

Review on Vietnamese Refugees, Resettlement and Mental Health: From Pulau Bidong, a Malaysian Experience

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Abstract:

War regardless of where it occurs, causes widespread devastation for everyone on the planet. Civilians who are directly affected by war are subjected to unspeakable atrocities. They cross national borders in search of safety. The total number of refugees in the world reached 26.4 million in 2020 and now with the Russia-Ukraine conflict, the number is escalating. As of May 2021 the United Nations High Commission for Refugees (UNHCR) in Malaysia has registered 179,570 refugees and asylum seekers. With the growing number of refugees around the world, the prevalence of their mental health disorders is significant for public health. These people are among the most vulnerable people on the planet. The purpose of this review is to look at the short and long term psychological impact on refugees, in particular the Vietnamese refugees who once fled their country for safety in Malaysia and

then resettled in other countries. From the review, recommendations for handling the growing number of refugees worldwide in the hope of reducing the impact their psychological problem in future. #SayNoToWar

Introduction

1.1 History of Vietnam War

The Vietnam War was a long, expensive, and contentious conflict that divided North Vietnam's communist government against South Vietnam and its main ally, the United States. Tensions were heightened by the ongoing Cold War between the United States and the Soviet Union. Nearly 3 million people were killed in the Vietnam War, including over 58,000 Americans with Vietnamese civilians accounting for more than half of those killed [1]. The greatest immediate consequence of the Vietnam War was the enormous death toll. During the conflict, a total of 2 million Vietnamese civilians, 1.1 million North Vietnamese military personnel, and 200,000 South Vietnamese troops were killed [2]. In 1975, Communist forces took control of South Vietnam, and the country was unified as the Socialist Republic of Vietnam the following year.

1.2 Temporary placement of Vietnamese refugees in Pulau Bidong

Following the fall of Saigon in 1975, Malaysia has its first substantial encounter with mass refugees and asylum seekers triggered by an American-led war in Indochina in the 1960s. The first wave of refugees consisted of 47 people; after that, they began to arrive in greater numbers, and Malaysia became the temporary home to over 250,000 people. This became known as one of the world's worst humanitarian crises, and the Vietnamese refugees were labelled the Vietnamese Boat People, or *Orang Vietnam Hanyut* (OVH) in Malaysia. According to researchers, Malaysia became the first safe haven for these boat people under the 1989 Comprehensive Plan of Action for Indochinese Refugees [3]. To keep up with the influx, the government established a temporary camp for them on Pulau Bidong, an isolated island in the East Coast of Malaysia on August 8, 1978 [4]. The island was designed to house 4,500 refugees, but by January 1979, there were 18,000 refugees on the island, and by June, the number had risen to 40,000,

making it the most densely populated place on the planet [5].

The Vietnamese's journey as refugees is not easy, and they must confront danger before reaching a new destination. They frequently left Vietnam in overcrowded, derelict boats unfit for seafaring, and in addition to dehydration and starvation, the monsoon made their journey even more terrifying. Thai and Malay pirates were also a constant threat to the refugees, frequently raping and kidnapping female refugees and stealing their belongings. Even if they made it to land, local authorities would frequently deny them entry, sending their boats back out to sea. As a result, merchant ships that found them floating would frequently refuse to rescue them, fearing that they would not be able to unload them when they arrived. According to studies, refugees are at a high risk of developing mental disorders [6-9]. As Nieves-Grafals points out, "refugees are survivors by definition [10]." They are trauma survivors from a world "where they have knowledge of the vagaries of miserably bad luck and intimate experiences with evil [11]."

The impact of health and psychological trauma amongst refugee are a huge health problem around the world [12], and among forced displaced people, it may involve three levels: psychiatric problems that existed prior to fleeing their homeland; aggravation of their mental illness by the flight; and a new mental health difficulty caused by the entire process [13].

The challenges of adjustment continue for a long time in their lives in a new country: balancing a different environment, a new culture, their traditions and memories left behind with their current needs [14]. Learning another language, finding work and a place to live, homesickness, social isolation, and barriers to accessing social care, healthcare, and educational services are all common challenges [15].

