cooperative competence centres consisting of local psychiatric hospitals and psychosocial counselling centres from the Network for Traumatized Refugees in Lower Saxony, Germany. The participants filled out **questionnaires consisting of internationally validated scales, available in eight languages before (n = 400) and after (n = 111) their treatment**. In this study, we used the Post-migration living difficulties checklist (PMLDC) (2) and the item assessing suicidal ideation in the Hopkins Symptom Checklist 25 (HSCL-25) (3).



Results The average age of the participants was 32.8 years. 55% of ASR were male and 45% female. In total, ASR from 77 different countries of origin were included. **78.7% did not have a valid permit of residence. 60.2% specified their current social status as low or very low.**

H1: A paired samples t-test showed that **suicidal ideation scores were significantly lower after the refuKey treatment** compared to before the treatment showing a medium effect size, $t(102) = 4.26, p < .001, d = .42$



H2: Multiple linear regressions were conducted. **Postmigration living difficulties significantly predicted suicidal ideation prior to treatment, $F(5, 376) = 14.49, p < .001$, adjusted $R^2 = .15$, as well as after the treatment, $F(5, 105) = 6.62, p < .001$, adjusted $R^2 = .17$.** On the subscale level, stressors related to the **“refugee determination process” and “social and cultural isolation” significantly predicted suicidal ideation** before and after the treatment, while others did not achieve statistical significance (for all $p < .001$).

Link Between Suicidal Ideation and Significant Post Migration Living Difficulties (Correlation analysis)

Pearson correlations	pre	post
	Suicidal Ideation	
	<u>Determination Process</u>	
	$r = .309, p < .001$	$r = .296, p < .001$
	<u>Social and Cultural Isolation</u>	
	$r = .322, p < .001$	$r = .359, p < .001$

Discussion The *refuKey*-treatment effectively reduced suicidal ideation among treatment-seeking ASR despite high levels of reported post-migration living difficulties. However, **these difficulties were linked significantly with increased suicidal ideation both before and after the treatment**. Social and cultural isolation, along with challenges related to the refugee determination process, exhibited particularly exacerbating effects. These post-migration living difficulties are external factors and typically beyond an individual's control. Consequently, they may contribute to feelings of hopelessness and increase suicidal ideation (4). The generalization of the findings is limited due to the exclusion of treatment seeking ASR who reported acute suicidality, the clinical nature of the sample and the use of a single measurement for suicidality.

Conclusion While **stepped-care treatment programs**, such as those promoted in the *refuKey* project, its psychosocial counselling centres and cooperating psychiatric clinics, **are effective and should be continuously funded, it is also crucial to address post-migration living difficulties when considering suicide prevention in ASR**. Politicians and other stakeholders should help find ways to minimize post-migration living difficulties, for example, by reducing the waiting time for asylum seekers to clarify their status. This may alleviate a substantial part of the underlying causes of ASR's often compromised mental health.

- 1. Haase et al., (2022). <https://doi.org/10.1186/s12889-022-13029-8>
- 2. Silove et al. (1997). <https://doi.org/10.1192/bjp.170.4.351>
- 3. Derogatis et al. (1974). <https://doi.org/10.1002/bs.3830190102>
- 4. Klonsky et al. (2017). <https://10.1146/annurev-clinpsy-021815-093204>