

All reproduction is prohibited  
but direct link to the document is accepted:

<https://www.irdes.fr/english/issues-in-health-economics/266-one-out-of-six-undocumented-immigrants-suffers-from-post-traumatic-stress-disorder-in-france.pdf>

## In France, One out of Six Undocumented Immigrants Suffers from Post-Traumatic Stress Disorder

Constance Prieur<sup>1</sup>, Paul Dourgnon<sup>1</sup>, Florence Jusot<sup>1,2</sup>, Antoine Marsaudon<sup>1</sup>, Jérôme Wittwer<sup>3</sup>, Stéphanie Guillaume<sup>1</sup>

Post-Traumatic Stress Disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced a traumatic event. It is a mental injury accompanied by physical complications that have a profound impact on private, social, and professional life. PTSD requires specific medical treatment. Undocumented immigrants may have undergone traumatic experiences in their country of origin, during the migration itself, or in the host country. Moreover, living conditions in France are likely to expose to the development of PTSD.

What is the prevalence of PTSD in this so far little-known population? What is the impact of migration conditions and living conditions in the host country on the prevalence of PTSD? Are undocumented immigrants with a PTSD covered by the State Medical Aid (*Aide Médicale de l'Etat*, AME)?

54% of the people interviewed in the 'Premier Pas' survey, which was conducted in 2019 in Paris and the Bordeaux agglomeration on 1 223 undocumented immigrants, reported they had experienced a traumatic event: 33% in their country of origin, 19% during the migratory journey, and 14% in France. PTSD prevalence reached 16% in undocumented immigrants, whereas it is estimated between 1 and 2% in the general resident population in France (Vaiva et al., 2008; Darves-Bornoz et al., 2008). Poor living conditions in France are associated with a higher prevalence of PTSD. Among immigrants eligible for the State Medical Aid (AME), 53% of those suffering from PTSD were not covered, vs. 48% in other eligible immigrants.

The images of the migration crisis in Europe, whether they are images of conflicts in the immigrants' countries of origin, dramas in the Mediterranean, or refugee encampments in Europe, show that immigrants face dangers and violence during their journey. The scientific literature shows

that undocumented immigrants, some of whom have travelled on these routes, are much more affected by Post-Traumatic Stress Disorder (PTSD), depression, and suicidal ideations than the resident general population (Andersson et al., 2018, 2021). The living conditions in the host country (Vignier et al., 2017) may expose

them to traumatic experiences, while the precarity and social isolation (Jusot

<sup>1</sup> Institute for Research and Information in Health Economics (IRDES), Paris, France.

<sup>2</sup> Paris-Dauphine University, PSL, Leda-Legos.

<sup>3</sup> Bordeaux University, INSERM U1219, EMOS Team.

11

**The "Premier Pas" ("First Steps") survey**

The "Premier Pas" survey aimed to shed light on the population eligible for State Medical Aid (AME), the French public insurance dedicated to undocumented immigrants, focusing on access to the scheme and healthcare services. The survey collected information on the migratory route, immigrants' state of health, access to healthcare insurance, and the use of healthcare from a sample of undocumented immigrants, that

is to say persons without neither a residence permit nor refugees and asylum seekers. It was conducted in the Bordeaux conurbation and Paris, from February to April 2019, and collected questionnaires from 1,223 adults in 63 sites such as NGOs or public services that provided support or assistance to disadvantaged people and immigrants (Dourgnon et al., 2019). The questionnaires were made available in 14 languages.

sistent negative thoughts, feel detached from other people, and be incapable of feeling positive emotions (for example, they may lose interest in activities and may find it difficult to experience satisfaction or show affection). PTSD may be accompanied by psychiatric disorders such as depression, anxiety disorders, psychotic disorders, physical damage, changes in personality, substance abuse, and difficulties in interacting with others (Auxéméry, 2019).

**CONTEXT**

The "Premiers Pas" project, "Access to benefits, healthcare trajectories, and take up of State Medical Aid (AME) in France", aims at studying Undocumented Immigrants living in France (Bordeaux and Paris) with regard to their access to rights and healthcare use, using a multidisciplinary approach. Research teams from the University of Bordeaux (UMR 5319 Passages-CNRS and U1219 Bordeaux Population Health, EMOS-INSERM), Paris Dauphine University (EA 4404 LEDA-LEGOS), and the Institute for Research and Information in Health Economics (*Institut de recherche et Documentation en Economie de la Santé*, IRDES) participated in the project. The research project was supported by the Regional Health Agency (RHA) of Nouvelle-Aquitaine, the *Fondation des Amis de Médecins du Monde* (2016–2019), and the French National Research Agency (*Agence Nationale de la Recherche*, ANR), following calls for proposals in 2016<sup>a</sup>. The survey was conducted in compliance with data privacy regulations under the supervision of the French Data Protection Authority (*Commission Nationale de l'Informatique et des Libertés*, CNIL), declaration MR004, registration number 2203002 v 0.

