War at country of origin and mental health*

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Abstract

We examine the impact of war onset in the country of origin on mental health among non-Western immigrants in Denmark. Using administrative registers, psychotropic prescription data, and geo-referenced conflict data in a within-individual event-study design, we compare medication use before and after war onset. We find a significant increase in psychotropic medication use, persisting for conflicts lasting beyond one year and more strongly for men. Effects are larger for non-citizens, married individuals, especially those with a same-origin spouse, and parents. Higher local immigrant concentration buffers impacts. Increases are concentrated among employed immigrants, while muted responses among lower socioeconomic groups are consistent with high baseline use.

JEL classification:F22, I10, F51

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1 Introduction

Armed conflicts are typically analysed as domestic shocks with local humanitarian and economic consequences. Yet in a globalised world with large migrant populations, wars may generate substantial economic costs beyond national borders. Millions of immigrants maintain close social and family ties to their countries of origin. When war erupts abroad, these ties may transmit stress, uncertainty, and financial pressure to individuals residing in peaceful host countries. Do wars impose measurable mental-health costs on diasporas abroad? We show that they do.

Migrants sustain transnational ties that transmit norms, information, and resources between origin and destination countries (Levitt 1998; Tuccio and Wahba 2020; Bahar 2020; Docquier, Lodigiani, Rapoport, and Schiff 2016). While these connections facilitate economic exchange, they may also transmit adverse shocks.

A large literature documents substantial mental-health burdens among conflict-affected and displaced populations. Meta-analytic evidence shows elevated rates of depression, anxiety, and PTSD amongst refugees and asylum seekers (Blackmore, Boyle, Fazel, Ranasinha, Gray, Fitzgerald, Misso, and Gibson-Helm 2020). Migrants with pre-migration exposure to armed conflict face particularly high risks (Mesa-Vieira, Haas, Buitrago-Garcia, and al. 2022). Classic longitudinal work on returning soldiers underscores the persistence of conflict-related mental-health problems (Milliken, Auchterlonie, and Hoge 2007). Evidence from large-scale conflict further demonstrates the long-run psychological and human-capital consequences of war exposure. Akbulut-Yuksel (2014) shows that German children exposed to World War II bombing suffered persistent reductions in educational attainment, adult mental health, and labour market outcomes. These findings highlight that conflict can generate lasting psychological burdens even when individuals are geographically removed from the front line, a mechanism that is highly relevant for understanding how migrants in peaceful host countries may respond to new episodes of violence in their countries of origin. Beyond direct exposure, Fekih-Romdhane, Helmy, Alhuwailah, Shuwiekh, Naser, Maalej, Obeid, Cheour, and Hallit (2024) shows that intense media exposure to war can impair sleep via stress and depression, suggesting a channel for *vicarious* or remote exposure relevant for diasporas. Consistent with stress and coping responses, Tubergen, Kosyakova, and Kanas, (2023) finds that conflict intensity in the region of birth increases praying among refugees.

A growing economics literature treats armed conflict as an external shock with persistent consequences (e.g., Miguel, Satyanath, and Sergenti, (2004); Voigtländer and Voth, (2012); Federle, Meier, Müller, Mutschler, and Schularick, (2026)) and documents substantial psychosocial costs among conflict-affected populations (e.g., Hussam, Kelley, Lane, and Zahra, (2022)).

A smaller but growing body of work examines whether conflict in the country of origin (CoO) affects the mental health and well-being of migrants abroad. Using Danish registers, Sønderskov, Dinesen, Hansen, Østergaard, and Danckert, (2021) show that terrorist violence in refugees' countries of origin increases psychotropic medication use among refugees in Denmark. In Germany, Keita and Schewe, (2021) finds that spikes in terror fatalities at country of origin reduce life satisfaction among refugees, especially when family members remain abroad, highlighting the role of transnational ties. Related Canadian evidence links human-rights conditions in origin countries to worse mental health among immigrants (Joly and Wheaton, (2020)). Complementary cross-sectional evidence from the Tigrayan diaspora in Australia documents high burdens of distress during the Tigray conflict (Gesesew, Armstrong, Woldeyohannes, et al., (2025)). While Bogic, Njoku, and Priebe, (2015) document heterogeneity of the mental health of war refugees by country of origin and host country, even less is known about the mental health response of incumbent immigrants, even though they are likely to bear a health burden from the conflict translating to a health sector cost in the receiving economy.

Our paper helps close this gap by linking individual-level psychotropic prescription data from the Danish Medicines Database (LMDB), derived from *Landspatientregisteret*, which contains comprehensive administrative information on prescribed medications in Denmark, to event-dated, geo-referenced conflict measures from UCDP/PRIO ACD, UCDP GED, and ACLED (Uppsala Conflict Data Program (UCDP), (2025), Uppsala Conflict Data Program (UCDP), (2024), Project, (2024)). We use a within-individual event design (see Kleven, Landais, and Søgaard, (2019)): we compare each person's psychotropic medication use before and after war onsets in their country of origin, embedding this own-baseline comparison in an event-study framework with individual and time controls.

Our paper examines individuals with a country of origin that has been war-free for five years prior to the onset of a war in order to capture the mental-health effect of war onset. Importantly, we restrict attention to war onsets preceded by at least five consecutive years of peace. This design ensures that observed conflicts represent clearly defined new shocks rather than continuations of ongoing violence, allowing changes in medication use to be interpreted as responses to new conflict exposure. By focusing on such onsets, our event-study framework more cleanly isolates the mental-health consequences of armed conflict abroad.

We consider mechanisms for mental-health effects, in line with the existing literature, by studying heterogeneity in medication uptake (Keita and Schewe, (2021), Cour, Kruse-Becher, and Larsen, (2025)). More broadly, our findings align with recent evidence showing that large stress-inducing shocks can translate into increased mental-health care utilisation even in the absence of direct physical exposure (e.g., Desmond, Gershenson, Kiviat, et al., (2024)).

Danish and Nordic evidence points to differences in mental health service utilisation across immigrant groups (Nielsen, Jensen, Kreiner, Norredam, and Krasnik, (2015)). Our results suggest that the global distribution of wars may be reflected in changes in demand for healthcare in host countries. Moreover, we contribute insights into what may reduce the hardships of immigration for people coming from a country where a war starts. In particular, we show that ethnic co-location is an important source of resilience with respect to mental health, which may counterbalance concerns raised in previous work that high ethnic concentration can slow educational assimilation, for example, through language acquisition or school composition effects (see e.g. Damm, Hassani, Hvidtfeldt, T. Andersen, and Schultz-Nielsen, (2025)).

We find that the onset of war in the country of origin leads to a significant deterioration in the mental health of non-Western immigrants living in Denmark, measured by increased use of psychotropic medication. Event-study estimates show no evidence of pre-trends and reveal a persistent post-onset increase, particularly among men. The effects are highly heterogeneous. Increases in medication use are concentrated among higher-income and employed immigrants and arise almost exclusively among non-citizens, while responses are muted among individuals with lower income and without employment, consistent with saturation and access constraints. Moreover, mental-health responses materialise only when conflicts persist beyond the first year, highlighting the importance of sustained exposure rather than short-lived shocks. Family structure further shapes the response: effects are stronger for parents and for married individuals, but are attenuated when a spouse already uses psychotropic medication, suggesting competing caregiving demands within households. Finally, we show that local social context matters: higher municipal concentrations of non-Western immigrants substantially buffer the mental-health impact of war onset, pointing to the protective role of ethnic networks and informal support.

These findings demonstrate that the economic costs of war extend beyond conflict zones through diaspora networks. Host-country health systems may face increased demand even in the absence of new refugee inflows. More broadly, our results suggest that the global welfare costs of armed conflict are underestimated when cross-border mental-health externalities are ignored.

The paper is organised as follows. In Section 2, we present our data. Next, we provide summary statistics. Section 4 describes the empirical approach, and in Section 5 the general impacts are presented. This is followed by a section on transmission mechanisms and a section with robustness checks. Finally, Section 8 concludes.

2 Data

We draw on administrative data covering the Danish population, which we combine with information on the timing of war onset. Below, we describe each dataset in turn.

Administrative data Our analysis relies on high-quality Danish register data containing information on a person's education, employment status, marital status, and annual income (databases: BEF, IND, UDDA, and IDAN). Education level is grouped into 7 main categories: primary, lower secondary, upper secondary, short cycle tertiary, bachelor or equivalent, master or equivalent, and doctoral or equivalent. The databases cover all people living in Denmark. In this paper, we consider only first-generation immigrants over the age of 18. Individual data is combined with information on a person's mental health status through prescription data for mental illness, with the ATC codes: N06A (Antidepressant drugs), N05B (Anxiolytic drugs), N05C (Hypnotics and sedative drugs), and N05A (Antipsychotic drugs), following Rouhe, Salmela-Aro, Gissler, Halmesmäki, and Saisto, (2011). These data are retrieved from the database "LMDB" in the Danish register. We use these types of medication as a proxy for mental health conditions for immigrants. We match individuals to their spouse, and children using the spouse and parental IDs in the BEF database.

War data We use data on wars for the periods 1995 to 2019 from the Peace Research Institute Oslo (PRIO). Based on this data, we construct a dummy variable that takes the value 1 if there is war in a country and 0 if there is no war. We define an onset of war as a period of five consecutive peaceful years in which the dummy takes 0 followed by at least one year where the dummy variables take 1.[1] We condition on five peaceful years so that the pre onset period in our event design is not influenced by other wars. We consider only war onsets prior to 2015 in order to evaluate the five years following the outbreak of war.

Figure A1 in the Appendix shows the war dummy in every year for countries with wars that match the criteria. According to our definition, Chad exhibits two onsets of war in our sample period. Our sample consists of individuals for whom we have data five years prior to the onset of war in CoO and five years following the onset of the war.[2] Consequently, given that we observe the individuals before the onset of war as residing in Denmark, we can exclude that their mental health issues arise from seeking refuge in Denmark due to the war in their home country. Thus,

[1] See Davies, Pettersson, Sollenberg, and Öberg, (2025), Gleditsch, Wallensteen, Eriksson, Sollenberg, and Strand, (2002)

[2] If an individual matches the sample criteria for two different wars, we include them in the sample only for the first war in CoO.

we do indeed identify the effect of indirect exposure. Figure A2 in the Appendix shows the number of individuals in our sample based on CoO.

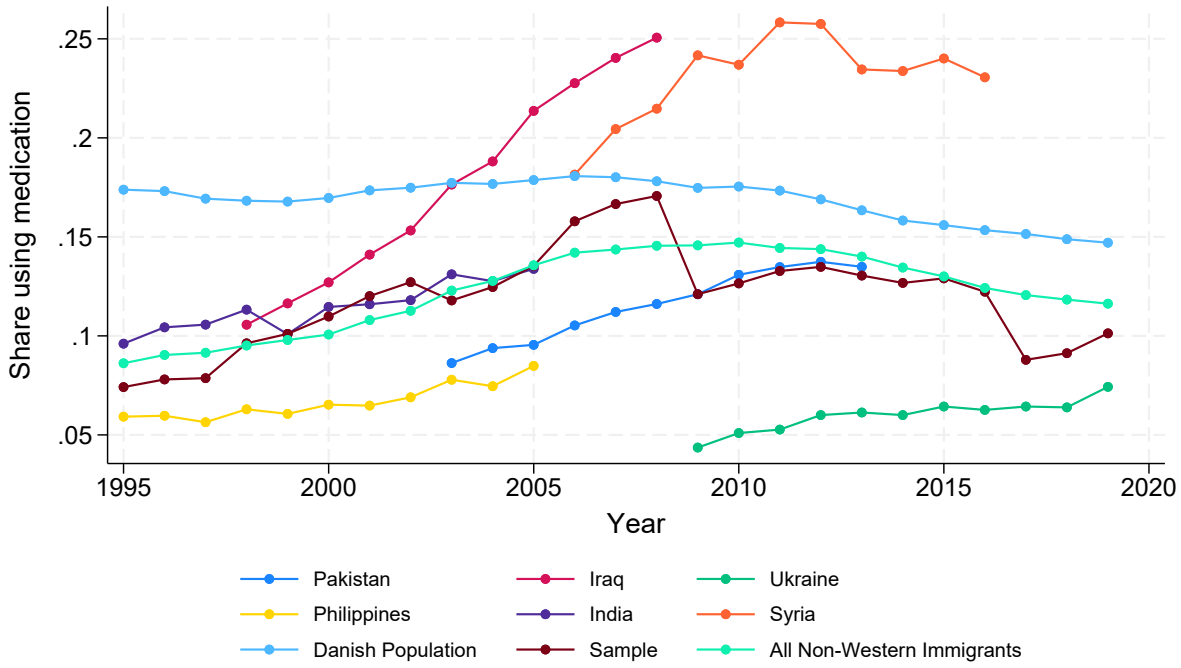
3 Summary statistics

In this section, we provide the summary statistics for the main variables. First, Figure 1 plots the annual share of individuals using psychotropic medication by country of origin for the largest non-Western groups in our sample, alongside the overall averages for all non-Western immigrants and the Danish population. Medication use among non-Western immigrants is consistently below that of natives in levels. Both groups display a similar time pattern, rising through the mid-2000s before declining during the 2010s. The figure shows substantial level differences across origin groups. Table 1 reports mean values for the main variables for non-Western immigrants in Denmark during 1995-2019, separately for men and women. "Medication use" is defined as an indicator equal to one if an individual filled any prescription in ATC classes N06A (antidepressants), N05B (anxiolytics), N05C (hypnotics/sedatives) or N05A (antipsychotics) in a given year; all variables except personal income, age and number of years with war in CoO.

