

Original Paper

The role of ethno-cultural features for mental health and adaptation process of Slavic and Armenian refugees from ChechnyaBoris D. Tsygankov¹, Anatolii I. Bilim², Aleksandra V. Yaltonskaya³

Abstract. Multiple studies have shown that refugees displaced from war zones are extremely vulnerable to developing mental disorders. These disorders can be caused by the traumatic experiences involving armed conflict, by long-term hardships and instability, by the multiple troubles of adaptation to a new cultural environment or through a combination of any of these factors. Despite the similarities in social and economic situations, and common psychological reactions to severe stress and displacement, refugees do not react and adjust in the same way. In this study, we analyzed ethno-cultural factors and their contribution to developing and maintaining mental distress and long-term psychopathology among war refugees from Chechnya in the Southern Federal District of The Russian Federation. 169 non-Chechen refugees (mean age 37.8 ± 2.7 years, 45% females) were examined by a psychiatrist with regard to the presence of stress-related mental disorders according to ICD-10 criteria. The assessment took place in stages both one month and one year after displacement from Chechnya during the First Chechen War in 1996. In order to study ethno-cultural factors we divided all of the subjects into two groups: a group of refugees of Slavic nationality ($N = 117$) and a second group of refugees of Armenian nationality ($N = 52$). No statistical differences were found in the presence of stress-related mental disorders between these two groups during the first stage of the study (one month after displacement). However, during the second stage of the study (one year after displacement), it was found that the Armenian refugees were diagnosed with Adjustment Disorders, Mixed Anxiety and Depressive Disorder, Obsessive–Compulsive Disorders and Neurasthenia with less statistically significant frequency than those from the Slavic ethnic group. Furthermore, a higher rate of improvement in the mental health state and disorder discontinuation was found among more Armenian refugees than Slavic ones. The socio-cultural differences and the ways of communication within ethnic groups were also analyzed. The factors with a positive influence on the adjustment process were found and described.

Keywords: war refugee, Slavic ethnic group, Armenians, mental health, adaptation

WCPRR June 2015: 79-87. © 2015 WACP
ISSN: 1932-6270

INTRODUCTION Over the last decade in the Russian Federation there has been a marked increase in the number of refugees seeking relief due to the unstable political situation in the North Caucasus region. Inter-ethnic strife in Chechnya and two separatist Wars (First Chechen War in 1994-1995 and Second Chechen War in 1999-2000) became particularly critical to the refugees question. Since 1990, according to the Internal Displacement Monitoring Centre (IDMC), hundreds of thousands of people fled their homes and left the Republic for elsewhere in Russia or abroad (Internal Displacement Monitoring Center, 2014). This included a majority of Chechnya's non-Chechen population of 300,000 (mostly Russians, but also Armenians, Ingush, Georgians, Ukrainians) who had been leaving the Republic since the early 1990's, and as of 2008 did not return (IDMC, 2014).

Correspondence to: ¹Prof. Tsygankov Boris Dmitrievitch, MD, PhD.

Head of the Department of Psychiatry, Drug Addiction and Psychotherapy in Moscow State University of Medicine and Dentistry. Moscow, Russia.

Phone: +7 (495) 236-05-94

² Head of the Clinical Hospital N 2 based in Stavropol, Russia

³ Senior Researcher, V.Serb'sky Federal Medical Research Center for Psychiatry and Narcology. Moscow, Russia

mailto: boristsygankov@yahoo.com

Received May 9, 2012. Accepted via minor revision on May 4, 2015.

