



Faculty of Health Sciences



# Mental Health among Children seeking Asylum in a Scandinavian and International Perspective

Children living in hiding today and tomorrow

-A seminar about health and human rights

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# Disposition

- **Facts**
- **Prevalence of mental illness**
- **Mental risk factors**
  - Pre-migration
  - During migration
  - Post-migration
- **Parental, child and environmental factors**
- **Long term effects**
- **Implications for asylum politics**



# Definition

In layman's terms, 'asylum' means *protection*

## Asylum-seekers:

Persons who have fled their own country and have applied for asylum or refugee status in another country

## To obtain asylum

- United Nations Refugee Convention
- Protected Status
- Residence permit on other grounds




# Worldwide numbers

According to **UNHCR** (UN Refugee Agency):

- Worldwide, asylum seekers constitute 596,000 (2007)
- Half of the new applications (299,000) in Europe (2007)



# Asylum seekers in Scandinavia

		2003	2007
<b>Denmark</b>		4,593	2,226
<b>Finland</b>		3,221	1,505
<b>Norway</b>		15,613	6,508
<b>Sweden</b>		31,355	36,207

Source: Inter-governmental Consultations on Asylum, Refugee and Migration Policies in Europe, North America and Australia, IGC

# Asylum seekers in Denmark and Sweden

- In Denmark, 30% of the spontaneous asylum seekers obtained asylum in 2007 which is about 1/5 of the number in 2001
- In Sweden, 48% (2007)
- In 2007, the predominant groups of asylum seekers came from Iraq, Serbia, Afghanistan and Somalia
- 402 accompanied asylum seeking children in Denmark (2007)
- 6,000 in Sweden (2007)



# Conditions for asylum seekers

- Accommodation offers differ in Scandinavia
- Cash allowance to cover their expenses
- **In Denmark**, asylum-seekers may not work unless they have a residence and work permit
- **In Sweden**, an asylum-seekers is allowed to work if the Migration Board's handling time is expected to be longer than four months
- **In Norway**, asylum-seekers may apply for a temporary work permit
- **In Finland**, asylum-seekers may work after 3 months



# Prevalence of mental illness

- Most vulnerable in society
- Psychopathology is frequent
- International studies have found that between 7 % and 93 % of asylum seeking children have mental disorders of varying degrees of severity



# Children seeking Asylum in Denmark

		Number	%	Average
<b>Total number</b>		246	-	
<b>Sex</b>	Girl	104	42	
	Boy	142	58	
<b>Age</b>	4-10 years old	139	56	9.6 years
	11-16 years old	107	44	
<b>Nationality</b>	Ex-Yugoslavia*	118	48	
	Iraq	67	27	
	All other countries**	61	25	
<b>Family size</b>	1-3 members	32	13	4.7 members
	4-8 members	214	87	
<b>Number of parents</b>	Single parent	44	18	
	Both parents	202	82	
<b>School</b>	Center school	175	71	
	Community school	23	9	
	Nusery	48	20	
<b>Length of stay</b>	1-12 months	35	14	48.4 months
	13-91 months	211	86	
<b>Number of relocations</b>	0-3 number of relocations	47	19	5.6 relocations
	4-13 number of relocations	199	81	
<b>Administrative phase of asylum application</b>	Phase 1 and 2	91	37	
	Phase 3	154	63	

Source: Nielsen SS et al, 2008



# Physical and mental symptoms

Among 11-16 year old asylum seeking children (N = 87) compared to Danish children\* (N = 4.824)

Symptoms more than once a week		
	Asylum seeking children (%)	Danish Children*
	(%)	(%)
Headache	43	24
Stomachache	30	12
Back pain	32	19
Sad	56	25
Irritable or in a bad mood	49	39
Nervous	40	22
Difficulties in falling asleep	60	31
Dizzy	24	13

\* Andersen A, Due P, Holstein BE et al. Skolebørnsundersøgelsen. København: Institut for Folkesundhedsvidenskab, Københavns Universitet; 2003

