

SANTE MENTALE DES MIGRANTS

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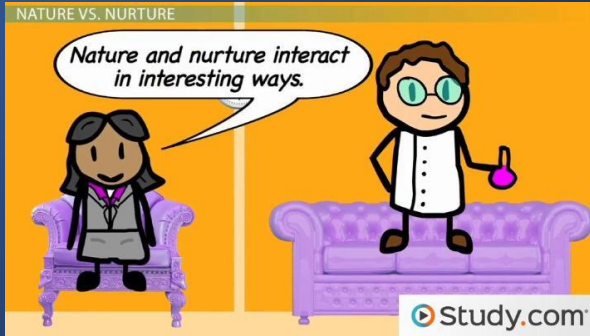
Constats

Depuis le 19ème siècle, à travers les différentes vagues migratoires on observe un risque accru de troubles psychiatriques par rapport aux natifs

Ce risque est augmenté aussi chez les descendants

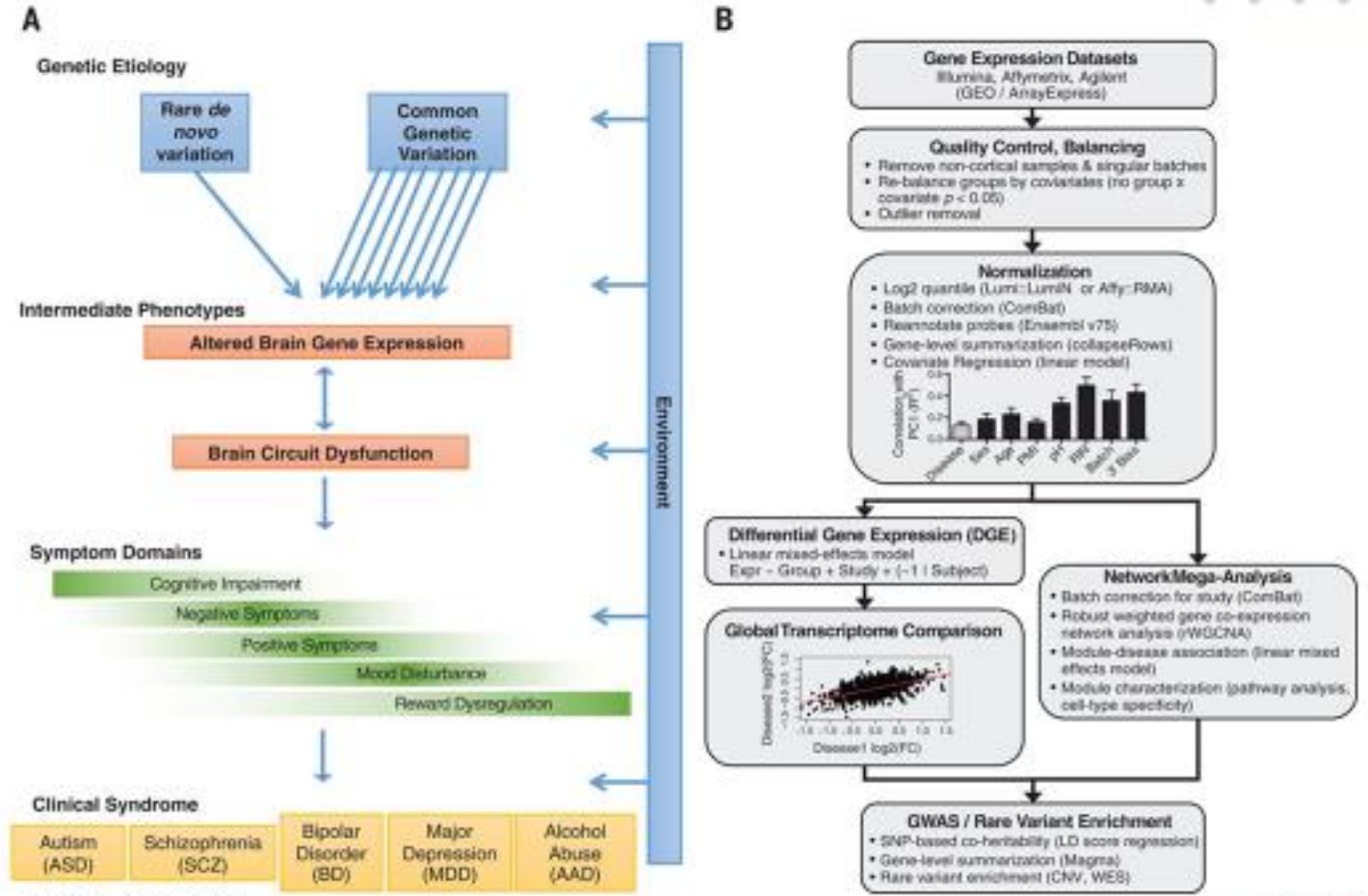
Néanmoins, le risque varie en fonction des origines, pays d'accueil, type de migration, conditions de vie, etc





Comment expliquer?