In July 1979, Western countries finally agreed to increase the number of refugees they will accept for resettlement each year; to provide more funds to assist these refugees; to assist in the processing of their resettlement. The Orderly Depart-

ture Program, the Philippine Refugee Processing Center, and the Comprehensive Plan of Action were among the programs and facilities used to carry out resettlement.

To that end, officials from Europe, the United States, Australia, and Canada visited refugee camps in Southeast Asia to interview refugees and return the lucky ones to their home countries, and the number of refugees gradually decreased [16]. Thousands of people were resettled in the United States, Canada, Italy, Australia, France, Norway, and the United Kingdom. Several tens of thousands of people were either voluntarily or involuntarily repatriated to Vietnam.

Pulau Bidong was eventually closed down as a refugee camp in October 1991, and the remaining refugees were relocated to Kuala Lumpur's Sungai Besi Refugee Center, where they were either resettled or repatriated back to Vietnam [17]. On August 30, 2005, the last Vietnamese refugee left Malaysia.

Literature Review

The Grand Challenges in Global Mental Health initiative has identified the need to study the impact of violence, warfare, and migration as one of its 25 primary research priorities for the next 10 years in order to improve the condition of people worldwide suffering from mental health problems [18]. A critical question is whether psychological reactions to trauma persist over time and whether such reactions can become disabling in refugees. The majority of studies have been conducted very soon after refugee communities have been exposed to trauma, and usually in conditions of abnormal stressors, such as in refugee camps or shortly after arrival in resettlement countries. Only 3-year follow-up periods have been studied in a few longitudinal studies [19-20]. Although the findings of an epidemiological study conducted in a non-refugee setting suggested a steady decline in the risk of post-traumatic stress disorder during the 6 years following a traumatic incident, a subset of people experienced mental health problems that lasted beyond that time [21].

Another study [22] adds to previous research by demonstrating that a wide range of stressful events experienced by refugees throughout their lives are associated with poor mental health. There were significant differences in the direct

and indirect effects of stress types on mental health among refugee groups. It was not surprising that non war related stress had both direct and indirect effects on both groups' mental health because these were events that almost always occurred prior to war related and migration stress. And, it has been established that prior trauma is a risk factor for adverse effects from later trauma [23]. Vietnamese refugee who are now dealing with stressors that are more distant in time from their war related and post migration stress.

Gender, age at resettlement/immigration, and pre- and post-migration trauma experiences were all linked to psychological distress among Vietnamese refugees. Women were more likely to report symptoms associated with psychological problems than men. As a result, it is not surprising that gender is a significant predictor of psychological distress in this group [24]. It is important to point out that the majority of refugees in most circumstance are female refugees and they may have experienced more pre-migration trauma, as well as trauma during the escape. Furthermore, among Vietnamese refugees, being older at the time of immigration was associated with a higher level of psychological distress.

Trauma-related mental disorder upon arrival, as well as the progression of symptoms over the first 3 years of resettlement, predicted mental health after even after more than 20 years. Longitudinal data support the importance of screening refugees in the early years of resettlement, because elevated levels of psychiatric symptoms during that time appear to indicate long-term risk [25].

Gender, military service, and other social statuses shape war trauma exposure and reactions to it [26]. Therefore, understanding the experiences of different sub-populations improves the ability to determine the nature of trauma exposure and design interventions that address the health and well-being of the entire population.

In summary, both pre and post-resettlement trauma experiences are linked to psychological distress in refugees. These findings have potentially significant policy and clinical implications, implying that clinical and support services should target psychological symptoms and interpersonal processes when fostering positive adaptation in resettled refugees. These refugees were most likely directly exposed to active war situations due to their refugee status, which could explain pre-re-

settlement trauma as a risk factor for subsequent psychological distress. Refugees are also more vulnerable to secondary traumatization, not only because of their prior trauma, but also because of the socio-environmental situation in which they have been resettled in another country.

Method

This review is based on keyword searches of medical and social science publication databases. These searches were supplemented by searches across databases containing information about the effects of war on Vietnamese refugees.

It included studies that met 2 criteria 1) only refugees who fled from Vietnam due to war and mass violence and 2) the articles which were published in English.

Results

After discounting duplicate articles and filter process, 6 publications were shortlisted and included in the review. As shown in Table 1, these publications present varied geographic emphases.