Three patterns stand out. First, women exhibit a higher overall probability of any psychotropic medication use than men (0.132 vs. 0.123). Disaggregating by drug class, women are more likely to use antidepressants (0.080 vs. 0.065) and have similar anxiolytic use (0.033 vs. 0.031), whereas men have higher rates of hypnotics/sedatives (0.050 vs. 0.045) and antipsychotics (0.030 vs. 0.023). Second, exposure to unrest in the country of origin is common: the number of years with a war is 4.991 for men and 4.376 for women. This underscores that many origins experience repeated or prolonged violence across the sample period, motivating our event-study design. Third, socioeconomic composition differs by sex: women are less likely to be employed (0.485 vs. 0.609) and have a lower mean annual personal income (185k DKK vs. 225k DKK). Women also have slightly lower formal education on average (e.g., bachelor or higher: 0.217 for women vs. 0.247 for men).

The sample is large, with 128,205 person-years for men (11,655 individuals) and 125,873 for women (11,443 individuals), providing ample power to trace dynamics before and after war onsets and to examine how effects vary across a wide range of characteristics. In addition to employment, income, and citizenship, we study heterogeneity by parental status, marital status and spousal mental-health history, and by the local concentration of non-Western immigrants. We report results separately by sex throughout.

Figure 1: Medication use by country of origin and year



Note: This figure shows annual share of individuals in our sample using psychotropic medication for the largest non-Western countries of origin in our sample (Pakistan, the Philippines, Iraq, India, Ukraine and Syria) as well as the total annual shares for all immigrants, all non-Western immigrants and for the Danish population. Medication use refers to medicine prescriptions with ATC codes N06A, N05B, N05C, and N05A. All values are raw yearly averages with no controls applied.

Table 1: Summary Statistics

	(1)	(2)
	Male total	Female total
Psychotropic medication use	0.123	0.132
Antidepressants	0.065	0.080
Anxiolytics	0.031	0.033
Hypnotics and sedatives	0.050	0.045
Antipsychotics	0.030	0.023
Number of years with war in CoO	4.991	4.376
Primary or lower secondary education	0.323	0.373
Upper secondary or short cycle tertiary education	0.430	0.410
Bachelor or higher education	0.247	0.217
Employment	0.609	0.485
Age	43.57	41.51
Danish citizenship	0.500	0.432
Personal income (without wealth income)	224,658	185,428
Observations	128,205	125,873
Number of individuals	11,655	11,443

Note: This table shows mean values for all men and all women in our sample, non-western immigrants in Denmark 1995-2019. All variables except for personal income, age and number of years with war in CoO are dummies in a given year.

A richer breakdown is provided in the Appendix Tables A1-A7, which present descriptive statistics for subsamples defined by war length in the country of origin, citizenship status at the war outbreak, municipal non-Western immigrant concentration, family linkages, and socioeconomic status.

These tables highlight several dimensions along which individuals differ prior to the onset of war. In particular, there are notable differences by citizenship status and by the local concentration of non-Western immigrants, both of which are central to the mechanisms we examine below. The appendix tables also document variation across family structure and socioeconomic background. We use these contrasts to motivate the subgroup analyses that follow.

4 Method

We follow Kleven, Landais, and Søgaard, (2019) and estimate the following linear probability model (LPM):

$$Y_{it}^g = \alpha^g + \sum_{j \neq -1} \beta_j^g \times \mathbb{1}[j = t] + \sum_{k=1}^{K} \delta_k^g X_{kit}^g + u_{it}^g, \tag{1}$$

where Y_{it} is a dummy taking the value 1 if individual i fills at least one prescription for psychotropic medication in event-time t for gender g. X_{kit}^g refers to K control variables, which are dummy variables for age groups, calendar years, years lived in Denmark, highest individual education level, income in logs, [3] and an indicator variable taking the value 1 if the individual holds Danish citizenship and zero otherwise. α^g is a constant and u_{it}^g is an error term. δ_k^g are the coefficients of the control variables, and β_j^g are our coefficients of interest, which capture the effect of the onset of war in the country of origin.

Event time is defined relative to war onsets that are preceded by at least five consecutive years of peace. This restriction ensures that identified onsets represent clearly defined breaks from prior stability rather than continuations of ongoing or cyclical violence. By conditioning on a prolonged pre-onset peace period, we reduce concerns that anticipatory behavior or gradual conflict escalation contaminate the pre-trend window.

The event dummy for event time zero is equal to one at the onset of war. Our baseline period is the year before the onset of war, i.e. the event dummy at time $t-1$ is omitted. In an LPM model of this type, we estimate the probability of medication use at the individual level. A positive coefficient indicates a higher predicted probability of psychotropic medication use compared to the period prior to the onset of war. Importantly, including the age dummies allows us to control non-parametrically for life-cycle effects, and the inclusion of calendar year dummies allows us to non-parametrically control for business-cycle effects. The latter have been shown to affect mental health (Bellees-Obrero and Castello 2018).

5 The impact of conflict on mental health

In this section, we examine the overall impact on non-western immigrants' mental health. Figure 13 shows the results for non-Western male and female immigrants separately, i.e the coefficients from the event-study specification in Equation 1 for the probability of any psychotropic medication use around the onset of war in the country of origin. The series for men is in the figure to the left, and the series for women is in the figure to the right. By construction, the omitted

[3] For observations with missing value, log income is set to zero.

period is $t = -1$, so all coefficients are percentage-point deviations from the year immediately preceding the onset of war.

For both sexes, the pre-event coefficients lie close to zero across several periods, and in almost all cases, their confidence intervals include zero. This supports the identifying assumption that, absent an outbreak of war abroad, medication use would have remained constant.

Beginning at $t = 0$ and in the subsequent years, the estimated effects turn positive and remain elevated relative to the pre-onset year. The profile suggests a persistent increase in the likelihood of any psychotropic use following conflict at origin. Hence, mental health deteriorates for both men and women following the onset of war in the country of origin. This finding could be driven by increasing pressure to remit and support family in the CoO, heightened concern for relatives' well-being, or the reactivation of prior trauma from home and renewed salience of the war that can trigger PTSD symptoms among those with earlier exposure.

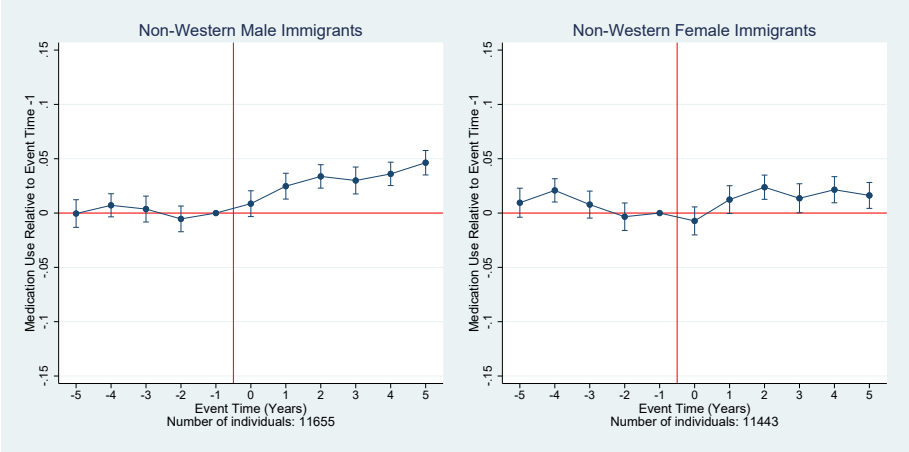
For women, the effect peaks soon after onset with a 2.4 percentage-points increase in female immigrants using medication in year two after war onset relative to the year prior to onset of war. The effect tapers off in the following years for women. For men, the effect grows over the post-onset window, indicating a more persistent deterioration with a 4.6 percentage-point increase in male immigrants using medication in year 5 following the onset of war relative to the year prior to onset of war.[4] [5] For precise estimates of all event dummies, see columns (3) and (6) in Table 2.

We thus establish a clear average deterioration in mental health following the onset of war in the country of origin. We now examine how this response varies across individuals and explore the mechanisms that shape these heterogeneous effects in Section 6.

[4]The absence of discernible pre-trends and the sustained post-onset elevation align with a causal interpretation.

[5]In Figure A3 in the Appendix, we show that responses vary across countries of origin; however, the sample sizes are often too small for interpretation.

Figure 2: War in the CoO and mental health of non-Western immigrants



Note: Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figure plots event-time coefficients from Equation (1) for the probability of any psychotropic medication use for non-Western men and women. The vertical line marks the year of war onset in the country of origin ($t = 0$). The omitted period is $t = -1$, so all points are relative to the year just before onset. Markers show point estimates; whiskers are 95% confidence intervals. Specifications include controls for income (log), education, Danish citizenship, age, calendar year, and years since arrival; standard errors are robust.

6 Mechanisms

In this section, we explore the mechanisms through which mental health deteriorates by examining the observed changes in prescription use differ across groups. We focus on five mechanisms: (i) the duration/intensity of exposure to war in the country of origin, (ii) legal status (Danish citizenship), (iii) the local social environment captured by the municipal concentration of non-Western immigrants, (iv) family structure, in particular, the CoO of the spouse, presence of children and the potential amplification arising from a family member's pre-onset mental-health condition, and finally (v) socioeconomic background. All results are displayed in figures with the same y-axis running from -0.15 to 0.15, so that results are easily comparable. Point estimates are reported in the Appendix Tables A8-A14.

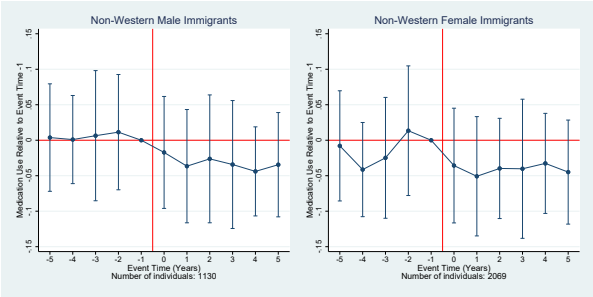
6.1 War duration

First, we allow effects to scale with exposure by splitting the event path by war duration. Figure 3 shows that the mental-health response depends crucially on how long the conflict persists after onset. For wars that last only one year, the event-time coefficients remain close to zero for both men and women, indicating no detectable change in medication use. In contrast, when the war continues for all 6 years including the onset year, we observe a clear and sustained increase in

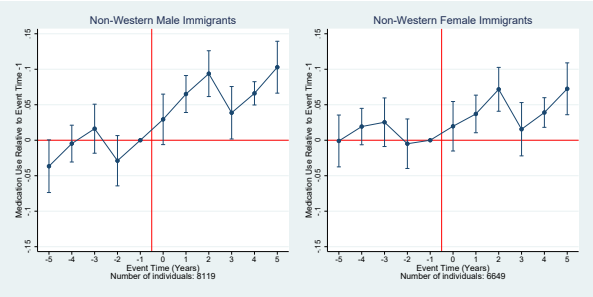
medication use relative to the pre-onset baseline. The rise is larger and more persistent, consistent with our baseline estimates. This pattern implies that short-lived conflicts do not generate sufficient or lasting psychological pressure to translate into measurable treatment uptake, whereas prolonged exposure to news of ongoing conflict creates cumulative stress, uncertainty, and concern for relatives in the country of origin. Taken together, the figure demonstrates that conflict duration is a key determinant of when and how diasporas absorb the mental-health consequences of war.

Figure 3: War in the CoO and mental health of non-Western immigrants and war duration

(a) Only one year of war



(b) War continues



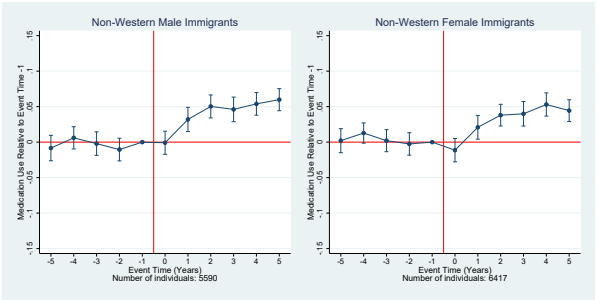
Note: In Figure (a) we consider all non-Western immigrants where there is only one year of war in their country of origin and in Figure (b) we consider all non-Western immigrants where the war countries for all subsequent years in their country of origin. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals years in Denmark. Standard errors are robust.