For medical and mental health professionals in particular the refugee question presents a very serious challenge. According to the World Psychiatry Association refugees are the most vulnerable group for mental and physical ill health of all types of migrant groups (Bhugra & Becker, 2005; Bhugra *et al.*, 2011). Rates of mental disorders may be twice as high in refugee populations, in comparison with economic migrants (Lindert *et al.*, 2009). First of all, war victims face multiple somatic and mental health problems linked to war-related traumatic experiences. In the vast majority of cases medical-psychological rehabilitation is required. Added to that, the process of adaptation and integration into a new culture became particularly difficult for refugees due to a variety of socio-psychological issues such as language barriers, religious views and tradition, family separation, a lack of medical care and social support, an absence of housing, plus insecurity, unemployment, regressive policies towards refugees, financial difficulties, among others (Lipson *et al.*, 1992; Bhugra & Becker, 2005; Bhugra *et al.*, 2011).

The large body of studies indicates that people affected by armed conflict and displacement have a high risk of developing mental disorders such as Acute Stress Reactions, Post-Traumatic Stress Disorder, Adjustment Disorders, Somatoform Disorders and other Neurotic Disorders (Tsygankov BD & Belkin AI., 1992; Tsygankov & Bilim, 1998; Arnault *et al.*, 2006; Tsygankov *et al.*, 2006; Sjölund *et al.*, 2009; Betancourt *et al.*, 2009). Moreover, mental disorders lead to severe activity limitations and participation restrictions that reinforce already existing barriers to integration for refugees into a new society (Sjölund *et al.*, 2009). It was shown in some of the multicenter sociological surveys that families of refugees in different countries experienced similar psychological problems (Summerfield *et al.*, 2003; Tsygankov *et al.*, 2006). However, it appears that the incidence and prevalence of mental disorders varies among people of different cultural backgrounds, due to the interplay of biological, psychological and social factors (Tsygankov & Bilim, 1998; Kekilidze, 2001; Caroppo *et al.*, 2009; Kirmayer *et al.*, 2011). At the same time, the cultural and religious differences and their influence on mental health and psychosocial adaptation of refugees have hardly ever been studied.

The purpose of this study was to examine ethno-cultural factors and their contribution to developing and maintaining mental distress and long-term psychopathology among war refugees from Chechnya in the Russian Federation.

SUBJECTS AND METHODS The study was conducted on the territory of Stavropol Krai (the Russian Federation), mainly in Stavropol (main city of the region). Different groups of Chechnya's non-Chechen refugee population were analyzed and compared in regards to presence of Neurotic, Stress-Related and Somatoform Disorders. The influence of the above listed stress-related mental disorders on the process of adaptation and integration into the new cultural environment were also studied. The study was approved by the Ethical Committee of Moscow State University of Medicine and Dentistry (the Russian Federation). Written informed consent was obtained from all participants.

Design The study encompassed two stages. The first stage of the study was conducted during the first month after displacement, at the initial period of settlement at a new place of living. The same group of participants was followed up with the second stage of the study one year later.

Sample The sample comprises 169 non-Chechen refugees from Chechnya (mean age 37.8 ± 2.7 years, 45% females). All refugees were displaced from the territory of Chechnya in 1996 during the war conflict (First Chechen War). All participants of the study experienced severe stress during the armed conflict. They were either victims of physical violence and oppression, or people who had have their lives (or lives of family members) menaced during the war conflict. All of the participants partially or completely lost their properties and means of subsistence. During the second stage of research, the sample was reduced by eight people (4.6%), who left the territory of Stavropol Krai over the one year time period. No information about these eight was found with the local migration service.

Participants were recruited through the Mental Health and Social Service of Stavropol City, including Stavropol Psychoneurologic Dispensary, Stavropol Center of Psychosocial Rehabilitation, and Stavropol Psychiatry Clinic N1. The information about new incoming refugees was obtained through

the local migration service.

In order to study the ethno-cultural factors and their influence on mental health and the processes of adaptation into new cultural environments, we compared two groups of ethnically different refugees. The first group (N=117) included refugees of Slavic ethnicity such as Russian and Ukrainian. The second group (N=52) consisted of refugees with Armenian nationalities. Age, gender and educational levels were all identical in both groups.