<sup>a</sup> <https://anr.fr/Projet-ANR-16-CE36-0008>

et al., 2019) may resurrect and exacerbate past traumas.

PTSD results from exposure to a traumatic event such as unexpected death or a similar traumatic experience (for example, the threat of imminent death, serious injury, or bodily harm). This type of event is experienced as acutely stressful or terrifying, leaving the person feeling powerless and vulnerable<sup>1</sup>. The traumatic event may be followed by a period of latency, which sometimes develops into PTSD, characterised by four symptom clusters: intrusive re-experiencing of the traumatic event, hypervigilance, persistent avoidance of trauma stimuli, and mood and cognitive alterations (see Figure 1). The re-experiencing may take the form of flashbacks or nightmares. A person suffering from PTSD remains extremely alert, is easily startled, avoids situations that may bring back memories of the traumatic event, and may forget significant parts of the event, have per-

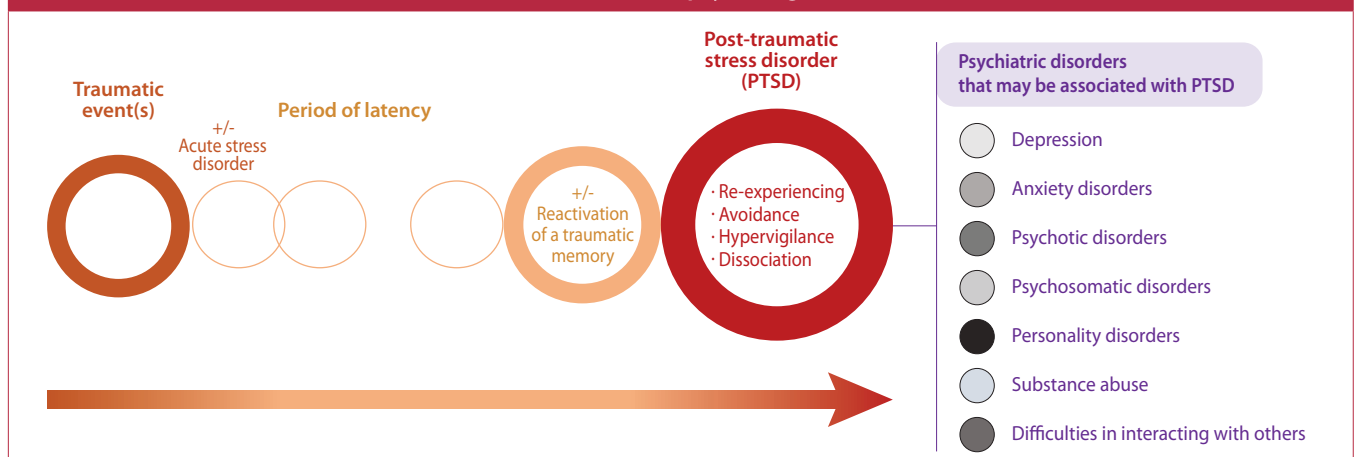
<sup>1</sup> <https://www.inserm.fr/dossier/troubles-stress-post-traumatique/>

Undocumented immigrants often experience poor living conditions. Poor housing, food insecurity, the language barrier, and social isolation may bring about an exhaustion of physical and moral resistance. They may also place immigrants in situations that expose them to traumatic experiences, or which resurrect an old trauma, which ultimately exacerbate the symptoms of PTSD. Confinement, overcrowded living conditions, a clandestine existence, and attacks lead to the occurrence of traumatic episodes, and may also contribute to the development of PTSD in people who are already traumatised.

The risk of PTSD is –for the reasons outlined above– particularly high amongst undocumented immigrants. This study sheds light on the role played by migration conditions (the region of origin, the reasons for migration, and whether the migration is clandestine) and also the living conditions in France in the prevalence of PTSD. Firstly, we estimate the prevalence and distribution of traumatic events and PTSD in

F1

**Clinical evolution of a psychological trauma**



this particularly exposed but very heterogeneous population. We then examine the link between migration conditions, the living conditions in France, and PTSD. Lastly, the results and their implications for public policy are discussed in terms of PTSD sufferers' access to health coverage in France.

### Studying PTSD in undocumented immigrants: data and methods

Few studies and data sources provide information on undocumented immigrants, a fortiori on PTSD in this population. Undocumented immigrants are a priori difficult to identify in the sample surveys. Furthermore, they may be reticent to respond to questions for fear of being arrested or expelled. Lastly, the language barrier may make it difficult for them to participate in surveys (Dourgnon et al., 2019).