6.2 Citizenship

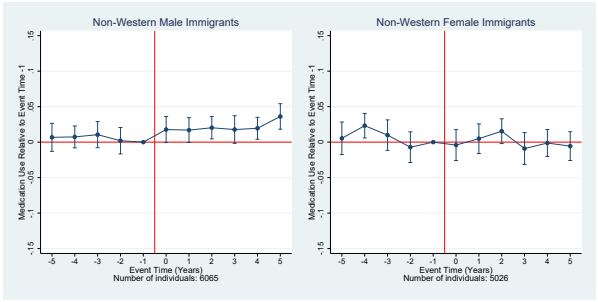
Next, we assess whether legal status shapes uptake. We split the sample by citizenship at $t = 0$ and estimate the event-time specification, see Figure 4. We find markedly larger post-onset increases among non-citizens with an estimated 6 percentage-points more men and 4.4 percentage-points more women using medication in year 5 following the onset of war (see Table A9 in the Appendix). Effects for male citizens are small and borderline significant and those for female citizens are small and statistically indistinguishable from zero. This pattern suggests that legal status moderates uptake. It may be the case that status-related stressors amplify the impact of origin-country war.

Figure 4: War in the CoO and mental health of non-Western immigrants, Danish citizenship

(a) No Danish citizenship



(b) Danish citizenship



Note: In Figure (a) we consider all non-Western immigrants without Danish citizenship in the year where war breaks out and in Figure (b) we consider all non-Western immigrants with Danish citizenship in the year where war breaks out. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

6.3 Network

We analyse whether the local concentration of non-Western immigrants in an individual's municipality moderates or amplifies the effect of war onset in the country of origin on non-Western immigrants' mental health. We classify each individual by the quartile of the municipal share of non-Western immigrants measured in the onset year ($t = 0$) and keep this classification fixed over the event window to avoid post-treatment mobility bias.

Figure 5 reports event-time coefficients by quartile of the municipal non-Western immigrant share. Pre-event coefficients are close to zero in all panels, supporting the identifying assumption. After onset, individuals living in municipalities in the two *lowest* quartiles (Q1 and Q2) show a clear and statistically significant increase in medication use relative to the pre-onset year. The post-onset effects become smaller and less precisely estimated in Q3, and they vanish entirely in Q4, where no detectable increase is observed. This pattern implies that a higher local concentration of non-Western immigrants tends to buffer the mental-health impact of origin-country conflict, possibly through greater informal support, shared coping resources, or reduced social isolation.

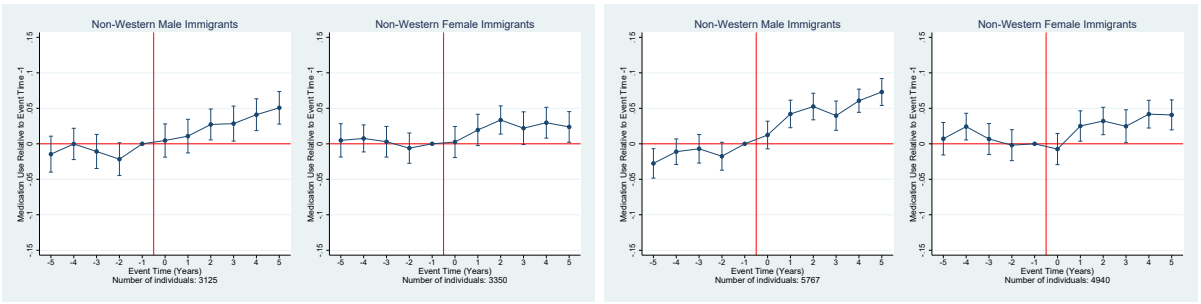
We also examine the corresponding gradients using the municipal share of immigrants from the *same* country of origin (see Appendix, Figure A4). While the estimates are less precisely estimated than those based on the overall non-Western immigrant share, the qualitative pattern is similar: post-onset effects tend to attenuate as local co-national presence increases. In particular, effects are not detectable in the lowest quartile, while attenuation becomes apparent in Q2; effects are largely absent and show signs of improvement in Q3, and they vanish entirely in Q4. This supplementary evidence thus points in the same direction; higher local presence of origin peers is

more consistent with buffering than amplification.

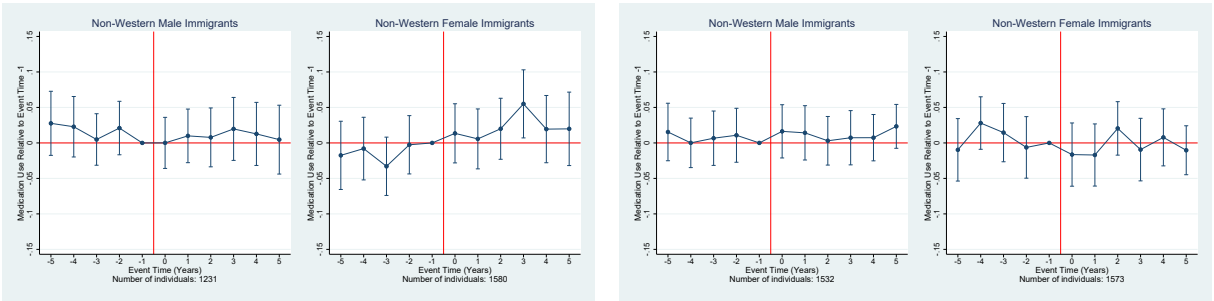
This result highlights a potential trade-off in policies that disperse immigrants geographically to promote integration. While such policies may facilitate economic and social integration, they may also weaken access to co-ethnic networks that provide informal support. Our findings are consistent with evidence that exposure to co-ethnic peers increases the likelihood of acquiring citizenship (Kruse (2024)), a key marker of integration. At the same time, the buffering effect of co-ethnic networks on mental health may offset some of the costs of co-location documented in other contexts, such as slower language acquisition or educational outcomes (Damm, Hassani, Hvidtfeldt, T. Andersen, and Schultz-Nielsen (2025)).

Figure 5: War in the CoO and mental health: by local non-Western concentration

(a) Q1 (Lowest local non-Western immigrant share) **(b)** Q2



(c) Q3 **(d)** Q4 (highest local non-Western immigrant share)



Note: In Figure (a)–(d) we consider all non-Western immigrants living, in the onset year ($t = 0$), in municipalities whose share of non-Western immigrants lies in the first (Q1), second (Q2), third (Q3), and fourth (Q4) quartile, respectively. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

6.4 Spouse

We next examine whether marital status moderates or amplifies the mental-health response to war onset in the country of origin, and whether spillovers from a spouse's pre-onset mental-health diagnosis amplify the impact. Figure 6 compares event-time profiles for immigrants with and

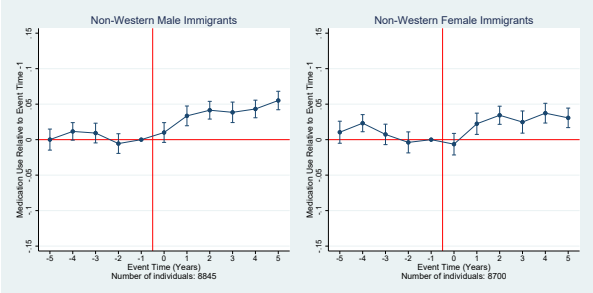
without a spouse at $t = 0$, while Figure 7 divides married immigrants according to their spouse's country of origin. Pre-event coefficients are close to zero across groups, supporting the identifying design.

Following onset, married immigrants exhibit a clear increase in medication use relative to the pre-onset year, whereas unmarried immigrants show no detectable response. Importantly, Figure 7 reveals that this effect is driven entirely by individuals whose spouse shares the same country of origin. No systematic response is observed among those with a Danish spouse or a spouse from a different non-Danish country of origin.

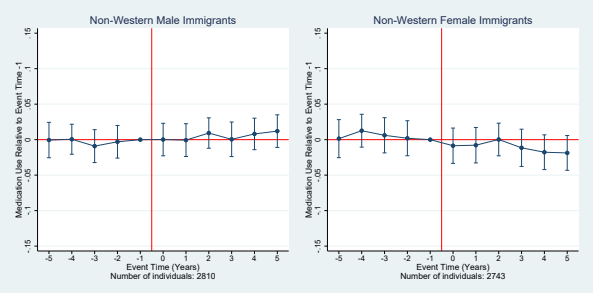
This pattern suggests that marriage amplifies the mental-health response only when partners share origin-country ties. A spouse with the same CoO likely increases the probability that the household has close relatives in war-affected areas, strengthening transnational exposure and concern for family members abroad. Quantitatively, we estimate that 7.6 percentage points more men and 8.5 percentage points more women with a spouse from the same CoO use psychotropic medication in year 5 following war onset (see Table A12 in the Appendix). These magnitudes are consistent with heightened stress transmitted through family networks in the country of origin.

Figure 6: War in the CoO and mental health: by marital status

(a) Having a spouse



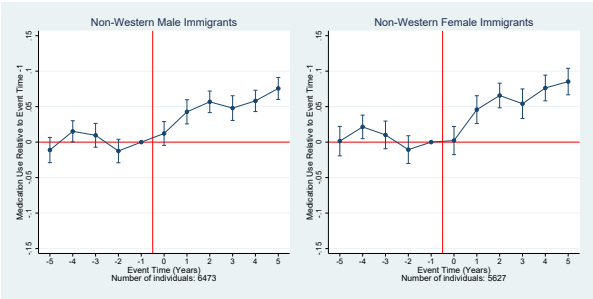
(b) Not having a spouse



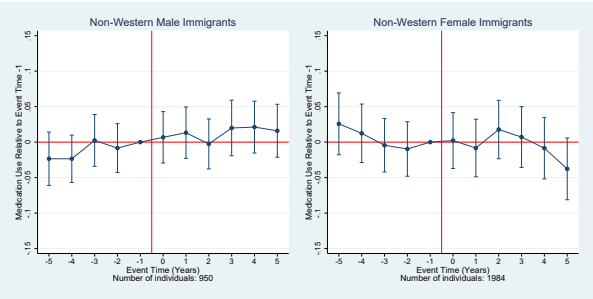
Note: In Figure (a) we consider all non-Western immigrants with a spouse in the household in the war-onset year, and in Figure (b) we consider all non-Western immigrants without a spouse in the war-onset year. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

Figure 7: War in the CoO and mental health: by spouse country of origin

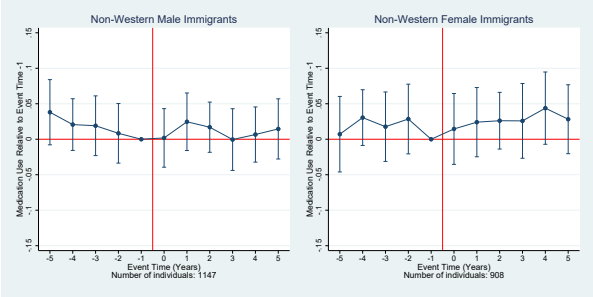
(a) Spouse with same CoO



(b) Danish Spouse



(c) Spouse with different non-danish CoO



Note: In Figure (a) we consider non-Western immigrants with a spouse with same country of origin in the onset year ($t = 0$), in Figure (b) we consider non-Western immigrants with a Danish spouse in the onset year, and in Figure (c) we consider non-Western immigrants with a spouse of a different country of origin that is not Denmark in the onset year. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

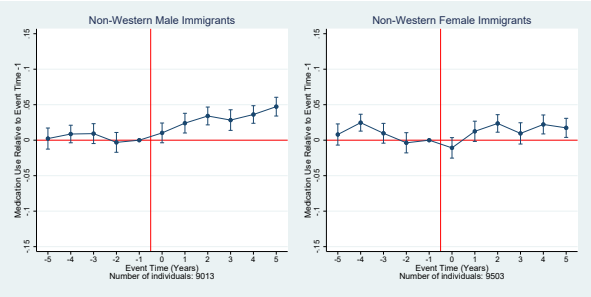
6.5 Children

We next assess whether parental status shapes the mental-health response to war onset in the country of origin. Our definition of children includes offspring of all ages, including those who have reached legal adulthood.

