**Background**

- Prolonged grief disorder (PGD) is the newest classification in DSM-5 (2019).
- Studies in Europe identify migration as a catalyst of PGD (Comtesse & Rosner, 2019).
- Migrants make up 23% of the Canadian population (IRCC, 2023).
- No studies have investigated living difficulties that arise from migrating to Canada in relation to PGD.

**Hypothesis**

Post-migration living difficulties, related to experiences of acculturation and accessing healthcare, predict the development and severity of prolonged grief disorder for displaced peoples who have resettled in Canada.

**Methods**

- Online questionnaire containing two diagnostic (IPGDS; TGI-SR) scales and the post-migration living difficulty (PMLD) scale.
- 42 of N=101 participants met diagnostic criteria.
- Hierarchical regression.

**Results**

- 41.58% PGD prevalence rate, consistent with broad range indicated in past research (Killikelly & Maercker, 2019).
- Final overall model was statistically significant, $F(8, 33) = 13.00$, $p < .001$.
- Eight predictors related to post-migrations living difficulties explaining 49.0% of variance in PGD severity
  - $R^2_{adj} = .492$, 95% CI [0.35, 0.60].
- However, effect size was small, $f^2 = .04$.
- Only two predictors significant:
  - Lost connectedness to heritage culture: $b = 0.17^*$, $t = 1.996$, $p = 0.04896^*$
  - Limited access psychological care: $b = 0.28^{**}$, $t = 2.859$, $p = 0.00526^{**}$

**Discussion**

- Research of PGD is currently limited.
- Striving to better understand post-migration living difficulties in relation to development and severity of PGD can:
  - Bridge gaps of access inequity.
  - Improve validity and reliability of PGD assessment measures.
  - Reform mental health interventions towards migrant-centered models.
  - Support stronger alliances and trust between immigration authorities, healthcare professionals and migrants.
- More can and must be done to promote post-migration well-being and care.