The activity data from the French Committee of the Health of Exiles (*Comité pour la Santé des Exiles*, COMEDE) indicates a prevalence rate of serious psychological disorders of 183 per 1,000, which is twice that of cardiovascular diseases and ten times that of HIV. According to the authors of the report, psychological traumas, the violence experienced by these people, and the indicators of social vulnerability, such as the precariousness of

daily life, accommodation difficulties, and social isolation, are very correlated (Journet, 2020).

The French Office for Refugees (*Office Français de Protection des Réfugiés et Apatrides*, OFPRA) stated in its 2020 activity report that the asylum seekers encountered increasingly present with post-traumatic sequelae resulting from severe forms of violence they say they have experienced before leaving their country of origin or on the migratory routes<sup>2</sup>. The data relates solely to asylum seekers who had statutory health insurance cover in France, and therefore falls outside the scope of our study.

These sources, which remain limited in terms of scope and representativeness, also do not collect data on living conditions, which, as we have seen, may contribute to the development of PTSD (Steel et al., 2017).

Our study was based on data from the "Premier Pas" ("First Steps") survey (Wittwer et al., 2019), which provided information on both the state of health and living conditions of undocumented immigrants. It was conducted in public and associative organisations frequented by undocumented immigrants in Paris and the Bordeaux conurbation in 2019 (see Inset 1). The survey methodology –conducting a

<sup>2</sup> <https://ofpra.gouv.fr>

survey in aid and assistance centres – was also used in a Scandinavian study (Andersson, 2018). The scope of the survey included undocumented immigrants, either who had entered France clandestinely, or who had remained after their visas had expired. They were eligible for State Medical Aid (AME) or had been in France for less than three months. Refugees and asylum seekers who can be covered by the Public Health Insurance, were not included.

The "Premier Pas" survey provided new information on the prevalence of post-traumatic stress disorder, the migration routes, and the living conditions in France through questions relating to the traumatic events and the place of their occurrence, and questions that made it possible to rule out or diagnose PTSD (see Inset 2).

The results of the survey shown below relate to 1,223 persons. The results of the descriptive statistics and those of the multivariate model are weighted to take into account the sampling plan.

### 16% of undocumented immigrants suffered from PTSD

54% of the undocumented immigrants had experienced one or several traumatic events. Men and women were equally affected (53% and 55%

12

#### Identification of post-traumatic stress disorders

Respondents to the "Premier Pas" survey reported whether they had experienced one or several traumatic events, or no traumatic events, by answering the following question: *"Sometimes, things happen to people that are unusually or especially frightening, horrible, or traumatic. For example, a serious accident, a fire, a physical or sexual assault or abuse, an earthquake or a flood, a war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide. Have you experienced this kind of event?"*

The interviewers then asked the people who had experienced a traumatic event to specify whether it had occurred in the country of origin, during the migratory journey, or in France. Sometimes, several traumatic events had occurred, in different locations.

Amongst the traumatised persons, post-traumatic stress disorder (PTSD) was identified

by a score of or higher than 3 (three or more "yes" responses) on the PC-PTSD5 scale (Prins et al., 2016).

The PC-PTSD5 scale consists of five questions about PTSD symptoms: re-experiencing, avoidance, hypervigilance, dissociation, and guilt:

*"In the last month, have you... ? (several possible responses)*

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to
2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)
3. Been constantly on guard, watchful, or easily startled
4. Felt numb or detached from people, activities, or your surroundings
5. Felt guilty or unable to stop blaming yourself

*or others for the event(s) or any problems the event(s) may have caused*  
6. Experienced none of these"