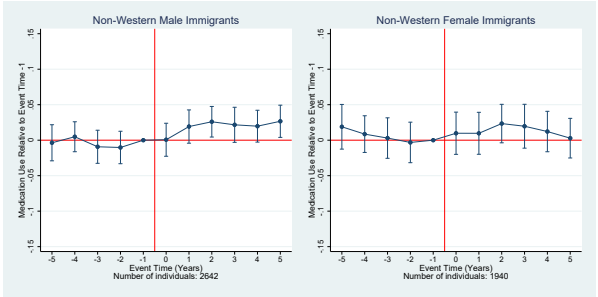
Figure 8 compares event-time profiles for non-Western immigrants with and without children. Pre-event coefficients are close to zero in both groups, supporting the design. Following the onset of the war, the series for parents rises above the pre-onset baseline and remains elevated, particularly for men, indicating a more persistent deterioration relative to non-parents, whose response is only borderline significant for non-Western men and not significant for non-Western women. This amplification for parents is consistent with added caregiving strain and heightened concern for children's well-being, which can intensify stress when a war begins in the country of origin, even though the family is physically safe in Denmark.

Figure 8: War in the CoO and mental health: by having children

(a) Having children



(b) Not having children



Note: In Figure (a) we consider all non-Western immigrants with children in the war-onset year, and in Figure (b) we consider all non-Western immigrants without children in the war-onset year. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

6.6 Family medication use

In this section we explore the effects of having a spouse or a child that uses psychotropic medication. Figure 9 splits the married individuals based on their spouse's used psychotropic medication in the war onset year. Panel (a) shows individuals whose spouse uses such medication and panel (b) shows married immigrants whose spouse does not use medication. Figure 10 splits the individuals with kids depending on their children's medication use in the war onset year. Panel (a) shows individuals with at least one child that uses such medication and panel (b) shows individuals with no children that uses such medication.

We see no systematic increase in medication use for individuals with either a spouse that used psychotropic medication in the event war-onset year nor do we detect an increase for individuals with a child that used psychotropic medication in the event war-onset year. For these groups, pre-event coefficients are close to zero and remain statistically indistinguishable from zero after onset, indicating no detectable response. Intervals are wide for these groups due to the small sample size.

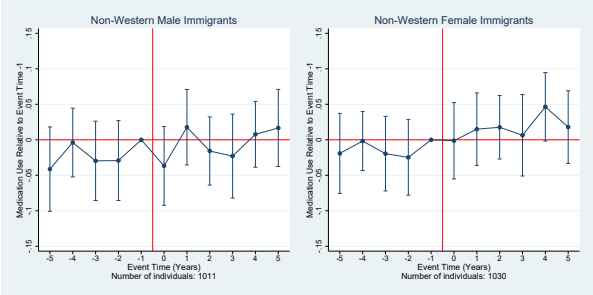
The trends in medication closely resembles the baseline results found in section 5 for married individuals with a spouse that does not use psychotropic medication in the event war-onset year and for individuals with children that do not use psychotropic medication in the event war-onset year. We see clear trends of increased medication use for these groups.

This contrast suggests that family mental-health vulnerability does not amplify the individual's own response. Instead, a family member already in treatment likely increases caregiving demands

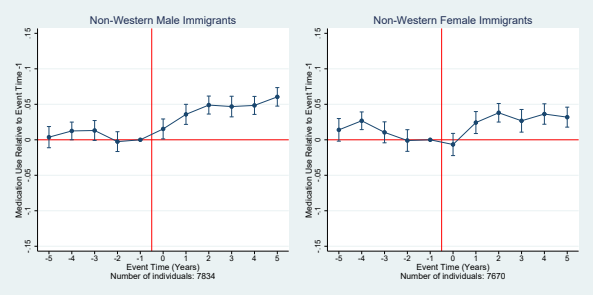
and reduces the individual's capacity to seek help for themselves when conflict erupts in the country of origin. When another household member requires ongoing mental-health support, individuals may prioritise coping and caretaking over their own treatment needs, resulting in a muted measured response to the war onset.

Figure 9: War in the CoO and mental health: by spouse's medication use

(a) Spouse using medication



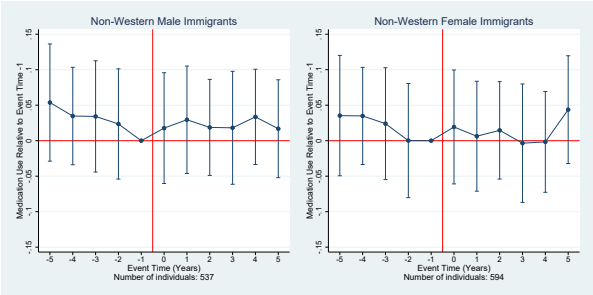
(b) Spouse not using medication



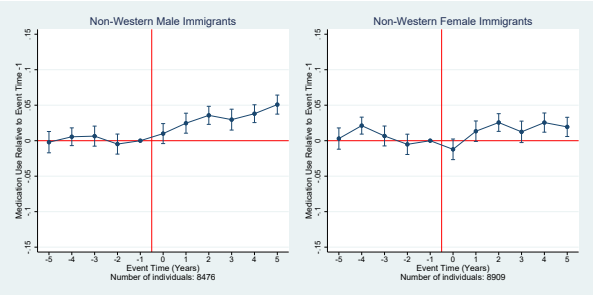
Note: In Figure (a) we consider all non-Western immigrants with a spouse that uses psychotropic medication war-onset year, and in Figure (b) we consider all non-Western immigrants where their spouse does not use psychotropic medication. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

Figure 10: War in the CoO and mental health: by children's medication use

(a) Child using medication



(b) No children uses medication



Note: In Figure (a) we consider all non-Western immigrants with at least one child that uses psychotropic medication in the war-onset year, and in Figure (b) we consider all non-Western immigrants where none of their children use psychotropic medication in the war-onset year. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

6.7 Socioeconomic background

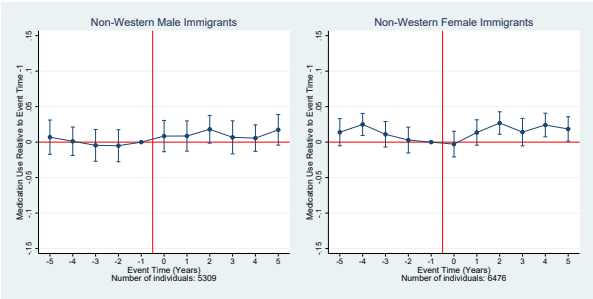
Kessing, Ziersen, Caspi, Moffitt, and P. K. Andersen (2023) document that mental health conditions are closely related to socioeconomic status. This, however, does not yet imply that the effect of shocks is heterogeneous across socioeconomic groups. In this section, we split the sample into (i) income groups above and below the median income of the entire Danish population and (ii) whether the individual has a job or not to examine whether the impact on mental health depends on socioeconomic background.

Income heterogeneity Figure 11 shows event-time estimates for the probability of any psychotropic medication use around war onset, separately for immigrants with income below median income of the Danish population median in all five years before the onset of war and immigrants with income above median income of the Danish population median in any of the five years prior to the onset of war, Figure 11a and 11b, respectively. Pre-event coefficients do not display systematic trends, supporting the event-study design. In 11a, i.e. below median income, post-onset effects are small and statistically indistinguishable from zero for *men*, and only weakly significant for *women*. In 11b, above-median income, we observe no significant pattern for women, but for men, the post-onset response is clearer than for the low income group and more precisely estimated, with positive coefficients that remain above the pre-onset baseline and tend to increase over the post-event window.

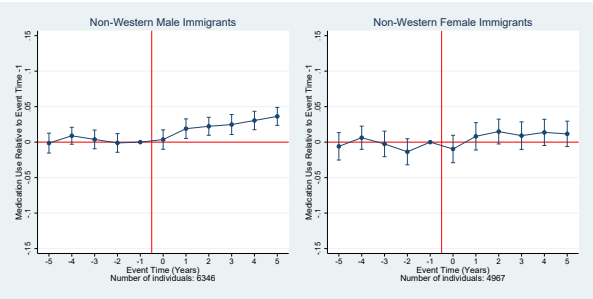
These patterns indicate that the increase in medication use following origin-country war is concentrated among higher-income male immigrants, while lower-income male immigrants and women show little to no detectable change in filled prescriptions. This may partly reflect the Danish reimbursement system, in which psychotropic medication is not free and patients face co-payments, making it more difficult for low-income immigrants to translate increased need into treatment uptake. Another possible explanation is that the low income group's use of medicine is perhaps initially at a higher level. We examine this further below.

Figure 11: War in the CoO and mental health of non-Western immigrants grouped by income

(a) Below median income



(b) Above median income



Note: In Figure (a) we consider all non-Western immigrants with income below the Danish median income in all of the years prior to the outbreak of war. In Figure (b) we consider all non-Western immigrants with income above the Danish median income in any of the years prior to the outbreak of war. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The Figures include controls for income, Danish citizenship and education and non-parametric controls for age and year. Standard errors are robust.

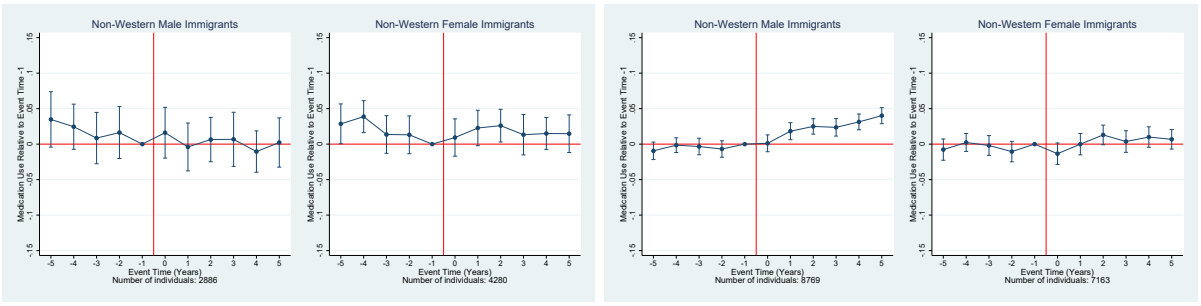
Employment heterogeneity Figure 12 reports event-time estimates by pre-onset employment status. Figure 12a covers individuals without a job in all five pre-onset years. This is both unemployed individuals and individuals out of the workforce. Figure 12b covers individuals employed in at least one year prior to the outbreak of war.

For individuals with no prior employment, post-onset coefficients are generally small and imprecisely estimated, with no clear systematic increase for men and only weak evidence of a short-lived rise for women. In contrast, among previously employed men, we observe a clearer and more persistent post-onset increase in medication use, whereas effects for employed women remain limited. In Figure A5 in the Appendix we exclude individuals above the age of 65 in the year prior to onset of war to focus on individuals of working age. The results remain similar when we only consider individuals of working age.

Figure 12: War in the CoO and mental health of non-Western immigrants, employment status

(a) No job prior to war outbreak

(b) Job prior to war outbreak



Note: In Figure (a) we consider all non-Western immigrants without a job all five years prior to the outbreak of war. In Figure (b) we consider all non-Western immigrants employed in any of five years prior to the outbreak of war. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals years in Denmark. Standard errors are robust.

Taken together, the heterogeneity results point to selective increases in prescription use following origin-country war. Post-onset increases are most clearly detected among higher-income and employed men, while estimated responses are smaller and less precisely estimated for lower-income individuals and for women. By pre-onset employment status, we find no significant effects for men without a job and only weak, short-lived increases for women without a job, whereas employed men exhibit a clearer and more persistent post-onset rise.

Descriptively, baseline use of psychotropic medication use is much higher through the full event period in the groups with lower socioeconomic status that show muted post-onset movement. Below-median income individuals have higher medication use: men 0.178 vs. 0.077 above the median; women 0.146 vs. 0.114. A similar pattern holds for prior labour-market status: previously men and women without a job have a mean medication use of 0.232 and 0.190, compared with 0.087 and 0.098 among the previously employed. See Appendix Table A7 for the full set of subgroup means.

The high baseline use of medication for the immigrants with low socioeconomic status points towards two potential explanations for muted response of these groups. First, immigrants with low socioeconomic status might have other issues that overshadows war in their CoO. Secondly, the muted response for immigrants with low socioeconomic status might be due to saturation. Limited post-onset changes can arise mechanically from higher pre-onset treatment rates, because there is less "headroom" for increases in medication use.

6.8 Interpretation of Mechanism

Taken together, the evidence shows that it requires longer lasting wars for the increased medication use. Citizenship seems to be a key moderator of uptake, indicating that having a legal status that ensures residency in Denmark acts as a moderating force. Family structure also matters: married individuals experience stronger and more persistent effects than non-married individuals, especially for married individuals with the same CoO. This indicates that having more family in war-affected areas increases the uptake of medication, highlighting the role of concern for the safety of family member in unsafe areas. Moreover, a high local concentration of non-Western immigrants tends to buffer the impact of war in CoO, consistent with informal support or shared coping resources. We show strong increases in medication uptake for men with higher socioeconomic status than their counterparts, consistent with saturation or that individuals with lower socioeconomic conditions are concerned with issues more related to their daily life than the conditions in their CoO.

