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Analysis of social and psychological aspects of the development of recurrent depressive disorder in internally displaced persons

More than 2 million people have registered as internally displaced persons since the imposition of martial law in Ukraine.

Depression prevalence and associated sociodemographic and displacement characteristics have been reported for resettled people. However, the prevalence of major depressive disorder (MDD) and its risk factors have not been described among internally displaced persons (IDPs) engaged in the asylum process ensuing from the Russian aggression.

According to data provided by the American Psychiatric Association systematic reviews show that prevalence estimates of mental health disorders for this population vary widely from 20 % to 80 % specifically: 4 to 40 % for anxiety, 5 to 44 % for depression, 9 to 36 % in Post-Traumatic Stress Disorder (PTSD). While most refugees and asylum seekers with PTSD and depression show a reduction over time, particularly if there are low resettlement stressors others may experience years of PTSD.

Materials and methods. We conducted a cross-sectional survey among internally displaced persons who sought psychological help, individuals ≥ 18 years of age. All eligible adults who volunteered to take part in the study were included ($n = 57$). The Patient Health Questionnaire-8 (PHQ-8), an eight-item validated diagnostic and severity measure, was used to screen for MDD. We analysed the relationships between major depressive disorder and sociodemographic and displacement characteristics using multivariable logistic regression.

A total of 57 surveys were completed. No personally identifiable information was collected in order to protect the participants' identities. The mean age of the participants was 30 years (18–61 years); women comprised 71 % of the sample; 74 % of the participants had ever married; 67 % had children.

Results. Depression was detected in 44 % (95 % CI: 37–50) of participants. Being a woman (Adjusted Odds Ratio [AOR]: 3.23, $p = 0.019$), each additional child (AOR: 1.61, $p = 0.006$), and increased time in the asylum process (AOR: 1.15, $p = 0.043$) were significant risk factors for MDD. Ever being married was associated with reduced odds of MDD (AOR: 0.23, $p = 0.042$). Participants that reported depressive symptoms in the last two weeks were referred for assessment by outpatient psychiatrist.

Internally displaced persons seeking psychological help face an extremely high burden of major depressive disorder during the asylum process in western part of Ukraine. Early mental health care should, therefore be a priority for resettled youth, as post-migration stressors such as prolonged detention and limitations on work and education, can worsen mental health. When individuals and families seek safety by leaving their homes and communities due to the threats of violence and persecution, emotional distress can be heightened. Time spent away from home is a significant risk factor for major depressive disorder.

Conclusions. Incorporation of depression screening and treatment into service provision within IDP services is urgently needed to mitigate the effects of prolonged forced relocation.