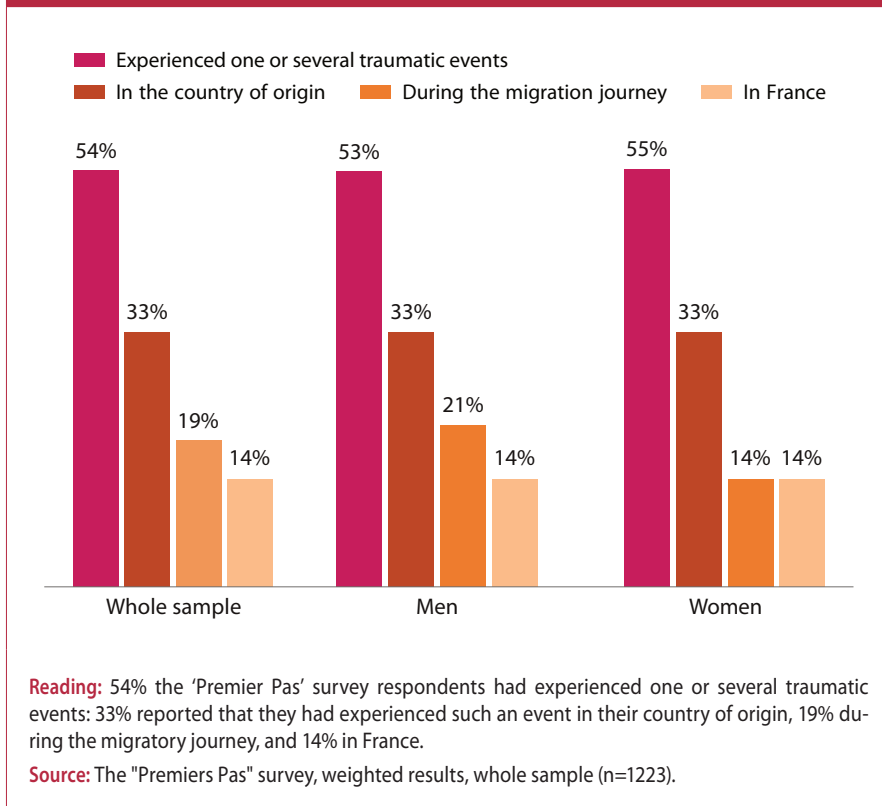
Each "yes" response represents one point. The result is positive if the score is equal to or higher than 3.

The score is valid for screening for active PTSD, because it identifies symptoms over the past month. However, it is not possible to use the score to distinguish whether the disorder presented is acute stress disorder (ASD), which occurs three days or a month immediately after a traumatic event, or PTSD, and which may correspond with a chronic form of the disorder or appear after a period of latency.

The results of the survey shown below relate to 1,223 people. The results of the descriptive statistics and those of the multivariate model are weighted to take into account the sampling plan.

G1

Location of traumatic events experienced by undocumented immigrants in France



of the people sleeping in emergency overnight shelters suffered from PTSD, and 20% of those sleeping in a shelter, compared with 7% of the people living in accommodation of their own (see Graph 3).

**Young adults and immigrants who had entered France clandestinely were more likely to experience traumatic events during the migration journey, and were more likely to suffer from PTSD**

Adults who were young upon arrival in France were more at risk of developing PTSD. There was a pronounced difference between immigrants who had entered France legally and those who had entered the country clandestinely: the incidence rate of traumatic events during the migratory journey increased from 5 to 29%, and the prevalence of PTSD increased from 10 to 21%.

**Multivariate analysis confirmed first results**

A probit regression model was estimated to study the effects directly related to the situation before migration, the migration conditions, and

respectively). 33% of the persons had experienced a traumatic event in their country of origin, 19% during the migratory journey, and 14% in France (see Graph 1). The proportion of people suffering from PTSD reached 16%.

experienced a shortage of food, and 24% for people who reported that they often experienced a shortage of food (see Graph 2).

Inadequate accommodation was associated with a higher risk of PTSD: 28%

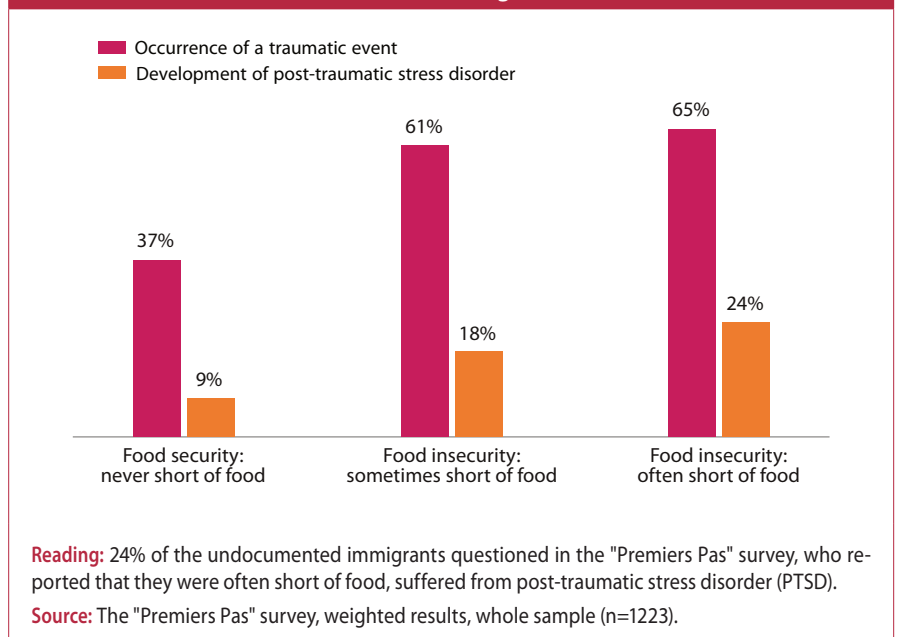
Immigrants from sub-Saharan Africa had experienced more traumatic events in their country of origin and during the migration journey than other immigrants, with respective rates of 35% and 26% and a prevalence of PTSD of 20%.