These patterns motivate the robustness checks that follow, where we verify that our findings are not driven by misspecification of our estimation.

7 Robustness

We test robustness in two different way. We explore if the estimation results are consistent through different specifications of Equation (1) and we set up a placebo test in which randomly allocated event dummies to further ensure that our estimations are well specified.

In Table 2 we report the event time coefficients for three different specifications of Equation (1). In the first regression, we only include calender year and age fixed effects. In the second regression, we also include educational dummies and dummies for individual years in Denmark. The final specification also includes log income and a dummy for Danish citizenship, so that the model is exactly as the one used throughout the paper. These coefficients are reported in column (3) for males and column (6) for females. Table 2 shows that the coefficient estimates are very similar across different specifications of Equation (1), highlighting that our results are robust to different specification.

Table 2: War in the CoO and mental health of non-Western immigrants, different specifications

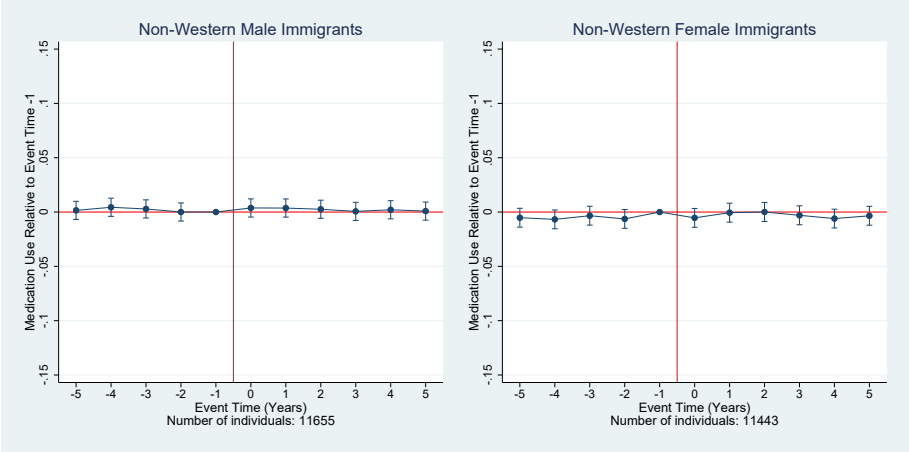
	Male total			Female total		
	(1)	(2)	(3)	(4)	(5)	(6)
Event Time -5	-0.001	-0.001	-0.000	-0.002	0.006	0.010
	(0.006)	(0.006)	(0.006)	(0.007)	(0.007)	(0.007)
Event Time -4	0.008	0.007	0.007	0.013*	0.018***	0.021***
	(0.005)	(0.005)	(0.005)	(0.005)	(0.005)	(0.005)
Event Time -3	0.004	0.004	0.004	0.002	0.006	0.008
	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)
Event Time -2	-0.006	-0.005	-0.005	-0.006	-0.004	-0.003
	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.010	0.009	0.009	-0.008	-0.007	-0.007
	(0.006)	(0.006)	(0.006)	(0.007)	(0.007)	(0.007)
Event Time 1	0.026***	0.025***	0.025***	0.016*	0.013*	0.012
	(0.006)	(0.006)	(0.006)	(0.007)	(0.007)	(0.007)
Event Time 2	0.035***	0.034***	0.034***	0.029***	0.026***	0.024***
	(0.005)	(0.005)	(0.005)	(0.006)	(0.006)	(0.006)
Event Time 3	0.031***	0.030***	0.030***	0.020**	0.017*	0.014*
	(0.006)	(0.006)	(0.006)	(0.007)	(0.007)	(0.007)
Event Time 4	0.037***	0.036***	0.036***	0.030***	0.026***	0.021***
	(0.005)	(0.005)	(0.005)	(0.006)	(0.006)	(0.006)
Event Time 5	0.048***	0.047***	0.046***	0.026***	0.022***	0.016**
	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)	(0.006)
Calender year fixed effects	✓	✓	✓	✓	✓	✓
Age fixed effects	✓	✓	✓	✓	✓	✓
Education dummies	X	✓	✓	X	✓	✓
Individual years in Denmark	X	✓	✓	X	✓	✓
Log income	X	X	✓	X	X	✓
Danish citizenship	X	X	✓	X	X	✓
Observations	128,205	128,205	128,205	125,873	125,873	125,873
Number of individuals	11,655	11,655	11,655	11,443	11,443	11,443

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication use for all non-Western men and women for different specifications. Column (3) and (6) refer to our main results. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * p<0.05, ** p<0.01, *** p<0.001.

As a falsification test, we conduct a placebo test in which we randomly reassign the event times for each individual in our sample. This means that each individual is still observed in 11 event periods from placebo event period -5 to placebo event period 5. The event dummies do no longer represent the actual event times. These placebo event dummies allow us to estimate Equation 1 for the full sample with the full set of control, but for a random dispersion of war in CoO across the placebo event dummies.

We do not observe any trend in the placebo event dummies nor are any of the placbo event dummies statistically significantly different from zero. This suggests that it is actually the war situation in the countries of origin that drives our results through the paper rather than a misspecification of our estimation.

Figure 13: War in the CoO and mental health: Placebo event dummies



Note: Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figure plots event-time coefficients from Equation (1) for the probability of any psychotropic medication use for non-Western men and women using placebo event-time dummies. The vertical line marks the year of placebo war onset in the country of origin ($t = 0$). The omitted period is $t = -1$, so all points are relative to the placebo event-time $t = -1$. Markers show point estimates; whiskers are 95% confidence intervals. Specifications include controls for income (log), education, Danish citizenship, age, calendar year, and years since arrival; standard errors are robust.

8 Conclusion

This paper provides new evidence on how war in the country of origin (CoO) affects the mental health of non-Western immigrants living in Denmark. Using Danish administrative registers linked to event-dated conflict measures, we implement a within-individual event-study design to trace psychotropic prescription use around CoO war onsets. The aggregate event profiles show no

meaningful pre-trends and a clear post-onset rise in medication use, with effects that are more persistent for men and shorter-lived for women.

We show a large heterogeneity in medication uptake between different groups in our sample. Legal status moderates uptake: non-citizens exhibit larger post-onset increases than citizens, and longer-lasting conflicts generate stronger and more persistent responses. Family structure also matters: individuals with a spouse from the same CoO show larger increases in medication use suggesting an increased burden for families with stronger family ties to their CoO. Parents experience stronger and more persistent increases than non-parents. Local social context also seems to play a role: higher municipal concentrations of non-Western immigrants tend to buffer the impact of war onset, consistent with informal support networks or shared coping resources mitigating stress. Heterogeneity across socioeconomic groups reveals that increases in medication use are concentrated among higher-income and employed immigrants, while below-median income groups and men without employment show little to no detectable change. The credibility of the results is further supported by a placebo event-study in which randomly assigned event periods produce flat and insignificant coefficients throughout the event window, ruling out that the main findings are driven by mechanical features of the design.

Together, these findings show that the mental-health costs of war extend beyond conflict zones and affect immigrants living in peaceful host countries. The magnitude of these effects depends on legal status, family structure, socioeconomic position, local social networks, and the duration of the conflict.

Host-country health systems may therefore experience increased demand when wars begin or persist abroad, particularly among groups most likely to translate stress into treatment uptake. Overall, war in the country of origin generates measurable mental-health consequences beyond its borders, with impacts shaped by household ties and the surrounding social environment in immigrant-receiving societies.

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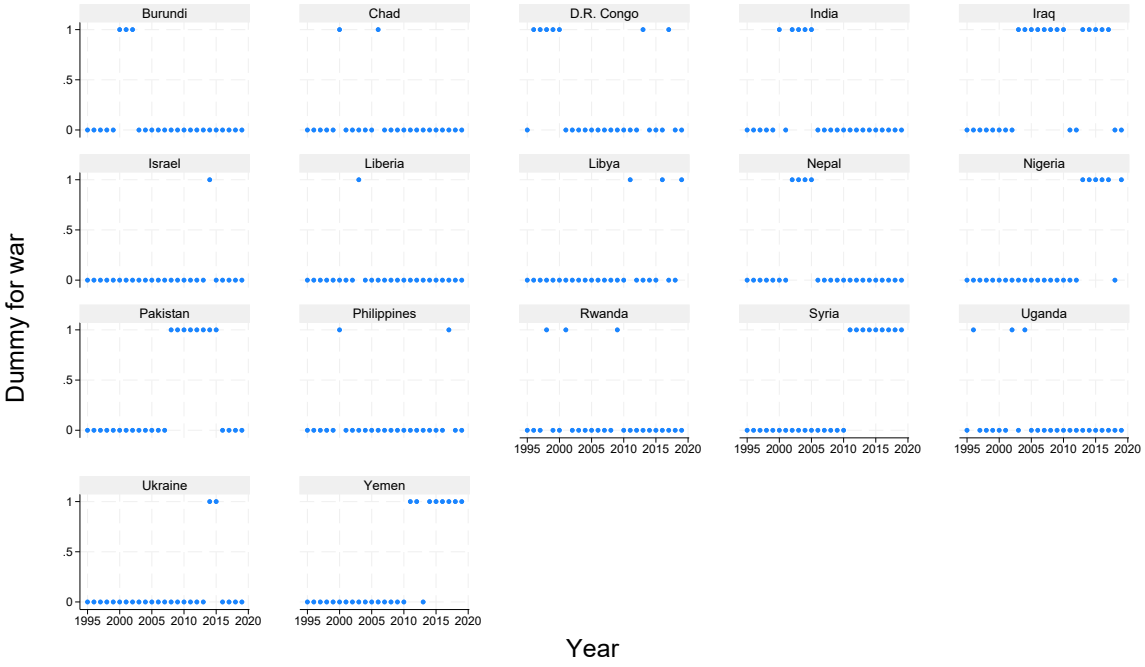
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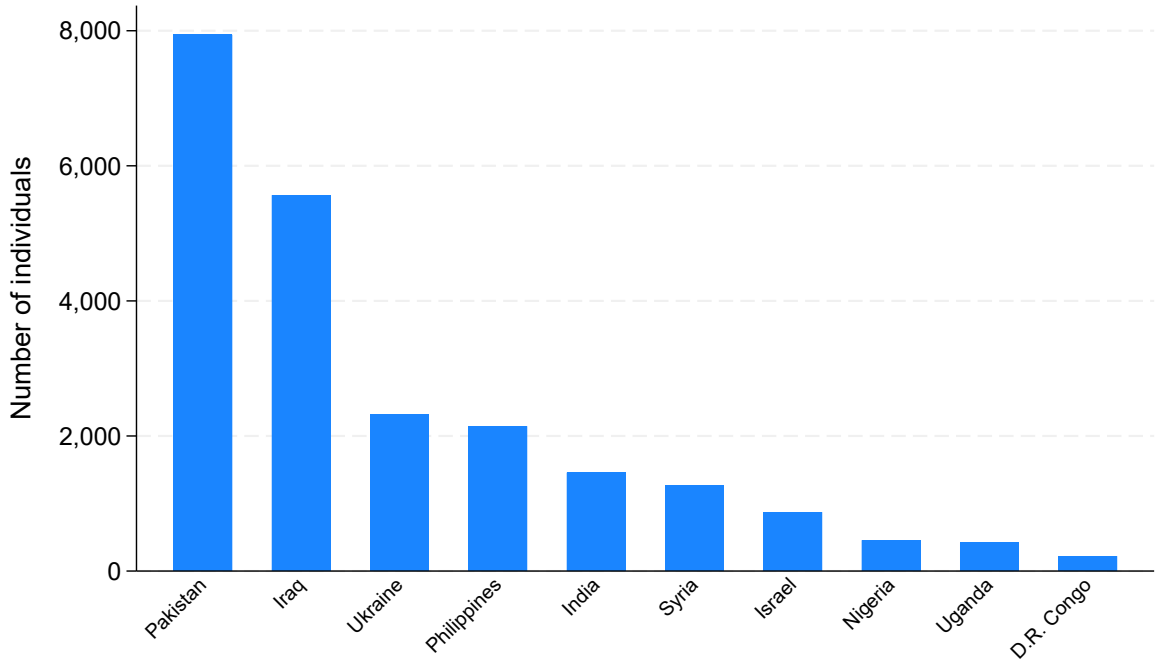
9 Appendix

Figure A1: Countries with wars relevant for the sample



Note: This figure shows the countries relevant for our sample. It is countries with an onset of war in 2014 or earlier and 5 consecutive years without war prior to the onset of war. The dummy takes 1 if there is war in the country and 0 if there is no war in the country.

Figure A2: Largest countries of origin in sample



Note: This figure shows number of individuals from the largest countries of origin in our sample.