Younger (less than 18) and older people (more than 65) were not included in the study in order to exclude age-related mental disorders. People with psychotic symptoms present or in anamnesis, personality disorders, evidence of brain trauma and other severe organic brain disorders, mental retardation and serious somatic disorders were excluded from the study.

Ethno-cultural background Stavropol Krai encompasses the central part of the Fore-Caucasus and most of the Northern Slopes of Caucasus Major. The 2002 Census counted 33 ethnic groups of more than 2,000 persons each, making this federal subject one of the most multicultural in Russia. The inhabitants identified themselves as belonging to more than 140 different ethnic groups. Three biggest ethnic groups of Stavropol Krai comprise 2,231,759 Russians (81.6%), 149,249 Armenians (5.46%) and 45,892 Ukrainians (1.68%). Stavropol Krai borders with other Southern Federal Districts of Russia and with a few Republics of the Northern Caucasus, including Chechnya (State Statistics Service, 2002; 2010).

At the end of the Soviet Era, Slavic ethnic groups in Chechnya comprised about 23% of the population (269,000 in 1989). By January 1, 2010 Russian population counted 40,645 people or 3.7% of the whole population (State Statistics Service, 2002; 2010). The main religion of Russians in Chechnya is that of the Russian Orthodox Church. Thousands of Russian and Ukrainian people were displaced from Chechnya over the last decade of 20th century because of the political situation. In the Southern Federal District of the Russian Federation, including Stavropol Krai, Slavic ethnic groups are the most represented. They count about 83 % of the population (State Statistics Service, 2002; 2010).

Armenian people have a nation and are an ethnic group native to the Caucasus and the Armenian Highland. However, it is one of the most diffused ethnic groups in the world. Due to a wide-ranging and long-lasting Diaspora, an estimated total of 3-6.5 million people of full or partial Armenian ancestry live outside of Armenia. Large Armenian Diasporas exists in Russia (1.5 million people), France (0.8 people), Iran (0.5 people), the USA (from 0.3 till 1 million people), Georgia (250,000 people), Ukraine (100,000 people) and other countries. Their main religion is Christianity, most commonly the Armenian Apostolic Church. The Armenian language is the official language, while Russian is widely spoken by the Armenian population as well (Armenia Diaspora, 2014).

Armenian people settled in the territory of Chechnya in the beginning of the 19th century. However, by the 1990s practically all Armenians were displaced, mostly due to national discrimination. Today the Armenian population on the territory of Chechnya counts no more than a few families.

According to the Russian 2002 Census there were 615,123 Armenians living in the Southern Federal District. The majority of Armenians in the Northern Caucasus were living in Krasnodar Krai (274,566), Stavropol Krai (149,249) or Rostov Oblast (109,994). In Stavropol Krai, Armenian is the second most numerous ethnic group. They account for about 6% of the population (State Statistics Service, 2002).

Some sociologists indicate that Armenian people adapt very well into different cultures. But at the same time, they keep psychological separation from nations living in the same territory. This explains the high level of importance of religion for the Armenian people and by traditionally high level of social support inside the Diaspora (Armenia Diaspora, 2014; Tsygankov *et al*, 2006).

Measures All participants were examined for the presence of mental disorders and stress-related disorders in particular. Examination was done according to the criteria of the International Classification of Diseases, 10th Revision (ICD-10; World Health Organization, 2006). A psychiatrist or clinical psychologist through interviewing participants on the basis of a semi-structured interview provided the assessment. Moreover, a general clinical interview and medical examination were

conducted for all participants. It included collecting patient's complaints and an assessment of the general physical and mental state of participants. All interviews were conducted in the Russian language, of which all participants were fluent.