**Food insecurity and poor housing conditions were linked to higher PTSD prevalence**

People suffering from food insecurity were more likely to report that they had experienced a traumatic event in France and were more likely to suffer from PTSD. The prevalence of PTSD was 8% amongst people who reported that they had not experienced a shortage of food. The prevalence of PTSD increased to 18% amongst people who reported that they sometimes experi-

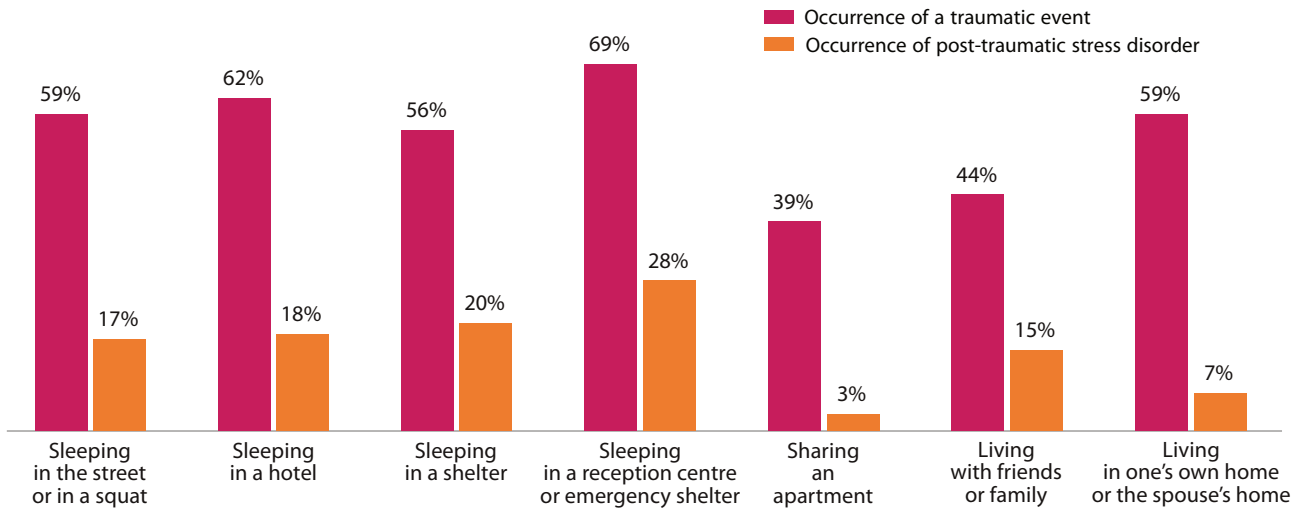
G2

Food insecurity and traumatic experiences of undocumented immigrants in France



G3

Type of accommodation and traumatic experiences of undocumented immigrants in France



**Reading:** Amongst the "Premiers Pas" survey respondents who reported that they were living in an emergency shelter, 28% suffered from post-traumatic stress disorder (TSPT).

**Source:** The "Premiers Pas" survey, weighted results, whole sample (n=1223).

the living conditions in France on the development of PTSD. The analysis was conducted on the entire sample and was not restricted to traumatised persons. Indeed, the explanatory variables contributed to PTSD, via both the risk of suffering trauma and the risk of developing PTSD after the occurrence of a traumatic event.

The reasons for migration were significantly associated with the development of PTSD. Migrating for political, health, or security reasons (a family dispute or a local conflict, the risk of forced marriage, the risk of genital mutilation, etc.), increased the risk of developing PTSD. In contrast, migrating for economic reasons was associated with a lower risk. Adults who were young during migration experienced more traumatic events during the migratory journey. Entering France illegally doubled the risk of PTSD. Lastly, food insecurity and insecure housing in France were significantly associated with the development of PTSD. Living in a shared apartment was associated with a lower risk, in contrast with hotel accommodation (see Table).

**The reasons for migration, illegal entry in France, and living conditions in France were associated with PTSD prevalence**

The PTSD prevalence of 16% was at least eight times higher in undocumented immigrants than in the general population in France. The prevalence of PTSD is estimated to be between 1 and 2% in the general population in France (Vaiva et al., 2008; Darves-Bornoz et al., 2008).

Our results are consistent with statistics from the French Committee of the Health of Exiles (COMEDE), which estimated that among immigrants, either documented or undocumented, having undergone a medical check-up in their facilities from 2007 to 2013, 15.3% were diagnosed with a psychological trauma (COMEDE, 2015).