Source: Nielsen SS, 2007



# Physical and mental symptoms

**The majority of the asylum seeking children suffered likewise from several symptoms at the same time:**

**87 % of the children had 1 or more symptoms more than once a week**

**In comparison, 22% of Danish children report 1 or more symptoms more than once a week\***

\*Andersen A, Due P, Holstein BE et al. Skolebørnsundersøgelsen. København: Institut for Folkesundhedsvidenskab, Københavns Universitet; 2003

Source: Nielsen SS et al., 2007



# Quality of Life

## Quality of life

	Asylum seeking children (%)	Danish Children*
0-3 points	44	3
4-6 points	28	17
7-10 points	28	80

\* Andersen A, Due P, Holstein BE et al. Skolebørnsundersøgelsen. København: Institut for Folkesundhedsvidenskab, Københavns Universitet; 2003

- 13% of asylum seeking children reported that they had the worst imaginable life
- 7 % reported that they had the best imaginable life

Source: Nielsen SS et al, 2007



# Psychopathology

Psychopathology	4-16 year old children	11-16 year old children
	(Teachers' responses)	(Combination of teachers' and the 11-16 year old children's responses)
	% (N = 246)	% (N = 107)
Unlikely	48	27
Possible	17	15
Probable	35	58

Source: Nielsen SS et al, 2008



# Why?



# Mental risk factors

Development of mental illness among asylum seeking children: Multiple causes and a complex interplay of factors

The stresses occur at three different stages:

- **Pre-migration**
- **During migration**
- **Post-migration**

Source: Fazel and Stein, 2002



# Pre-migration

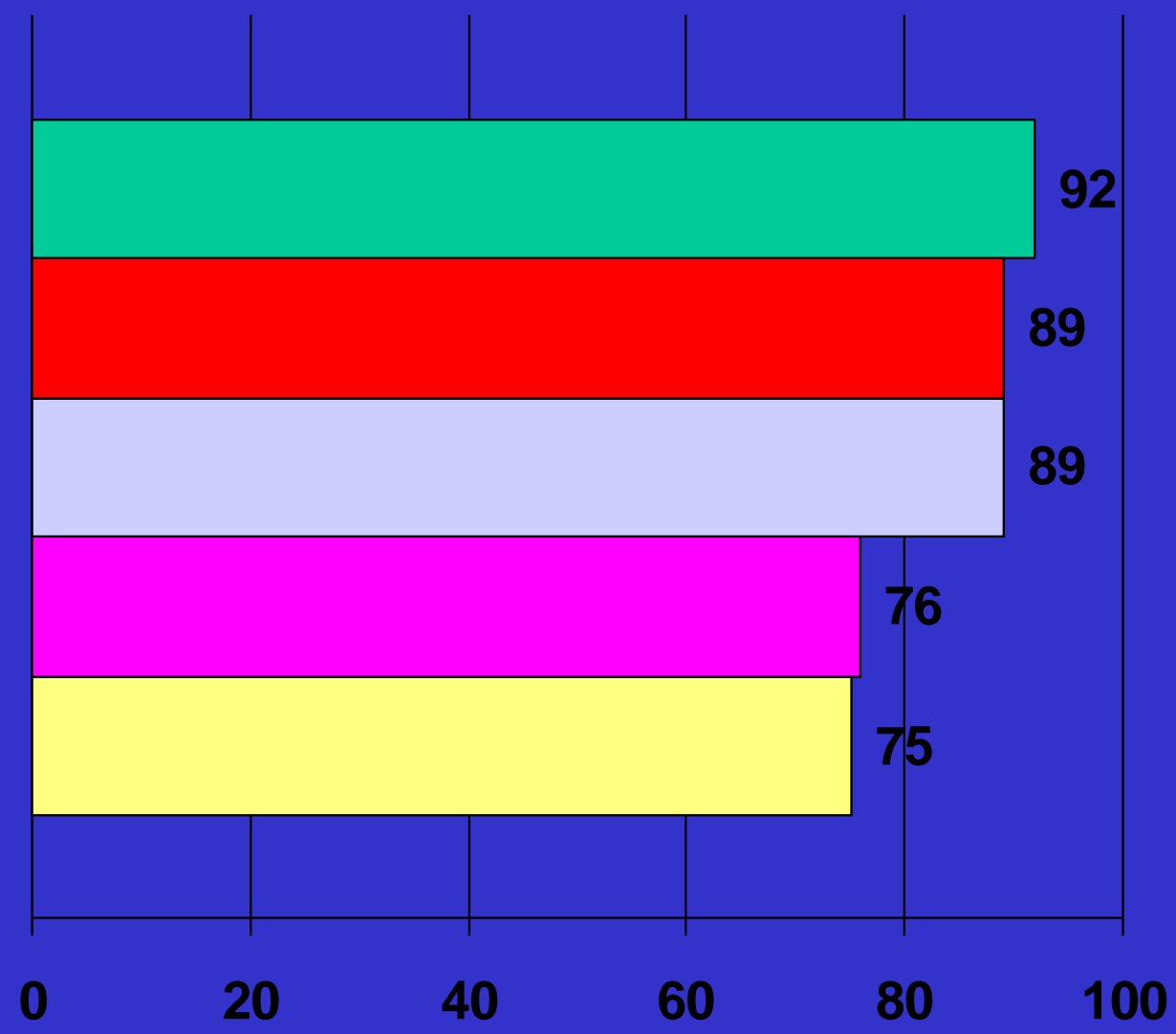
- The majority of the asylum seeking children have been exposed to a number of traumatic events, e.g.
  - war and torture
  - terrorism
  - natural disasters
  - separation from or loss of family members

