

PTSD, Depression Epidemic Among Cambodian Immigrants

More than two decades after they fled the Khmer Rouge reign of terror, most Cambodian refugees who resettled in the United States remain traumatized, a study funded by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) has found. Sixty-two percent suffered from Post Traumatic Stress Disorder (PTSD) and 51 percent from depression in the past year - six-to-seventeen times the national average for adults. The more trauma they endured, the worse their symptoms. In the August 3, 2005 edition of the *Journal of the American Medical Association (JAMA)*, the RAND Corporation's Grant Marshall, Ph.D., and colleagues report on their survey in the nation's largest Cambodian community.

An estimated three million of Cambodia's seven million people died during the repression and civil wars of the 1970s and most of those who survived suffered multiple traumas. Moreover, even after two decades in the U.S., the majority of the refugee community speak little or no English, are at income levels below poverty, and rely on public assistance.

Since previous studies of such refugee populations have been criticized for possibly overestimating rates of mental disorders, Marshall and colleagues set out to allay such concerns by employing a more conservative approach. Native Khmer speakers conducted highly structured two-hour interviews with 490 randomly-selected former refugees, ages 35-75, in their Long Beach, CA homes, beginning in 2003. They used standardized questionnaires for gauging levels of violence exposure and alcohol use disorder and standardized diagnostic interviews to determine the prevalence of PTSD and depression.

On average, the refugees reported experiencing 15 of 35 types of pre-migration traumas assessed. For example, 99 percent nearly starved to death, 96 percent were enslaved into forced labor, 90 percent had a family member or friend murdered and 54 percent were tortured. Even after arriving in the U.S.; 34 percent said they had seen a dead body in their Long Beach neighborhood.

Fewer than a third were spared from the psychiatric disorders assessed. Rates of PTSD and depression tended to be highest among those who were older, poorer, weaker English speakers, and unemployed. Forty-two percent had both disorders, and severity of the disorders increased with trauma exposure. The risk factors that predicted depression were so similar to those that predicted PTSD that the researchers suggest that both disorders may, in fact, reflect "a single continuum of posttraumatic stress."

The 62 percent of those surveyed who had PTSD in the past year compares to a prevalence rate of 3.6 percent in the general adult population. The 51 percent who met criteria for major depression compares to a rate of 9.5 percent of U.S. adults.

Rates of alcohol abuse among the refugees were much lower than in the general population and were not associated with PTSD, likely reflecting the influence of cultural factors. The study did not assess the extent to which participants sought treatment for their disorders, but the interviewers gave them information about local mental health clinics. Still, the study "raises questions about the adequacy of existing mental health resources in this community," noted the researchers. They also suggested that the U.S. has not

succeeded in its goal of promoting the long-term health and well-being of the refugees.

Also participating in the research were: Drs. Terry Schell, Marc Elliott, Megan Berthold, Rand Corporation; and Dr. Chi-Ah Chun, California State University.

NIMH and NIAAA are part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services.

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