The increase in the prevalence of PTSD when migration was motivated by political reasons or concern for personal safety probably reflects the fact that the immigrants left their country of origin to escape violence or situations of insecurity.

Young adults and people who had entered France illegally were more likely to suffer from PTSD. They had very often taken a more dangerous migratory route, resulting in traumatic experiences during the journey and greater vulnerability upon arrival at their destination, exposing them to an increased risk of developing PTSD.

Poor living conditions in France, assessed through food insecurity and the fact of living in collective accommodation facilities (a shelter, an accommodation centre, or emergency overnight shelters), were significantly associated with the development of PTSD. Although the link between an improvised shelter (in the street or in a squat) and PTSD was significant in the bivariate analysis, the effect disappeared in the multivariate models due to the strong correlation with food insecurity.

The results highlight the role played by the living conditions in France in the development of PTSD. This link can be attributed, on the one hand, to an increased risk of the occurrence of a traumatic event in France in people living in conditions of severe poverty, and, on the other hand, to an increased risk of

T

**Probit model of the likelihood of post-traumatic stress disorder, whole "Premiers Pas" survey sample**

	Marginal effect	Standard deviation	Significance
<b>Gender (Ref.: Male)</b>			
Female	0.017	0.028	
<b>Region of origin in the world (Ref.: North Africa)</b>			
Sub-Saharan Africa	-0.023	0.031	
Latin America and United States	0.087	0.067	
Asia	0.011	0.091	
Europe	-0.078	0.073	
<b>Reason for migration</b>			
Migrated for economic reasons	-0.125	0.026	***
Migrated for health reasons	0.088	0.042	**
Migrated for safety reasons	0.123	0.040	***
Migrated for family reasons	0.025	0.048	
Migrated for political reasons	0.065	0.032	**
<b>Age at time of migration (Ref.: Under 18)</b>			
Between 18 and 25	0.7314	0.3511	**
Between 25 and 30	0.5118	0.3475	
Between 30 and 40	0.4386	0.3495	
Over 40	0.2970	0.3648	
<b>Entry in France (Ref.: legal entry, either with a visa or nationality of an EU country)</b>			
Illegal entry, without visa	0.066	0.025	***
<b>Type of accommodation (Ref.: Personal or spouse' home)</b>			
Homeless	0.007	0.033	
In a hotel	-0.037	0.035	
Shared apartment	-0.131	0.029	***
Migrant shelter or emergency shelter	0.079	0.036	**
<b>Employment situation (Ref.: Unemployed)</b>			
Currently working	0.043	0.030	
<b>Food insecurity (Ref.: No food shortage)</b>			
Sometimes short of food	0.08	0.026	***
Often short of food	0.120	0.030	***
<b>Observations : 1,223</b>			

developing PTSD in people who are traumatised or physically and mentally fragile due to precarious living conditions. The analysis does not, however, exclude reverse causation. People suffering from PTSD are more vulnerable and may therefore be more likely to experience very poor living conditions (see Figure 2).

**In France, living conditions and economic hardship exposed immigrants to traumatic situations and increased the risk of resurrecting traumatic memories**

Very poor living conditions were associated with a higher risk of falling victim to a traumatic event in France, or of a situation that could trigger a memory of a traumatic event, which occurred in the country of origin or during migration. The reactivation of a traumatic memory may trigger PTSD (Auxéméry, 2019). A qualitative study conducted in Calais and at La Linière refugee encampment highlighted the impact of insecurity and structural violence on immigrants' well-being, the social determinants of health, and the sense of control over their own lives (Pursch et al., 2020). Healthcare professionals have also warned of the risks to immigrants' mental health posed by the asylum application process. Recounting one's personal history and experiences during the asylum application process, re-experiencing confinement, and feeling insecure are all experiences that may reactivate a traumatic experience (Chambon et al., 2016).