Source for the following slides: Montgomery, 2000



# Experiences of war and other organized violence in 311, 3-15 year old refugee children from the Middle East 1992-93.

- Lived in a refugee camp outside home country
- On the run with the parents
- Lived under conditions of war
- Residence change due to war or percecution
- Taken shelter for bombing



# Witnessing event of war and other organized violence in 311, 3-15 year old refugee children from the Middle East 1992-93.

■ Bombing

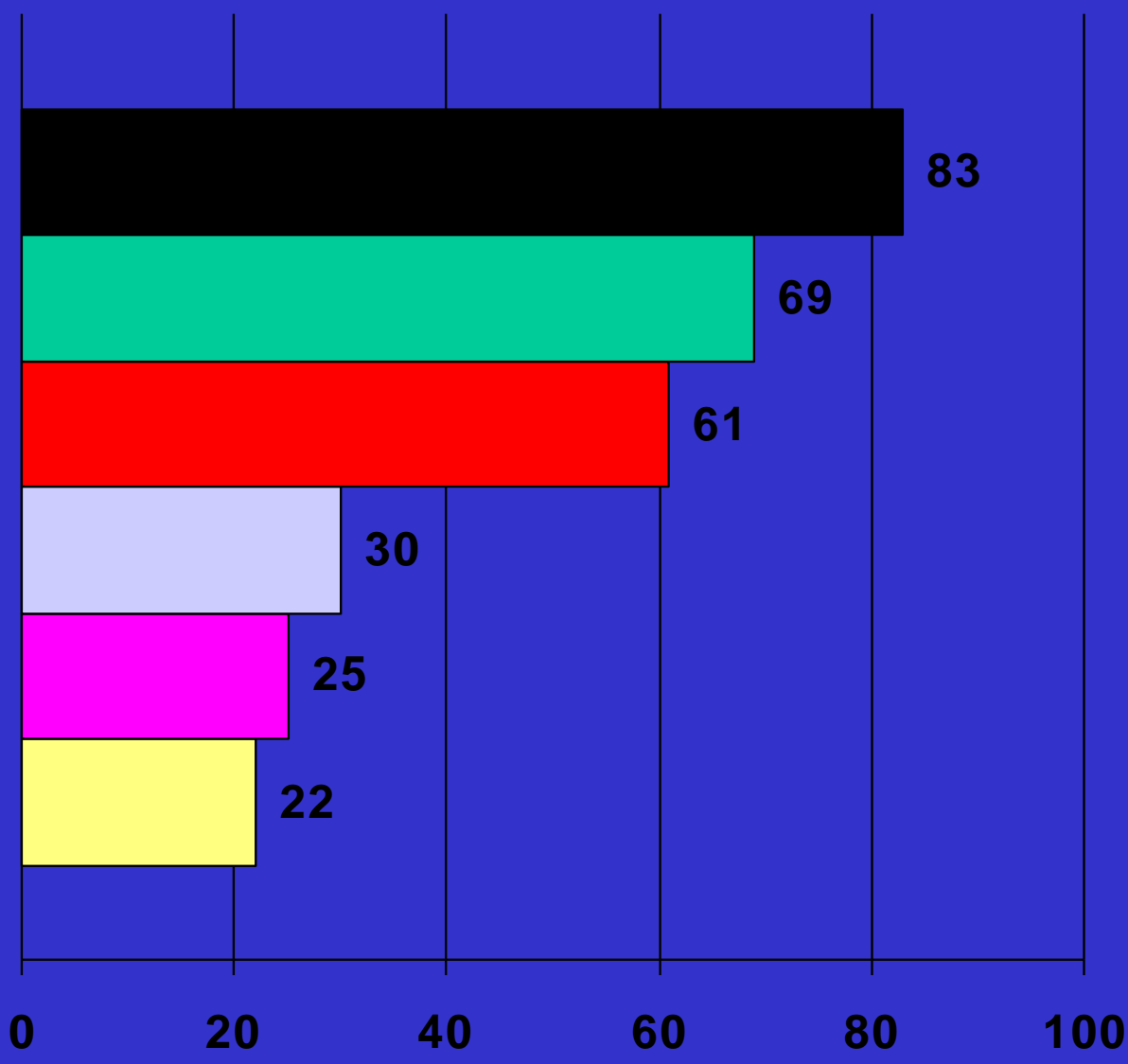
■ Street Shooting

■ House search

■ Torture, killing, intimidation of other than family

■ Arrest of family member

■ Torture, killing intimidation of family member



# Experiences of war and other organized violence in 311, 3-15 year old refugee children from the Middle East 1992-93.

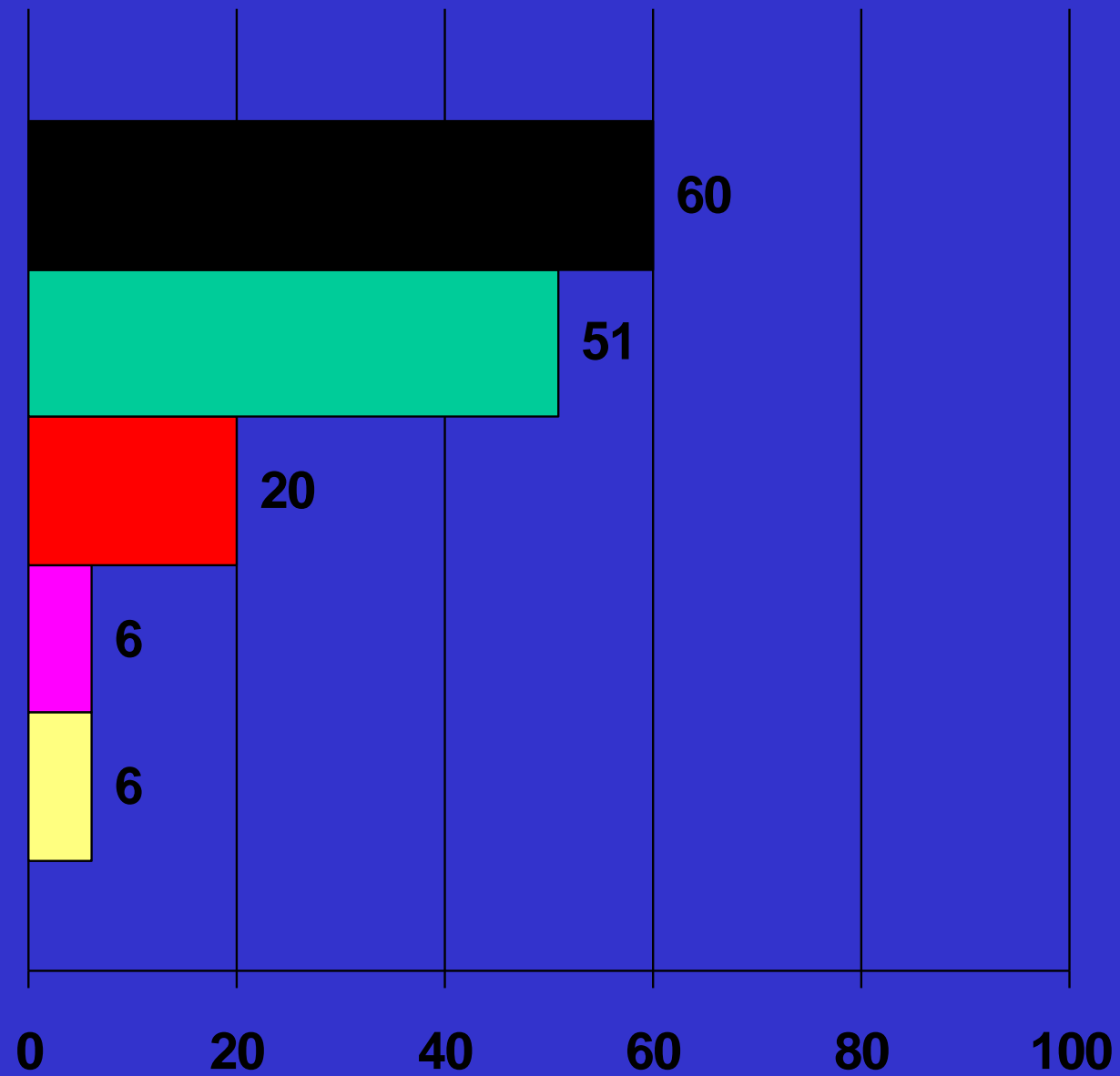
■ Separation from a parent more than 1 month

■ Torture of parent