Table A1: Summary statistics by war persistence in country of origin

	War continues		One year of war	
	Men	Women	Men	Women
Psychotropic medication use	0.141	0.157	0.100	0.092
Antidepressants	0.078	0.107	0.044	0.035
Anxiolytics	0.037	0.037	0.021	0.029
Hypnotics and sedatives	0.055	0.049	0.049	0.040
Antipsychotics	0.035	0.026	0.019	0.014
Number of years with war in CoO	6.000	6.000	1.000	1.000
Primary or lower secondary education	0.351	0.455	0.306	0.346
Upper secondary or short cycle tertiary education	0.441	0.397	0.451	0.460
Bachelor or higher education	0.208	0.148	0.242	0.195
Employment	0.548	0.327	0.712	0.714
Age	43.887	41.931	47.373	42.215
Danish citizenship	0.535	0.419	0.513	0.568
Personal income (without wealth income)	207,042	165,917	271,905	196,698
Observations	89,309	73,139	12,430	22,759
Number of individuals	8,119	6,649	1,130	2,069

Notes: This table shows mean values for men and women in the sample. "War continues" indicates that the country of origin experiences war in the five subsequent years after the onset year. "One year of war" indicates no war during that subsequent five-year window. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A2: Summary statistics by citizenship status at war outbreak

	Citizen at war outbreak		Not citizen at war outbreak	
	Male	Female	Male	Female
Psychotropic medication use	0.135	0.159	0.110	0.111
Antidepressants	0.070	0.093	0.059	0.069
Anxiolytics	0.035	0.043	0.028	0.025
Hypnotics and sedatives	0.055	0.056	0.045	0.037
Antipsychotics	0.029	0.027	0.031	0.020
Number of years with war in CoO	5.275	4.387	4.684	4.366
Primary or lower secondary education	0.305	0.356	0.343	0.386
Upper secondary or short cycle tertiary education	0.453	0.430	0.406	0.394
Bachelor or higher education	0.242	0.214	0.251	0.220
Employment	0.609	0.545	0.608	0.439
Age	46.079	42.918	40.845	40.405
Danish citizenship	0.913	0.903	0.052	0.063
Personal income (without wealth income)	237,818	205,432	210,381	169,749
Observations	66,715	55,286	61,490	70,587
Number of individuals	6,065	5,026	5,590	6,417

Notes: This table shows mean values for men and women in the sample, respectively with and without Danish citizenship in the war-onset year. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A3: Summary statistics by non-western immigrant concentration quartile

	Q1		Q2		Q3		Q4	
	Men	Women	Men	Women	Men	Women	Men	Women
Psychotropic medication use	0.138	0.129	0.127	0.143	0.091	0.118	0.103	0.121
Antidepressants	0.071	0.074	0.070	0.092	0.040	0.060	0.051	0.073
Anxiolytics	0.036	0.033	0.032	0.034	0.020	0.030	0.030	0.031
Hypnotics and sedatives	0.056	0.047	0.051	0.045	0.048	0.046	0.038	0.043
Antipsychotics	0.036	0.025	0.031	0.021	0.018	0.024	0.022	0.022
Number of years with war in CoO	4.784	3.780	5.514	5.177	3.084	2.703	4.979	4.808
Primary or lower secondary education	0.282	0.330	0.336	0.407	0.343	0.334	0.340	0.396
Upper secondary or short cycle tertiary education	0.413	0.431	0.437	0.400	0.422	0.409	0.445	0.397
Bachelor or higher education	0.304	0.239	0.226	0.193	0.235	0.257	0.215	0.207
Employment	0.633	0.558	0.565	0.394	0.683	0.636	0.663	0.467
Age	42.020	40.267	43.456	41.610	44.953	42.426	46.041	42.916
Danish citizenship	0.463	0.452	0.513	0.408	0.483	0.491	0.540	0.404
Personal income (without wealth income)	235,006	191,472	208,346	175,011	242,631	208,337	250,540	182,225
Observations	34,375	36,850	63,437	54,340	13,541	17,380	16,852	17,303
Number of individuals	3,125	3,350	5,767	4,940	1,231	1,580	1,532	1,573

Notes: This table shows mean values for men and women in the sample based on non-Western immigrant share in an individual's municipality. Quartiles (Q1–Q4) refer to the distribution of non-western immigrant concentration in the municipality in the war-onset year. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A4: Summary statistics by partner and partner medication status

	Have partner		No partner		Partner using medication		Partner not using medication	
	Men	Women	Men	Women	Men	Women	Men	Women
Psychotropic medication use	0.119	0.122	0.137	0.164	0.209	0.211	0.107	0.110
Antidepressants	0.064	0.076	0.066	0.093	0.112	0.130	0.058	0.069
Anxiolytics	0.030	0.030	0.035	0.041	0.053	0.059	0.027	0.027
Hypnotics and sedatives	0.049	0.041	0.054	0.060	0.091	0.080	0.044	0.035
Antipsychotics	0.024	0.019	0.046	0.035	0.044	0.038	0.022	0.016
Number of years with war in CoO	5.114	4.490	4.605	4.012	5.350	4.760	5.083	4.454
Primary or lower secondary education	0.321	0.369	0.329	0.384	0.331	0.406	0.320	0.364
Upper secondary or short cycle tertiary education	0.437	0.422	0.410	0.371	0.456	0.420	0.434	0.422
Bachelor or higher education	0.242	0.209	0.261	0.245	0.213	0.174	0.246	0.213
Employment	0.611	0.489	0.601	0.473	0.489	0.369	0.627	0.505
Age	44.806	40.862	39.673	43.561	49.008	42.162	44.264	40.687
Danish citizenship	0.510	0.420	0.467	0.471	0.589	0.447	0.500	0.416
Personal income (without wealth income)	231,061	180,373	204,492	201,443	212,972	179,074	233,398	180,548
Observations	97,295	95,700	30,910	30,173	11,121	11,330	86,174	84,370
Number of individuals	8,845	8,700	2,810	2,743	1,011	1,030	7,834	7,670

Notes: This table shows mean values for men and women in the sample. "Have partner" indicates individuals with a registered partner in the war-onset year. "Partner using medication" refers to individuals with a partner that uses psychotropic medication in the war-onset year. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A5: Summary statistics by partner CoO

	Spouse same CoO		Spouse different CoO		Danish spouse	
	Men	Women	Men	Women	Men	Women
Psychotropic medication use	0.113	0.121	0.165	0.179	0.104	0.094
Antidepressants	0.063	0.079	0.086	0.133	0.051	0.041
Anxiolytics	0.029	0.029	0.041	0.037	0.025	0.028
Hypnotics and sedatives	0.044	0.038	0.078	0.051	0.047	0.042
Antipsychotics	0.024	0.018	0.041	0.035	0.010	0.012
Number of years with war in CoO	5.349	5.428	5.042	4.267	3.614	1.909
Primary or lower secondary education	0.341	0.426	0.303	0.335	0.201	0.217
Upper secondary or short cycle tertiary education	0.439	0.406	0.397	0.452	0.475	0.459
Bachelor or higher education	0.220	0.168	0.300	0.214	0.324	0.324
Employment	0.605	0.402	0.538	0.467	0.761	0.755
Age	44.234	40.744	43.963	39.442	49.548	41.375
Danish citizenship	0.485	0.379	0.590	0.459	0.643	0.520
Personal income (without wealth income)	222,890	166,419	219,070	195,496	312,902	213,283
Observations	71,203	61,897	12,617	9,988	10,450	21,824
Number of individuals	6,473	5,627	1,147	908	950	1,984

Notes: This table shows mean values for married men and women in the sample based on their spouse's country of origin. "Spouse different CoO" refers to individuals with a spouse of different country of origin that is not Denmark. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A6: Summary statistics by children and child medication status

	Have children		Have no children		Children using medication		Children not using medication	
	Men	Women	Men	Women	Men	Women	Men	Women
Psychotropic medication use	0.125	0.135	0.115	0.116	0.186	0.249	0.122	0.128
Antidepressants	0.068	0.085	0.055	0.058	0.090	0.150	0.066	0.080
Anxiolytics	0.032	0.033	0.031	0.030	0.047	0.070	0.031	0.031
Hypnotics and sedatives	0.052	0.046	0.043	0.044	0.083	0.090	0.050	0.043
Antipsychotics	0.027	0.022	0.041	0.027	0.035	0.045	0.026	0.021
Number of years with war in CoO	5.085	4.529	4.673	3.626	5.201	5.194	5.077	4.484
Primary or lower secondary education	0.321	0.374	0.331	0.366	0.341	0.490	0.319	0.366
Upper secondary or short-cycle tertiary education	0.442	0.424	0.389	0.339	0.501	0.342	0.439	0.430
Bachelor or higher education	0.237	0.202	0.280	0.295	0.158	0.168	0.242	0.204
Employment	0.605	0.472	0.621	0.553	0.412	0.274	0.617	0.485
Age	45.280	41.449	37.731	41.803	57.007	53.246	44.537	40.662
Danish citizenship	0.532	0.443	0.389	0.379	0.622	0.463	0.527	0.441
Personal income (without wealth income)	233,066	189,299	195,949	166,467	215,285	161,818	234,193	191,133
Observations	99,143	104,533	29,062	21,340	5,907	6,534	93,236	97,999
Number of individuals	9,013	9,503	2,642	1,940	537	594	8,476	8,909

Notes: This table shows mean values for men and women in the sample. "Have children" indicates individuals with a children of any age in the war-onset year. "Children using medication" refers to individuals with at least one child that uses psychotropic medication in the war-onset year. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A7: Summary statistics by income and prior employment status

	Above median		Below median		Job prior		No job prior	
	Men	Women	Men	Women	Men	Women	Men	Women
Psychotropic medication use	0.077	0.114	0.178	0.146	0.087	0.098	0.232	0.190
Antidepressants	0.042	0.067	0.092	0.090	0.048	0.057	0.114	0.119
Anxiolytics	0.019	0.028	0.047	0.037	0.021	0.024	0.064	0.048
Hypnotics and sedatives	0.031	0.043	0.073	0.047	0.034	0.035	0.099	0.063
Antipsychotics	0.012	0.017	0.050	0.028	0.016	0.013	0.070	0.039
Number of years with war in CoO	4.652	3.623	5.397	4.953	4.832	3.791	5.474	5.355
Primary or lower secondary education	0.283	0.282	0.370	0.442	0.299	0.289	0.396	0.512
Upper secondary or short cycle tertiary education	0.436	0.441	0.423	0.386	0.436	0.439	0.412	0.362
Bachelor or higher education	0.280	0.277	0.207	0.172	0.265	0.272	0.192	0.126
Employment	0.847	0.754	0.323	0.280	0.791	0.741	0.054	0.058
Age	41.943	40.171	45.511	42.535	41.310	39.138	50.431	45.477
Danish citizenship	0.538	0.539	0.454	0.350	0.508	0.483	0.476	0.346
Personal income (without wealth income)	297,577	254,237	137,645	132,748	253,973	219,455	135,549	128,431
Observations	69,806	54,637	58,399	71,236	96,459	78,793	31,746	47,080
Number of individuals	6,346	4,967	5,309	6,476	8,769	7,163	2,886	4,280

Notes: This table shows mean values for men and women in the sample. "Above median" refers to individuals with income above the Danish median income in any of the years prior to the war-onset year and "below median" refers to individuals with income below the Danish median income in all of the years prior to the war-onset year. "Job prior" refers to individuals with employment at any point prior to the war-onset year and "No job prior" refers to individuals without a job in all years prior to the war-onset year. All variables except for personal income, age and years with war in CoO are dummies in a given year.