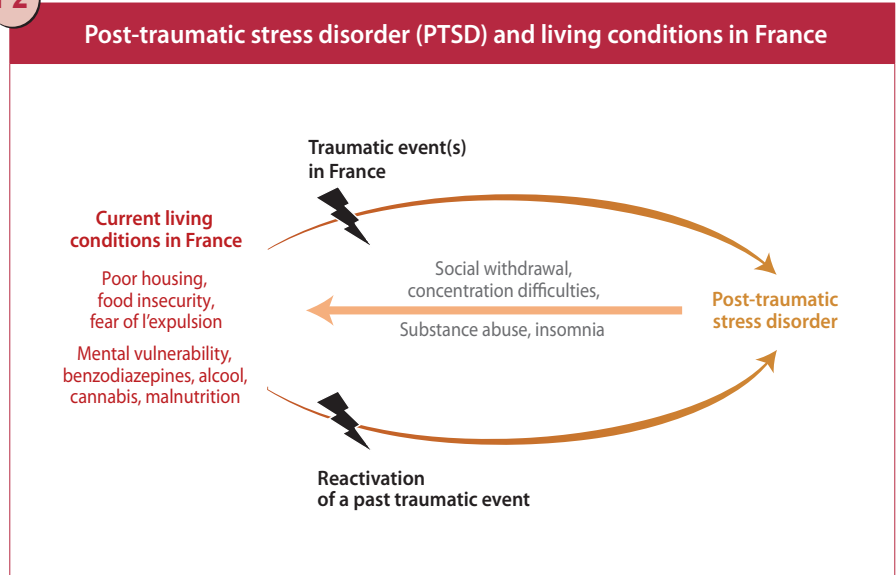
It is possible that certain biological factors associated with economic hardship and PTSD are linked: malnutrition may result in a depletion of tryptophan –an essential amino acid and serotonin precursor– and increase the risk of depression. Furthermore, serotonin plays a crucial role in regulating mood, anxiety, appetite, and sleep (Bell et al., 2001). Lastly, since people living in poor housing in France are more likely to present with insomnia, contact with medical services may result in the prescription of benzodiazepines, which induce sleep but can cause flashbacks and rumination in PTSD (Bauerheim, 2013).

**Reading:** Weighted statistics, analysis performed on the whole sample. Dummy variables were used to identify missing values. None of these were significant, and they are not displayed in the above results.

**Source:** "Premiers Pas" survey.

F2

In the absence of medical care, the clinical evolution of PTSD can be debilitating. The chronic mental symptoms may be accompanied by harmful somatic consequences, intrusive cognitive symptoms, and social difficulties (Auxéméry, 2019). Despite these difficulties and the need for mental care such as psychotherapy, and eventually the long-term prescription of psychotropic drugs, the right to a residence permit on medical grounds (*Droit au Séjour des Personnes Étrangères Malades*, DASEM) is rarely granted to people suffering from psychological trauma (Journet et al., 2020).



**While PTSD is associated with severe psychiatric comorbidities, most sufferers remained unaware of it**

Less than 2% of the persons suffering from PTSD reported that they had the disorder in the survey's questionnaire on health problems. However, the symptoms are particularly debilitating. Amongst the PTSD sufferers, 11% reported they were suffering from anxiety, 14% reported insomnia, and 12% reported having suicidal thoughts on an almost daily basis. The relation between suicidal thoughts and PTSD is a result known in the literature (Vaiva et al., 2008). The severity of the comorbidities and the under-diagnosis of PTSD justify the development of proactive initiatives (mobile precarity psychiatric teams, outreach services, etc.).

**A very high prevalence of suicidal ideations**

There was a very high prevalence of suicidal ideation among undocumented immigrants. 44% of the undocumented immigrants suffering from PTSD and 19% of the other undocumented immigrants thought that it was not worth being alive or thought of harming themselves for several days in the two weeks preceding the survey. In the general population in France, 5% of people aged 18–75 had suicidal thoughts during the year (Léon et al., 2017).

**Among the eligible to the State Medical Aid (AME), only 47% of PTSD sufferers were covered**

In a previous study, we showed that 49% of the undocumented immigrants eligible for State Medical Aid (AME) were not covered by the aid. Furthermore, State Medical Aid (AME) cover did not appear to be correlated with healthcare requirements. Hence, almost half of the undocumented immigrants who reported suffering from pathologies requiring treatment, such as diabetes or infectious diseases, did not, in practice, have healthcare insurance (Jusot et al., 2019). Amongst the people who had been living in France for more than three months, who were therefore eligible for State Medical Aid (AME), 47% of the PTSD sufferers were covered by State Medical Aid (AME), compared with 52% in the rest of the population.

Although it makes it possible to reduce the effects of PTSD on sufferers' health, improved access to healthcare coverage would not prevent the development of PTSD. The determinants of PTSD are rooted in the countries of origin, migration itself, and the living conditions in the host country. Public policy in France can help improve immigrants' living conditions.