■ Death or disappearance of parent

■ Detained

■ Beaten or kicked by official



## During migration

- A time of further stress  
Life threatening dangers  
Children may experience separation
- Parents are overwhelmed and unable to attend to their emotional needs
- Latter psychological stressors can often re-activate the emotions and memories associated with these events



# Post-migration

“Secondary trauma”

- Difficult conditions of life
  - Feeling of vacuum
  - Lack of control
  - Loss of coherence in life
  - Loss of influence on own life
- Experience of conflicts, repatriations, fear and depression in immediate environment

A complex interplay

Source: Enesten et al., Sourander 2003



# Parental risk factors

- Post-traumatic stress disorder (PTSD) in either parent
- Maternal depression
- Torture, especially in mother
- Death of or separation from parents
- Direct observation of the helplessness of parents
- Underestimation of stress levels in children by parents

Source: Fazel and Stein, 2002, Lustig et al., 2004



# Child risk factors

- Number of traumatic events – either experienced or witnessed
- Expressive language difficulties
- PTSD leading to long term vulnerability in stressful situations
- Older age
- Personality disposition

Source: Fazel and Stein, 2002



# Environmental risk factors

The conditions in the host countries affect the asylum seekers' well-being and possibility to function in their new environment

- Protracted stay at the asylum centres including time taken for immigration status to be determined
- Number of transitions (relocations)→ loss of relations to caretakers and friends
- The quality of the stay in the centres
- Cultural isolation
- Poverty

Data are scanty

Source: Fazel and Stein, 2002



# The protracted stay

Lead to a feeling of lack of control, meaninglessness, family instability and mental illness