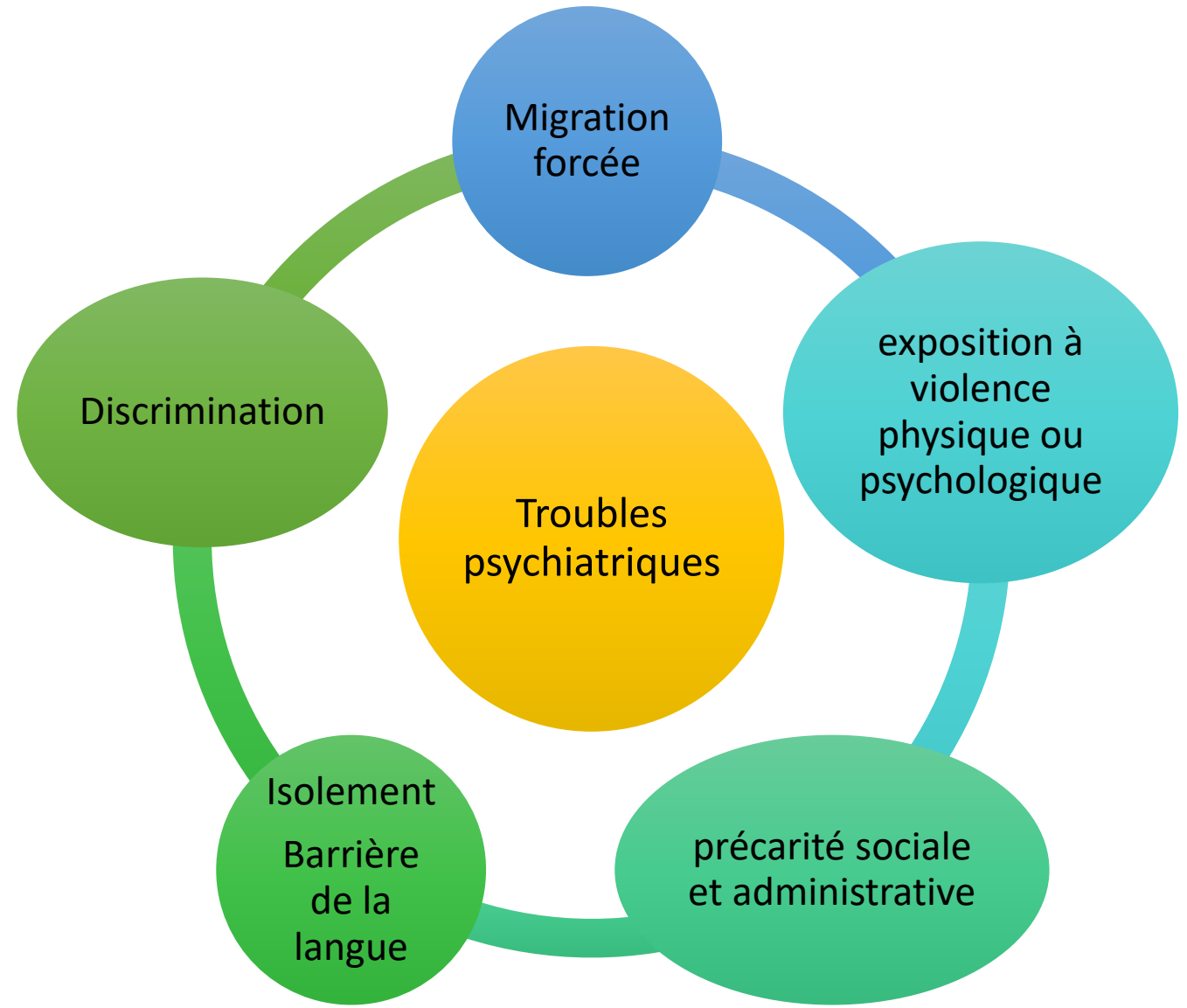
Etiologie des troubles psychiatriques: Interactions gène-environnement