The Russian version of Hamilton Depression Rating Scale (HDRS-21; available at National Center of Mental Health website) and Hamilton Anxiety Rating Scale (HAM-A-14, available at National Center of Mental Health website) were used to assess the level of depression and anxiety. Furthermore, the subjects completed the Impact of Event Scale (IES; Horowitz *et al*, 1979) and The Harvard Trauma Questionnaire (HTQ; Mollica *et al*, 1992). For statistical analyses the SPSS Statistics Package 15.0.1 was used.

RESULTS

First Stage (one month after displacement from the war zone) The vast majority of the refugees at this stage experienced psychological problems and experienced symptoms of stress-related or somatoform disorders. During the interview, participants complained of anxiety, melancholy, and feelings of hopelessness, anger or offence. At the same time, they mentioned that the severity of these symptoms fluctuated. Aggravation of psychopathological symptomology was usually linked with the current stressful situation or events that provoke traumatic ruminations. Some of the psychopathological symptoms were prevalent almost in all of the cases and we treated them as signs of normal adjustment reaction (only in the case they did not lead to prolonged psychosocial maladaptation). This comprises the following symptoms: tiredness, psychological tensivity, autonomic disorders, sleeping disorders, decompensating of psychosomatic disorders, as well as a low level of physical hazards tolerance.

There was approximately the same number of people with high and college education. It turned out that there were more people with high education in the group with mental deviations, whereas people with secondary and college education prevailed in the group with subclinical disorders. The data was reliable ($P < 0.01$).

Almost 90.4% of the refugees examined had good accommodations before the resettlement, and only 9.6% referred to their housing conditions as satisfactory. Both groups were either forced to abandon their homes or had them destroyed. In the first stage examination 84.8% of the refugees didn't have a permanent residence.

Almost all the patients had a permanent job before the resettlement, 89.8% of them worked in the field of their degree. On the first examination after the resettlement 56.8% were unemployed.

The high level of anxiety was found in the vast majority of the cases (83.2%). It was approximately equal in both groups and accounts for 83.8% in the group of Armenians and 81.9% for Slavic. The feeling of anxiety was usually explained by linking it to an indefinite period of the following situations, lack of social support, absence of permanent housing and sources of income.

Sleeping disorders were also very often registered in the both groups (62.4%). This includes initial insomnia, nocturnal frequent awakening, night terrors, terminal insomnia, and excessive daytime sleepiness. No statistically significant difference was found in the level of sleeping disorders in both groups (63.2% and 60.5% respectively in the groups of Slavic and Armenian nationalities).

The high rate of diverse autonomic disorders was registered in both groups. Participants often complained of frequent headaches (70.1%), dizziness (64.5%), chest pain (52.8%), and heart palpitations (49.2%). The hidrosis of palms and feet were registered in 21.8% of the cases. Other autonomic symptoms were registered only rarely. In 17.7% of the cases severe stress led to decompensation of chronic somatic or somatoform disorders.

After the first month of displacement, stress-related mental disorders were diagnosed in 78.2 % of the cases. It mostly included Reactions to Severe Stress (F 43.0) and Adjustment Disorders (F 43.2) such as Depressive Reaction and Mixed Anxiety and Depressive Reaction Disorder (81.2% in total). Based on the main symptomology three categories of Reactions to Severe Stress were established: the reactions with predominance of asthenic symptoms (42.3%), with predominance of depressive symptoms (53.2%) and with predominance of dissociative symptoms (3.8%). However, these reactions were

unstable and symptomology has been changing dramatically over a short period of time. This fact presents a challenge for definitive differential diagnostics.

The rate of other Neurotic and Stress-Related Disorders among the group of refugees recently displaced from the war zone were lower than the rate of Adjustment Disorders (including Reaction to Severe Stress). It comprised 18.8% of the cases from the whole sample. Within this subgroup of refugees the following disorders were mainly diagnosed: Mixed Anxiety and Depressive Disorder (F 41.2; 9.7%), Obsessive-Compulsive Disorder (F 42.0; 5.8%), Neurasthenia (F 48.0; 2.6%) and Dissociative Disorders (F 44; 0.7%). Usually refugees diagnosed with the any of the above listed disorders experienced the traumatic psychological situation longer than other participants. They also usually had comorbid chronic somatic disorders. In the large number of cases patients complained of feeling any of the following, melancholy, feelings of oppression, a lack of interest, and mild affective adynamia. This fact makes us assume that refugees suffered from the depressive and dysthymic disorders irrespectively to the main diagnosis.