\*\*\*

This study, based on a representative survey, made it possible to estimate the

prevalence of PTSD in this little-known population. It also highlighted the contribution of factors related to the migration journey and the living conditions in France. The results underline the need to provide access to appropriate and continuous mental care. The undocumented immigrants endured very poor living conditions and the stress of a clandestine existence, and, lastly, faced difficulties in accessing State Medical Aid (AME). The development of PTSD and its effects on mental health and other dimensions of health were exacerbated by the living conditions since arrival in France and difficulties in accessing appropriate and continuous healthcare. Our results thus highlighted the role that policies relating to the reception of undocumented immigrants could play in preventing and reducing the severity of PTSD, the need to improve access to State Medical Aid (AME), and, lastly, the importance of strengthening proactive initiatives and the continuity of care. ♦

## FOR FURTHER INFORMATION

- Andersson L, Hjern A., Ascher H. (2018). "Undocumented Adult Immigrants in Sweden: Mental Health and Associated Factors. *BMC Public Health* 18 : 1369.
- Auxemery Y. (2018). « Vers une nouvelle nosographie des troubles psychiques post-traumatiques : intérêts et limites ». *European Journal of Trauma and Dissociation*.
- Bauerheim N., Masseret E., Mercier E., Dequin P.F., El-Hage W. (2013). « Etat de stress post-traumatique après un séjour en réanimation : influence des modalités de sédation ». *Presse Médicale* : 42 : 287-294.
- Bell C., Abrams J., Nutt D. (2001). "Tryptophan depletion and its implications for psychiatry". *British Journal of Psychiatry*, 178, 399-405.
- Chambon N., Le Goff G. (2016/2). Enjeux et controverses de la prise en charge des immigrants précaires en psychiatrie, La Documentation Française *Revue française des Affaires sociales*, pp. 123-140.
- Comede (2015). *Immigrants/étrangers en situation précaire. Soins et accompagnement. Guide pratique pour les professionnels*. Comede, 535 p.
- Darves-Bornoz J.M., Alonso J., de Girolamo G., et al. (2008). "Main Traumatic Events in Europe : PTSD in the European Study of the Epidemiology of Mental Disorders Survey". *Journal of Traumatic Stress*, vol 21, No 5, Octobre, pp. 455-462.
- Dourgnon P., Guillaume S., Jusot F., Wittwer J. (2019). « Étudier l'accès à l'Aide médicale de l'État des personnes sans titre de séjour ». *Irdes, Questions d'économie de la santé*, n° 244, novembre.
- Inserm : <https://www.inserm.fr/dossier/troubles-stress-post-traumatique/>
- Journet F., Mestre C., Remark F., Saglio-Yatzimirsky M.-C., Veïsse A., Wolmark L. (2020). « Protéger la santé psychique et reconnaître l'exceptionnelle gravité des psychotraumatismes ». *Actualité et dossier en santé publique (ADSP)*, n° 111, juin.
- Jusot F., Dourgnon P, Wittwer P, Sarhiri J. (2019). « Le recours à l'Aide médicale de l'Etat des personnes en situation irrégulière en France : premiers enseignements de l'enquête Premiers pas ». *Irdes, Questions d'économie de la santé*, n°245, novembre.
- Léon C, Chan-Chee C, du Roscoät E, et le groupe Baromètre de Santé publique France 2017 (2019). « Baromètre de Santé publique France 2017 : tentatives de suicide et pensées suicidaires chez les 18-75 ans en France ». *Bulletin épidémiologique hebdomadaire*. 3-4, p. 38-47. [http://beh.santepubliquefrance.fr/beh/2019/3-4/pdf/2019\\_3-4\\_1.pdf](http://beh.santepubliquefrance.fr/beh/2019/3-4/pdf/2019_3-4_1.pdf)
- Ofpra : <https://ofpra.gouv.fr>
- Prins A., Bovin M. J., Kimerling R., Kaloupek D. G., Marx B. P., Pless Kaiser A., Schnurr P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).
- Pursch B., Tate A., Legido-Quigley H., Howard N. (2020). "Health for all? A qualitative study of NGO Support to Immigrants Affected by structural Violence in Northern France". *Social Science & Medicine*, 248 112838.
- Steel J.L., Dunlavy A.C., Harding C.E. et al. (2017). "The Psychological Consequences of Pre-Emigration Trauma and Post-Migration Stress in Refugees and Imimmigrants from Africa". *J Immigrant Minority Health*, 19, 523-532.
- Vaiva G., Jehel J., Cottencin O., Ducrocq F., Duchet C., Omnes C., Genest P., Rouillon F., Roelandt J.-L. (2008). « Prévalence des troubles psychotraumatiques en France métropolitaine ». *L'Encéphale*, Volume 34, Issue 6, Pages 577-583, décembre.
- Vignier N., Chauvin P., Dray-Spira R. (2017). « Un système de protection sociale universaliste, mais des barrières à l'accès aux soins encore trop nombreuses ». In Annabel Desgrées du Loué et al. *Parcours*, pp. 113-136, La Découverte « Recherches ».
- Wittwer J., Raynaud D., Dourgnon P., Jusot F. (2019). « Protéger la santé des personnes étrangères en situation irrégulière en France L'Aide médicale de l'État, une politique d'accès aux soins mal connue ». *Irdes, Questions d'économie de la santé*, n° 243, novembre.