The overall findings show that Vietnamese refugees face increased risk of mental health problems both in short and long term assessments necessitating special attention from psychiatric services. According to the study results, refugees face more barriers and challenges in accessing adequate healthcare services than citizens. However, government responses did not succeed to take into account the specific needs and vulnerabilities of refugees.

Listed below are the several gaps in health responses to refugees uncovered from the studies undertaken in six publications.

- Baseline depression, age, language proficiency and ethnicity are identified as variables that predict future depression. Baseline depression and language proficiency can be potentially modifiable, making intervention studies particularly relevant.
- Females are more likely to be severely stressed.
- Mental health is worse for the ethnic minorities.
- Increased levels of trauma increased the risk of mental illness and associated psychosocial disability even after 10 years or more.
- Despite the fact that psychological distress among refugees has decreased significantly over time, even after more than 20 years of re-

settlement, a higher proportion of this cohort met threshold scores than native citizens.

- Early-life conflict exposure increases the prevalence of depressive symptoms in adulthood among affected cohorts. The impact of early-life war exposure on boys and girls reveals that both suffer similar negative consequences.
- Civilians, members of militias and other less formalized military organizations, and members of formal military organizations all have different reactions to war events, suggesting the need for various assessment approaches.
- Longitudinal data support the importance of screening refugees in the early years of resettlement.

Recommendation and Conclusion

Living under the constant threat of violence has a lasting effect according to studies, even long after the escape from danger. The insecurity that refugees face extends far beyond the guns and blasts of the war. A large proportion of studies used quantitative methods to test differences in psychological and well-being outcomes among Vietnamese refugees.

Some of the shortcomings identified in these studies included failure to pay attention to the needs of refugees in camps, lack of adequate public health information, lack of inclusive access to health and mental health services, and the exclusion of refugees from decision-making processes. After the basic health and welfare needs such as protection, warm meal, clothes and so on are met, there is a need for orientation and information about their exact location, legal status, and so on. It is important for the refugees to be placed in a suitable environment. National and regional strategies should include plans for reducing overcrowding and improving shelter and sanitation in refugee camps. From our Malaysian experience at Pulau Bidong, the Malaysian government took the isolation rather than rapid integration approach. This helped the refugee build their own community. With the assistance of volunteers, the island was gradually organized to the point where it had longhouses, schools, places of worship, and even a post office and coffee shops.

Second, public health messaging should be directed toward refugee communities, utilizing culturally sensitive and linguistically appropriate resources, as well as medical interpreters.

Third, the government should recognize refugees' potential as leaders and their contributions to their communities and host countries. Responses should allow refugee-led organizations to conduct communication campaigns, provide essential services, conduct contact tracing, and help shape social norms. It is noted that some enterprising refugees in Pulau Bidong had established small businesses such as bakeries and tailor shops even musical stage in the late 1980s,

with regular performances by both refugees and volunteers which shows the active roles that refugees and refugee-led organizations can and do play in crisis response.

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Table 1 Overview of Studies

Authors	Research Method	Population	Location of Study	Results
Hinton et al.[19]	Longitudinal	114	USA	Traumatic experiences prior to arrival (e.g., Veteran status) predict future depression.
Steel et al.[22]	Population-based	1,413 adult Vietnamese	Australia	Vast majority of refugees are unlikely to develop long-term mental illnesses. Nonetheless, there was a strong link between increasing levels of trauma and an increased risk of mental illness, associated psychosocial dysfunction, and a natural tendency to seek both western and traditional health care.
Vaage et al.[25]	Longitudinal	80 Vietnamese refugees 1,946 Norwegian	Norway	Overall mental health of refugees improved since their arrival in Norway, but the mean scores remained higher than those of native Norwegians.
Hollifield et al.[23]	Cross section	252	USA	Various sources of stress in the lives of war refugees have direct and indirect effects on their mental health. Variation in the path of these effects across refugee groups suggests ways to understand the effects of past and ongoing stressors in different populations.
S. Singhal [24]	Review	1,421		Children aged 5 or younger during the American bombing campaign in Vietnam report higher depressive symptoms in adulthood.
Young et al.[26]	Mixed	2447	Vietnam	Civilians, members of militias and other less formalized military organizations, and members of formal military organizations all have different reactions to war events.

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