In the groups with Slavic and Armenian nationalities, no statistically significant differences in the rate of diagnosed Reactions to Severe Stress and Adjustment Disorders (F 43) was found. It constituted 77.8% for the group of Slavic people and 79.2% for the group of Armenians. No statistically significant difference was found in the incidence of other Stress-Related and Neurotic Disorders in the two groups. It comprised 18.3% and 18.9% respectively.

To sum up, one month after displacement from the armed conflict zone, most of the refugees had symptoms of neurotic and stress-related mental disorders. And in the vast majority of the cases, the symptoms were significant enough for the diagnosis of a mental disorder to be attributed. The large numbers of refugees were diagnosed with Adjustment Disorders (F 43.2) including Reaction to Severe Stress (F 43.0). In the clinical presentation, depressive and asthenic symptomology were predominant. No statistically significant difference was found at this stage of the research between the group of Armenian nationality and that of Slavic nationality. We can also conclude that during the immediate time period after their displacement, refugees had very polymorphic symptomology of mental disorders and had changed significantly over this short time period. The main figures of the first stage of the study are presented in **Table 1**.

Table 1 Type of neurotic disorder among the refugees, 1 month after displacement

	%	%
Adjustment Disorders including Reactions to Severe Stress (F43.2, F43.0)	81.2	
Other Stress-Related and Neurotic Disorders (F 41.2, F 42, F44, F48)		
Mixed Anxiety and Depressive Disorder – F41.2	9.7	
Obsessive Compulsive Disorder - F42.0	5.8	
Neurasthenia - F 48.0	2.6	
Dissociative Disorders – F44	0.7	
<i>Total</i>	18.8	
Subtypes of Reactions to severe stress		
Reactions with predominance of depressive symptoms		53.2
Reactions with predominance of asthenic symptoms		42.3
Reactions with predominance of dissociative symptoms		3.8

General information

Sample size: N =169

78.2% of refugees were diagnosed with one of the Stress-Related Mental Disorders (ICD-10 criteria)

21.8 % of refugees had symptomology not sufficient for diagnostic a mental disorder.

Second Stage (one year after displacement from the war zone) One year after their displacement from the territory of Chechnya refugees still registered a high incidence of mental disorders. At the same time, the level of stress remained high during this time period. People experienced problems with socialization, job connection, property restitution, and housing. Numerous participants (76.6%) reported that the level of intra-familial stress was higher over this time period than ever before. One of the more frequent complaints was anxiety about the future and the future of one's children in particular. The level of anxiety usually increased after receiving news from Chechnya or

up-dates on their current situation. Very often participants reported that they suffered from loneliness and social isolation.

During the second stage of research it was found that 72.9% of refugees experienced symptoms corresponding to the ICD-10 criteria of Neurotic and Stress-Related Disorders. The level of Neurotic and Stress-Related Disorders with differentiated symptomology one year after displacement was more statistically significant than one month after ($p < 0.001$). This probably can be explained by persistent social problems and a lack of social support for refugees in the new culture.

The incidence of Adjustment Disorders (F 43.2) including Acute Stress Reactions (F 43.0) in the second measurement comprises 59.8%. Comparative analyses show that Adjustment Disorders were statistically significant and more often present in the group with Slavic nationality than in the group of Armenians (55.6% and 25.9% respectively, $p < 0.001$). In the group of Armenians in 21.4% of the cases Adjustment Disorders ceased over the one-year period. However, in the Slavic group it had happened only in 8.6% of the cases. On the contrary, within the Slavic population, in 20% of the cases we registered aggravation and sophistication of psychopathological symptomology. And only 6.6% of Armenians had been diagnosed with severe and prolonged forms of Adjustment Disorders. This testifies to the fact that refugees of Slavic ethnic group probably experienced more difficulties in adaptation to the new socio-cultural environment than participants of Armenian nationality.