Table A8: Regression estimates by war persistence in country of origin

	War continues		One year of war	
	Men	Women	Men	Women
Event Time -5	-0.037	-0.001	0.004	-0.008
	(0.019)	(0.019)	(0.039)	(0.040)
Event Time -4	-0.005	0.019	0.001	-0.041
	(0.013)	(0.013)	(0.032)	(0.034)
Event Time -3	0.016	0.025	0.006	-0.025
	(0.018)	(0.017)	(0.047)	(0.043)
Event Time -2	-0.029	-0.005	0.011	0.013
	(0.018)	(0.018)	(0.041)	(0.047)
Event Time -1	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)
Event Time 0	0.029	0.020	-0.017	-0.036
	(0.018)	(0.018)	(0.040)	(0.041)
Event Time 1	0.065***	0.037**	-0.037	-0.051
	(0.013)	(0.014)	(0.041)	(0.043)
Event Time 2	0.094***	0.072***	-0.026	-0.040
	(0.016)	(0.016)	(0.046)	(0.036)
Event Time 3	0.039*	0.016	-0.034	-0.040
	(0.019)	(0.019)	(0.046)	(0.050)
Event Time 4	0.066***	0.039***	-0.044	-0.033
	(0.008)	(0.011)	(0.032)	(0.036)
Event Time 5	0.103***	0.072***	-0.034	-0.045
	(0.019)	(0.019)	(0.037)	(0.037)
Observations	89,309	73,139	12,430	22,759
Number of individuals	8,119	6,649	1,130	2,069

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication. "War continues" indicates that the country of origin experiences war in the five subsequent years after the onset year. "One year of war" indicates no war during that subsequent five-year window. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

Table A9: Regression estimates by citizenship status at war outbreak

	Citizen at war outbreak		Not citizen at war outbreak	
	Male	Female	Male	Female
Event Time -5	0.007	0.005	-0.008	0.002
	(0.010)	(0.012)	(0.009)	(0.009)
Event Time -4	0.007	0.023**	0.006	0.013
	(0.008)	(0.009)	(0.008)	(0.007)
Event Time -3	0.011	0.010	-0.002	0.002
	(0.009)	(0.011)	(0.008)	(0.008)
Event Time -2	0.002	-0.007	-0.011	-0.003
	(0.009)	(0.011)	(0.008)	(0.008)
Event Time -1	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)
Event Time 0	0.018	-0.004	-0.001	-0.011
	(0.009)	(0.011)	(0.008)	(0.008)
Event Time 1	0.017	0.005	0.032***	0.021*
	(0.009)	(0.011)	(0.009)	(0.009)
Event Time 2	0.020*	0.015	0.050***	0.038***
	(0.008)	(0.009)	(0.008)	(0.008)
Event Time 3	0.018	-0.009	0.046***	0.040***
	(0.010)	(0.011)	(0.009)	(0.009)
Event Time 4	0.019*	-0.001	0.054***	0.053***
	(0.008)	(0.010)	(0.008)	(0.008)
Event Time 5	0.036***	-0.006	0.060***	0.044***
	(0.009)	(0.010)	(0.008)	(0.008)
Observations	66,715	55,286	61,490	70,587
Number of individuals	6,065	5,026	5,590	6,417

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication for men and women in the sample, respectively with and without Danish citizenship in the war-onset year. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

Table A10: Regression estimates by non-western immigrant concentration quartile

	Q1		Q2		Q3		Q4	
	Men	Women	Men	Women	Men	Women	Men	Women
Event Time -5	-0.015	0.005	-0.028**	0.007	0.028	-0.018	0.015	-0.010
	(0.013)	(0.012)	(0.011)	(0.012)	(0.023)	(0.025)	(0.021)	(0.022)
Event Time -4	-0.000	0.008	-0.011	0.024*	0.023	-0.008	0.000	0.028
	(0.011)	(0.010)	(0.009)	(0.010)	(0.022)	(0.023)	(0.018)	(0.019)
Event Time -3	-0.011	0.003	-0.007	0.007	0.005	-0.033	0.007	0.015
	(0.012)	(0.011)	(0.010)	(0.011)	(0.019)	(0.021)	(0.020)	(0.021)
Event Time -2	-0.022	-0.006	-0.018	-0.002	0.021	-0.003	0.011	-0.006
	(0.012)	(0.011)	(0.010)	(0.011)	(0.019)	(0.021)	(0.019)	(0.022)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.005	0.003	0.012	-0.007	0.000	0.014	0.016	-0.016
	(0.012)	(0.011)	(0.010)	(0.011)	(0.018)	(0.021)	(0.019)	(0.023)
Event Time 1	0.011	0.020	0.042***	0.025*	0.010	0.006	0.014	-0.017
	(0.012)	(0.011)	(0.010)	(0.011)	(0.019)	(0.022)	(0.020)	(0.022)
Event Time 2	0.027*	0.034***	0.053***	0.032**	0.008	0.020	0.003	0.020
	(0.011)	(0.010)	(0.010)	(0.010)	(0.021)	(0.022)	(0.017)	(0.019)
Event Time 3	0.028*	0.022	0.040***	0.025*	0.020	0.055*	0.007	-0.009
	(0.013)	(0.012)	(0.011)	(0.012)	(0.023)	(0.024)	(0.019)	(0.022)
Event Time 4	0.041***	0.030**	0.061***	0.042***	0.013	0.019	0.007	0.008
	(0.011)	(0.011)	(0.008)	(0.010)	(0.023)	(0.024)	(0.017)	(0.020)
Event Time 5	0.051***	0.024*	0.073***	0.041***	0.005	0.020	0.023	-0.010
	(0.012)	(0.011)	(0.010)	(0.011)	(0.025)	(0.026)	(0.016)	(0.018)
Observations	34,375	36,850	63,437	54,340	13,541	17,380	16,852	17,303
Number of individuals	3,125	3,350	5,767	4,940	1,231	1,580	1,532	1,573

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication for our sample divided based on non-Western immigrant share in an individual's municipality. Quartiles (Q1–Q4) refer to the distribution of non-western immigrant concentration in the municipality in the war-onset year. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

Table A11: Regression estimates by partner and partner medication status

	Has partner		No partner		Partner using medication		Partner not using medication	
	Men	Women	Men	Women	Men	Women	Men	Women
Event Time -5	0.000	0.010	-0.001	0.001	-0.041	-0.019	0.004	0.014
	(0.008)	(0.008)	(0.013)	(0.014)	(0.030)	(0.029)	(0.008)	(0.008)
Event Time -4	0.012	0.023***	0.001	0.013	-0.004	-0.002	0.012*	0.027***
	(0.006)	(0.006)	(0.011)	(0.012)	(0.025)	(0.021)	(0.006)	(0.006)
Event Time -3	0.009	0.007	-0.009	0.006	-0.030	-0.020	0.013	0.011
	(0.007)	(0.007)	(0.012)	(0.013)	(0.029)	(0.027)	(0.007)	(0.008)
Event Time -2	-0.006	-0.004	-0.003	0.002	-0.029	-0.025	-0.003	-0.001
	(0.007)	(0.008)	(0.012)	(0.013)	(0.029)	(0.027)	(0.007)	(0.008)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.010	-0.006	0.000	-0.009	-0.037	-0.001	0.015*	-0.007
	(0.007)	(0.008)	(0.012)	(0.013)	(0.028)	(0.027)	(0.007)	(0.008)
Event Time 1	0.033***	0.022**	-0.001	-0.008	0.018	0.015	0.036***	0.024**
	(0.007)	(0.008)	(0.012)	(0.013)	(0.027)	(0.026)	(0.007)	(0.008)
Event Time 2	0.041***	0.034***	0.009	0.000	-0.016	0.018	0.049***	0.038***
	(0.006)	(0.007)	(0.011)	(0.012)	(0.024)	(0.023)	(0.006)	(0.007)
Event Time 3	0.038***	0.025**	0.000	-0.011	-0.023	0.006	0.047***	0.027**
	(0.007)	(0.008)	(0.012)	(0.013)	(0.030)	(0.029)	(0.007)	(0.008)
Event Time 4	0.043***	0.037***	0.008	-0.018	0.008	0.046	0.048***	0.036***
	(0.006)	(0.007)	(0.011)	(0.012)	(0.024)	(0.025)	(0.006)	(0.007)
Event Time 5	0.055***	0.031***	0.012	-0.019	0.017	0.018	0.060***	0.032***
	(0.007)	(0.007)	(0.012)	(0.012)	(0.028)	(0.026)	(0.007)	(0.007)
Observations	97,295	95,700	30,910	30,173	11,121	11,330	86,174	84,370
Number of individuals	8,845	8,700	2,810	2,743	1,011	1,030	7,834	7,670

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication. "Have partner" indicates individuals with a registered partner in the war-onset year. "Partner using medication" refers to individuals with a partner that uses psychotropic medication in the war-onset year. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

Table A12: Regression estimates by partner CoO

	Spouse same CoO		Spouse different CoO		Danish spouse	
	Men	Women	Men	Women	Men	Women
Event Time -5	-0.011	0.001	0.038	0.007	-0.023	0.026
	(0.009)	(0.011)	(0.023)	(0.027)	(0.019)	(0.022)
Event Time -4	0.015*	0.021*	0.021	0.030	-0.023	0.012
	(0.008)	(0.008)	(0.019)	(0.020)	(0.017)	(0.021)
Event Time -3	0.010	0.010	0.019	0.018	0.002	-0.004
	(0.009)	(0.010)	(0.021)	(0.025)	(0.019)	(0.019)
Event Time -2	-0.013	-0.011	0.008	0.028	-0.008	-0.010
	(0.008)	(0.010)	(0.021)	(0.025)	(0.018)	(0.020)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.012	0.002	0.002	0.015	0.007	0.002
	(0.009)	(0.010)	(0.021)	(0.025)	(0.018)	(0.020)
Event Time 1	0.043***	0.046***	0.025	0.024	0.013	-0.008
	(0.009)	(0.010)	(0.021)	(0.025)	(0.018)	(0.021)
Event Time 2	0.057***	0.066***	0.017	0.026	-0.003	0.018
	(0.008)	(0.009)	(0.018)	(0.020)	(0.018)	(0.021)
Event Time 3	0.048***	0.054***	-0.000	0.026	0.020	0.007
	(0.009)	(0.011)	(0.022)	(0.027)	(0.020)	(0.022)
Event Time 4	0.058***	0.076***	0.007	0.044	0.021	-0.009
	(0.008)	(0.009)	(0.020)	(0.026)	(0.019)	(0.022)
Event Time 5	0.076***	0.085***	0.015	0.028	0.016	-0.038
	(0.008)	(0.010)	(0.022)	(0.025)	(0.019)	(0.022)
Observations	71,203	61,897	12,617	9,988	10,450	21,824
Number of individuals	6,473	5,627	1,147	908	950	1,984

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication for a sample divided based on their spouse's country of origin. "Spouse different CoO" refers to individuals with a spouse of different country of origin that is not Denmark. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

Table A13: Regression estimates by children and child medication status

	Have children		Have no children		Children using medication		Children not using medication	
	Men	Women	Men	Women	Men	Women	Men	Women
Event Time -5	0.002	0.008	-0.004	0.019	0.054	0.035	-0.002	0.003
	(0.008)	(0.008)	(0.013)	(0.016)	(0.042)	(0.043)	(0.008)	(0.008)
Event Time -4	0.009	0.025***	0.005	0.009	0.035	0.035	0.006	0.021***
	(0.006)	(0.006)	(0.011)	(0.013)	(0.035)	(0.035)	(0.006)	(0.006)
Event Time -3	0.009	0.010	-0.009	0.003	0.034	0.024	0.006	0.007
	(0.007)	(0.007)	(0.012)	(0.015)	(0.040)	(0.040)	(0.007)	(0.007)
Event Time -2	-0.003	-0.004	-0.010	-0.003	0.024	0.000	-0.005	-0.005
	(0.007)	(0.007)	(0.012)	(0.015)	(0.040)	(0.041)	(0.007)	(0.007)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.010	-0.011	0.001	0.010	0.018	0.019	0.010	-0.012
	(0.007)	(0.007)	(0.012)	(0.015)	(0.040)	(0.041)	(0.007)	(0.007)
Event Time 1	0.024***	0.013	0.019	0.010	0.030	0.006	0.025***	0.013
	(0.007)	(0.007)	(0.012)	(0.015)	(0.039)	(0.039)	(0.007)	(0.007)
Event Time 2	0.034***	0.024***	0.026*	0.023	0.019	0.015	0.036***	0.026***
	(0.006)	(0.006)	(0.011)	(0.014)	(0.035)	(0.035)	(0.006)	(0.006)
Event Time 3	0.028***	0.010	0.022	0.020	0.018	-0.003	0.030***	0.012
	(0.007)	(0.008)	(0.013)	(0.016)	(0.041)	(0.043)	(0.008)	(0.008)
Event Time 4	0.036***	0.022**	0.020	0.012	0.034	-0.002	0.038***	0.026***
	(0.006)	(0.007)	(0.011)	(0.015)	(0.034)	(0.036)	(0.006)	(0.007)
Event Time 5	0.047***	0.017*	0.027*	0.003	0.017	0.044	0.051***	0.019**
	(0.007)	(0.007)	(0.012)	(0.014)	(0.035)	(0.039)	(0.007)	(0.007)
Observations	99,143	104,533	29,062	21,340	5,907	6,534	93,236	97,999
Number of individuals	9,013	9,503	2,642	1,940	537	594	8,476	8,909

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication. "Have children" indicates individuals with a children of any age in the war-onset year. "Children using medication" refers to individuals with at least one child that uses psychotropic medication in the war-onset year. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$