Gandal et al, 2018

Santé et immigration: 12 Juin 2019

L' expérience migratoire
augmente l'exposition à
des facteurs de risque
environnementaux (bio-
psycho-sociaux) des
troubles psychiatriques



Etudes en Population générale

Troubles psychiatriques : cohorte en population danoise, migrants et descendants (Cantor Graae & Pedersen, 2013)

Troubles psychotiques

Incidence :

McGrath 2004, 55 études, 33 pays (statut migratoire OR= 4.6)

Bourque, 2011 (2x), 1^{ère} et deuxième génération, différence ethnique

Prévalence: Saha et al (2005) : 188 études, 46 pays OR = 1.8

Troubles de l'humeur

Swinnen & Selten, 2018: OR=1.38 (CI 1.17–1.62)

Demandeurs d'asyle/refugiés

Prévalence:

Metanalyse 1 : (Blackmore et al, 2020)

PTSD : 31.46%

Depression 31.5%

Tb Anxieux 11%

Psychose 1.51%

Metanalyse 2 : (Fazel et al, 2005)

PTSD 9%

Depression 5%

Psychose 2%

Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review

Mina Fazel, Jeremy Wheeler, John Danesh

Summary

Background About 13 million people are classified as refugees worldwide, and many more former refugees have been granted citizenship in their new countries. However, the prevalence of post-traumatic stress disorder, major depression, or psychotic illnesses in these individuals is not known. We did a systematic review of surveys about these disorders in general refugee populations in western countries.

Methods We searched for psychiatric surveys that were based on interviews of unselected refugee populations and that included current diagnoses of post-traumatic stress disorder, major depression, psychotic illnesses, or generalised anxiety disorder. We did computer-assisted searches, scanned reference lists, searched journals, and corresponded with authors to determine prevalence rates of these mental disorders and to explore potential sources of heterogeneity such as diagnostic criteria, sampling methods, and other characteristics.

RESEARCH ARTICLE

The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis

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En France

Population générale

Troubles psychotiques

Incidence: statut migratoire: OR=1.4 et descendants, différence ethnique (Tortelli et al, 2021)

Prévalence: 3 générations (Amad et al, 2013)

Troubles dépressifs : OR=1.4 (Pignon et al, 2017)

En France

Populations spécifiques

SAMENTA (sans abri): Dépression : 26% (3x), PTSD : 6% (6x), Psychose associée à un séjour > 10 ans en France (Laporte et al, 2018; Tortelli et al, 2022)

ENFAMS (hébergement) : 29% dépression, 17% PTSD (12 derniers mois) (Vandentorren et al, 2016)

Premiers Pas (AME): 1 sur 6 = PTSD, association entre précarité et PTSD (Prieur et al, 2022)

Vague actuelle: facteurs additionnels de vulnérabilité

- Migration forcée
- Trajet (Lybie, Bateau)
- Langue
- MNA
- Familles
- Politiques migratoires



CLINIQUE des exilés : superposition de symptômes

Trauma  PTSD

- Tb du sommeil, cauchemars
- Ruminations anxieuses, attaques de panique
- Idées suicidaires
- Hallucinations
- Bégayements, crises dissociatives,
« somatisations »

CLINIQUE: évolution

Évolution en fonction de facteurs internes et externes :
en dents de scie, avec des moments de crise
(notamment des idées suicidaires)

Facteurs externes d'impact négatif:

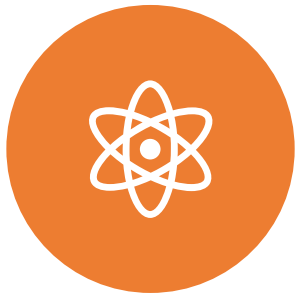
Lenteur de la procédure

Inactivité

Isolement

Mobilité forcée

CLINIQUE: Prise en charge



Des situations complexes :
prise en charge globale, avec
identification des priorités
(médico-sociales) avec la
personne



Traitement: bonne
réponse aux traitements
pharmacologiques et aux
psychothérapies de type
TCC, EMDR, etc



pas de savoir spécifique



Impact des activités sportives,
de méditation, de socialisation
et d'acculturation

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