Other Neurotic and Stress-Related Disorders were diagnosed in 40.2% of the cases and included Mixed Anxiety and Depressive Disorder (F 41.2; 22.8%), Obsessive-Compulsive Disorder (F 42.0; 5.5%), Neurasthenia (F 48.0; 3.9%) and Dissociative Disorders (F 44; 1.6%). For the most listed disorders (except Obsessive-Compulsive Disorder) the incidence was more statistically significant than during the first stage of research ($p < 0.001$).

Moreover, during the second study we diagnosed Post-Traumatic Stress Disorder (F 43.1) in 2.1% and Enduring Personality Change after Catastrophic Experience (F 62.0) in 4.26% of the subjects. The findings are presented here in the **Table 2**.

Table 2 Type of diagnoses among refugees at 1 month and at 1 year after displacement

Diagnoses	1 st stage (1 month after displ.)	2 nd stage (1 year after displ.)
Stress-Related Neurotic disorders in total	78.2%	72.9%
Adjustment disorders (F43.2), including Reactions to Severe Stress (F 43.0)	81.2%	59.8%*
Mixed Anxiety and Depressive disorder (F41.2)	9.7%	22.8%*
Obsessive-compulsive disorder (F 42.0)	5.8%	5.5%
Dissociative Disorders (F 44)	0.7%	1.6%*
Neurasthenia (F 48)	2.6%	3.9%*
Post-traumatic Stress Disorder (F 41.2)	-	2.1%
Enduring personality change after catastrophic experience (F 62.0)	-	4.26%

* Statistically significant difference

Comparative analyses show that that the incidence of Mixed Anxiety and Depressive Disorder, Obsessive-Compulsive Disorder and Neurasthenia were more statistically significant in the group of Slavic people than among Armenians ($p < 0.001$). Figures are presented in the **Table 3**.

Table 3 Type of diagnoses among different ethnic groups at 1 year after displacement

Diagnoses	Slavic ethnic group	Armenian ethnic group
Mixed Anxiety and Depressive Disorder (F41.2)	22.9%*	7%*
Obsessive Compulsive Disorder (F42.0)	5.7%*	2.1%*
Neurasthenia (F48.0)	4.1%*	1.6%*
Dissociative Disorders (F44)	1.7%	1.4%
Post-traumatic Stress Disorder (F41.2)	1.9%	2.0%
Enduring personality change after catastrophic experience (F62.0)	4.2%	3.8%

* Statistically significant difference

At the follow-up study, it was found that in 44.8% of the cases the symptomology of neurotic disorders

remained the same as one month after displacement. It is indicative of the stability of this type of psychopathology. In 27.6% of the cases, aggravation of the symptomology was registered. It appeared in the aggravation of affective symptoms, developing changes in personality traits. A significant improvement with or a cessation of disorders was registered in 24.1% cases.

In 40.2% of the cases we observed protracted forms of psychological maladaptation. In the group with Armenian nationality it was occurred with statistical significance less frequently than in the group of Slavic nationality. It counts 17.9% in one group against 40.5% in another. No statistically significant difference was found between two ethnic groups in the incidence of Post-Traumatic Stress Disorder (F43.2) and Enduring Personality Change After Catastrophic Experience (F 62.0).

To sum up, one year after displacement the rate of stress-related mental disorders remained high. The incidence of prolonged disorders was significantly higher in comparison with the initial period after displacement. Comparative analyses indicate that Armenian refugees were diagnosed with Adjustment Disorders, Mixed Anxiety and Depressive Disorder, Obsessive-Compulsive Disorders and Neurasthenia statistically less significant than refugees from the Slavic ethnic group. Furthermore, a higher rate of improvement in mental health states and disorder cessation was found among Armenian refugees than Slavic ones.