Table A14: Regression estimates by income and prior employment status

	Above median		Below median		Job prior		No job prior	
	Men	Women	Men	Women	Men	Women	Men	Women
Event Time -5	-0.001	-0.006	0.007	0.014	-0.009	-0.008	0.035	0.029*
	(0.007)	(0.010)	(0.012)	(0.010)	(0.006)	(0.008)	(0.020)	(0.014)
Event Time -4	0.009	0.006	0.001	0.025**	-0.001	0.002	0.025	0.039***
	(0.006)	(0.008)	(0.010)	(0.008)	(0.005)	(0.006)	(0.016)	(0.012)
Event Time -3	0.004	-0.003	-0.005	0.011	-0.003	-0.002	0.009	0.014
	(0.007)	(0.009)	(0.011)	(0.009)	(0.006)	(0.007)	(0.018)	(0.014)
Event Time -2	-0.001	-0.014	-0.005	0.003	-0.007	-0.011	0.016	0.013
	(0.007)	(0.009)	(0.012)	(0.009)	(0.006)	(0.007)	(0.019)	(0.014)
Event Time -1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
	(.)	(.)	(.)	(.)	(.)	(.)	(.)	(.)
Event Time 0	0.004	-0.010	0.009	-0.003	0.001	-0.013	0.016	0.009
	(0.007)	(0.010)	(0.011)	(0.009)	(0.006)	(0.008)	(0.018)	(0.013)
Event Time 1	0.019**	0.008	0.009	0.014	0.018**	-0.000	-0.004	0.023
	(0.007)	(0.010)	(0.011)	(0.009)	(0.006)	(0.008)	(0.017)	(0.013)
Event Time 2	0.022***	0.015	0.018	0.027***	0.025***	0.013	0.006	0.026*
	(0.006)	(0.009)	(0.010)	(0.008)	(0.006)	(0.007)	(0.016)	(0.012)
Event Time 3	0.025***	0.009	0.007	0.014	0.024***	0.004	0.007	0.013
	(0.007)	(0.010)	(0.012)	(0.010)	(0.006)	(0.008)	(0.019)	(0.015)
Event Time 4	0.031***	0.014	0.006	0.024**	0.031***	0.010	-0.010	0.015
	(0.007)	(0.009)	(0.010)	(0.009)	(0.006)	(0.007)	(0.015)	(0.011)
Event Time 5	0.036***	0.012	0.017	0.018*	0.040***	0.007	0.002	0.015
	(0.006)	(0.009)	(0.011)	(0.009)	(0.006)	(0.007)	(0.018)	(0.014)
Observations	69,806	54,637	58,399	71,236	96,459	78,793	31,746	47,080
Number of individuals	6,346	4,967	5,309	6,476	8,769	7,163	2,886	4,280

Note: This table shows event-time coefficients from Equation (1) for the probability of any psychotropic medication. "Above median" refers to individuals with income above the Danish median income in any of the years prior to the war-onset year and "below median" refers to individuals with income below the Danish median income in all years prior to the war-onset year. "Employed prior" refers to individuals with employment at any point prior to the war-onset year and "no job prior" refers to individuals without a job in all years prior to the war-onset year. Robust standard errors are reported in parentheses and stars indicate the following significance levels: * $p<0.05$, ** $p<0.01$, *** $p<0.001$.

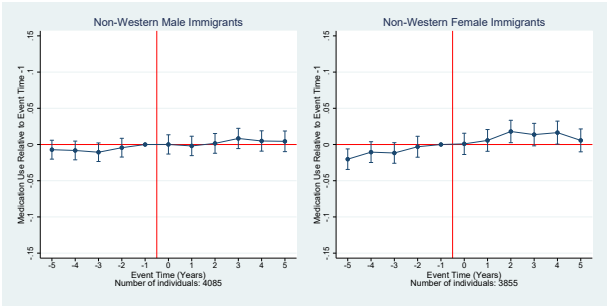
Country Differences

This appendix, Figure A3, reports event-time estimates for the probability of any psychotropic medication use around the onset of war in the country of origin, shown separately for the six largest non-Western origin groups in our sample: Pakistan, Iraq, Ukraine, the Philippines, India, and Syria. There are different explanation candidates for the significant response profiles. First, we are unable to control for year fixed effects for samples of specific countries, because the event times refers to the exactly same years for all individuals in the country specific samples. Second, the response profiles may be driven by different baseline use of the three groups, with higher levels of medication prior to the onset of war implying a less pronounced response after war. Third, coping mechanisms may differ across groups. For instance, immigrants may have varied access to local social networks, which have been found to matter for mental health (Kawachi and Berkman (2001)) or resort to drug use instead of medication. In line with the last point, which we cannot explore due to data limitations, Alpysbekova, Cisco, Ertanir, Vo, Scaramutti, Nehme, Montero-Zamora, Bautista, and Schwartz, (2025) find that alcohol abuse plays a role for post-migration coping mechanisms among Ukrainian refugees in the most recent immigration wave.[6] And fourth, immigrants from different countries may exhibit different socio-economic profiles. In a nutshell, Figure A3 thus reveals cross-country heterogeneity.

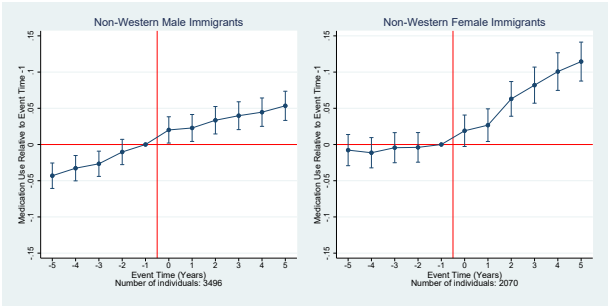
[6]Note that our results include the annexation of the Crimea only.

Figure A3: War in the CoO and mental health: Pakistan, Iraq, Ukraine, Philippines, india, and Syria

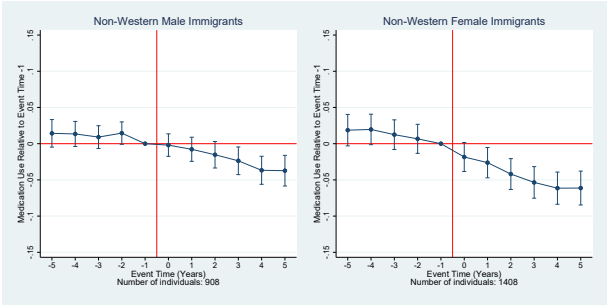
(a) Pakistan



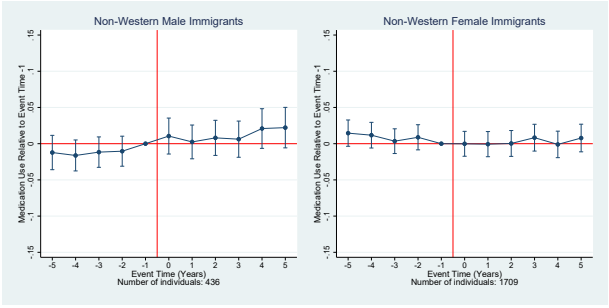
(b) Iraq



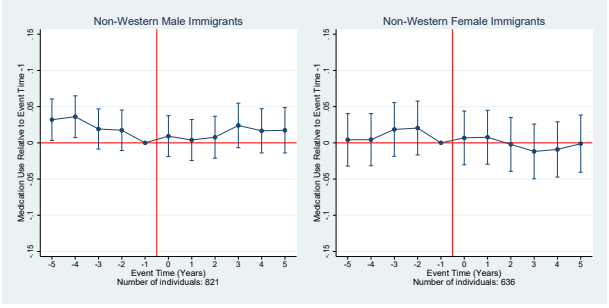
(c) Ukraine



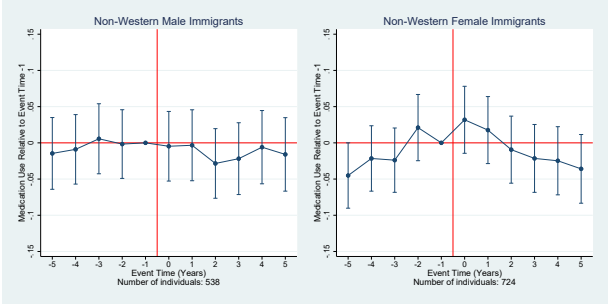
(d) Philippines



(e) India



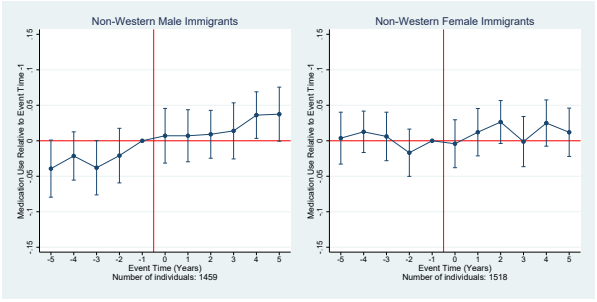
(f) Syria



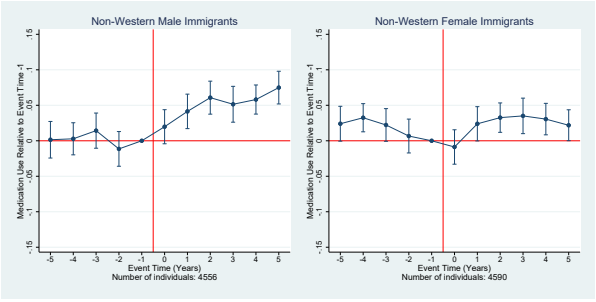
Note: In Figure (a), (b), (c), (d), (e), and (f) we consider individuals from Pakistan, Iraq, Ukraine, Philippines, India, and Syria, respectively. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The Figures include controls for income, Danish citizenship and education and non-parametric controls for age, and individuals years in Denmark. Standard errors are robust.

Figure A4: War in the CoO and mental health: by local co-national concentration

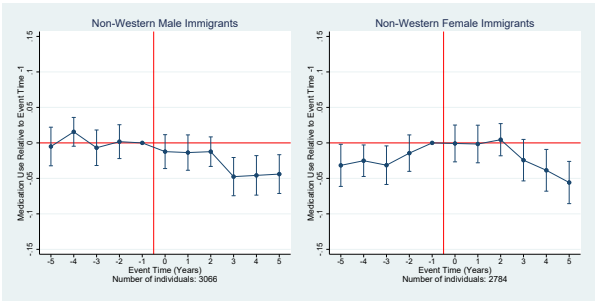
(a) Q1 (lowest co-national share)



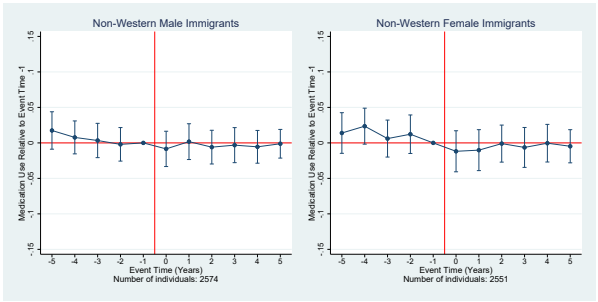
(b) Q2



(c) Q3



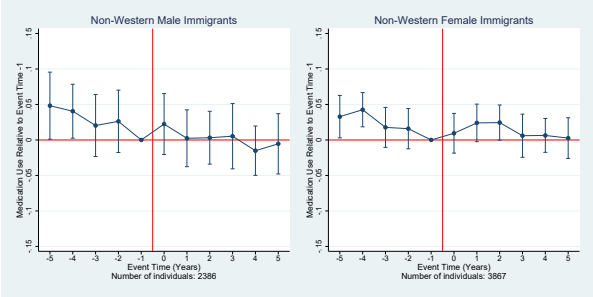
(d) Q4 (higher co-national share)



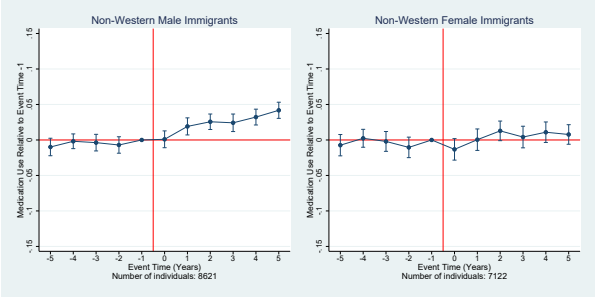
Note: In Figure (a)–(d) we consider all non-Western immigrants living, in the pre-onset year ($t = -1$), in municipalities whose share of immigrants from the same country of origin lies in the first (Q1), second (Q2), third (Q3), and fourth (Q4) quintile, respectively. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals' years in Denmark. Standard errors are robust.

Figure A5: War in the CoO and mental health of non-Western immigrants, employment status for individuals of working age

(a) No job prior to war outbreak



(b) Employed prior to war outbreak



Note: In this Figure we consider individuals that are under the age of 66 in the year prior to war-onset. In Figure (a) we consider all non-Western immigrants with no job all five years prior to the outbreak of war. In Figure (b) we consider all non-Western immigrants employed in any of five years prior to the outbreak of war. Medication use refers to at least one filled prescription of medication with the following ATC codes: N06A, N05B, N05C and N05A. The figures include controls for income, Danish citizenship and education and non-parametric controls for age, year, and individuals years in Denmark. Standard errors are robust.