DISCUSSION In this study we tried to examine ethno-cultural factors and their contribution to developing and maintaining mental distress and long-term psychopathology among war refugees from Chechnya in the Russian Federation. In order to find out the impact of ethno-cultural characteristics, we compared two groups of refugees who experienced similar traumatic experience in similar circumstances during the First Chechnya War. Moreover, we analyzed and compared the dynamic of developing and maintaining stress-related mental disorders over a one-year period.

It was found at the initial period after displacement that there was no difference in the incidence of psychopathological symptoms and stress-related disorders between Slavic and Armenian ethnic groups. This can probably be best explained by the universal mechanisms of reaction to stress of similar level of severity among people.

However, at the later stage, when refugees went through the process of adaptation, ethnic and cultural characteristics seem to play a more significant role than they had in the first stage. And it was demonstrated by the findings that a statistically significant difference in the incidence of certain types of stress-related disorders into two ethnical groups was present.

The conducive environment and social support within the social group is crucial for the adjustment process. All participants of the study lived around people of the same nationality. All refugees from the Slavic group were displaced from the territory of Russia, in the region with deep Slavic traditions. At the same time, Armenian refugees were connected to the major Armenian Diaspora of Stavropolsky Krai (Russia).

However, during the study it was found that communication styles and levels of social support vary significantly between the two national groups. Slavic people had a significant dependence on the formal decisions of the Local Government. They expected to receive substantial help from these officials and relied less on the social support of their ethnic community. At the same time, local Russian and Ukrainian people were not actively involved in the refugee question and consequently hardly ever volunteered help.

By contrast, the local Armenian Diaspora was very active regarding the problem of Armenian refugees and acted as an organized and supportive community. Local national unions put a lot of effort towards providing conditions for better integration of refugees into the new society. The Armenian Diaspora provided help in the matter of finding sources of income, job connection, housing, and socialization. Armenian refugees were able to participate in regular meetings of Diaspora, including cultural and social events. They felt more included in the life of the community despite serious socio-economic problems.

This fact was essential for better and more rapid adaptation of Armenian refugees. Moreover, from our point of view, it contributed to the decrease in incidence of protracted neurotic disorders within

this group. At the same time, social inclusion and support from the community facilitated socio-economic struggles and sped the cessation of stress-related mental disorders among Armenian refugees. Psychological wellbeing led to a better integration in a new society. It increased work capacity, communication activity and good will, increased level of interest, motivation etc.

After one year, in 21.4% of the cases we observed the cessation and stable compensation of a mental disorder. It was usually associated with better adaptation and a more stable social situation (accommodation, job, medical care, restitution).

STUDY LIMITATIONS It must be noted that the present study has a number of limitations. The amount of subjects in the two comparison groups was unequal, mostly due to the demographic situation in the region. The number of Armenian refugees in the region was lower than Russians. Both ethnic groups were displaced to the territory of the Russian Federation, mostly populated with Russians. Despite their large size, the Armenian Diaspora is a minority group in Stavropol Krai. This fact puts subjects of both groups into predeterminedly uneven positions. Only a limited number of instruments were used in this study. Under circumstances of increased time and resources, additional methods could provide more quantitative data for a more precise analysis. Most of the results based on the data was collected through semi-structured interviews and diagnostics provided by a psychiatrist. A statistical analysis of the data was simplified and mostly included descriptive analyses.

CONCLUSION In this research it was shown that ethno-cultural factors play an important role in the adjustment of refugees to new socio-cultural environments. The high level of social support in a community as well as open, well-intentioned styles of communication within a society facilitate the adaptation and decrease the number of prolonged stress-related and neurotic mental disorders among the refugees.

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