- Australian study found that asylum seeking children displayed a tenfold increase in psychiatric disorders subsequent to detention; yet, the sample size was limited to 20 children (Steel et al., 2004)
- Supported by other research in Australia (Mares et al., 2004)



# The protracted stay and many relocations

## 4-16 year old children (a)

<b>Risk factors</b>	<b>Psycho- pathology probable  (n/N)</b>	<b>Adjusted OR</b>	<b>(95 % CI)</b>
<b>Length of stay</b>			
0-12 months	(4/35)	1.0	
13-91 months	(82/211)	5.5	(1.8 - 16.3)
<b>Number of relocations</b>			
0-3 relocations	(9/47)	1.0	
4-13 relocations	(77/199)	3.0	(1.4 - 6.7)

Source: Nielsen SS et al., 2008



# The protracted stay and many relocations

## 11- 16 year old children (b)

<b>Risk factors</b>	<b>Psycho- pathology probable  (n/N)</b>	<b>Adjusted OR</b>	<b>(95 % CI)</b>
<b>Length of stay</b>			
0-12 months	(1/16)	1.0	
13-91 months	(61/91)	30	(3.8 - 237)
<b>Number of relocations</b>			
0-3 relocations	(4/18)	1.0	
4-13 relocations	(58/89)	6.7	(2.0 - 22.2)

Source: Nielsen SS et al., 2008

Nordic School of Public Health, Gothenburg, Sweden, January 28, 2009  
Dias 27



# Environmental factors

## Number of relocations

Loss of friends, quick changes,  
discontinuation of schooling

## Quality of stay

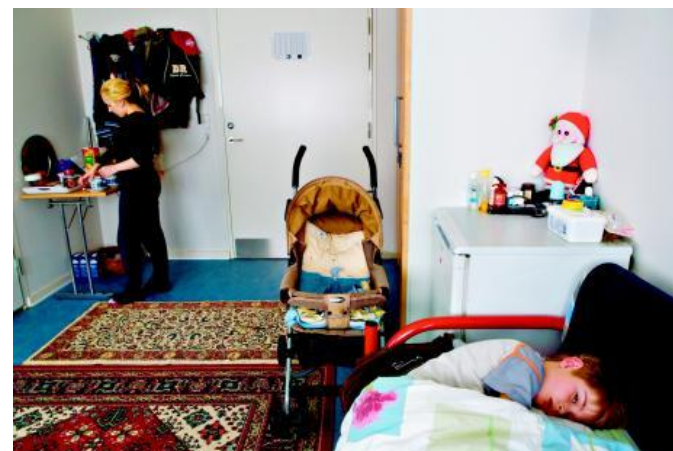
Exposure of noise, quick changes,  
isolation, crowding, sensory overload

## Institutionalisation

- a mixed blessing

-Discomfort of living with people one  
has not chosen/forced dependence

-Strengths of living together: support,  
share of culture, situation



# Protective factors

Factors that enable children at high risk to be more resilient

- A supportive family milieu
- An external societal agency that reinforces a child's coping efforts
- Positive personality disposition
- Response and functioning of a parent during and after stress

Source: Fazel and Stein, 2002



## In conclusion: Mental risk factors

The traumatic experiences in the home country and during flight, and the exposure of sensory overload and quick changes, language problems together with a protracted stay at asylum centres may lead to a feeling of loss of control and meaningfulness, family instability, and mental illness in parents

This combined with the general uncertainty and stress of being a refugee and asylum seeker, all contributes to the development of child mental illness



# Long term effects

## Loss of childhood?

- Limited knowledge about prevalence of symptoms in the long term as well as risk factors and protective factors affecting these
- Most studies show that the children's symptoms decrease over time
- Traumatic experiences in the home country seem not to affect the mental health



## Long term effects

Follow-up investigation of the asylum seeking children 8-9 years after arrival in Denmark by Montgomery:

- The majority of the young people functioned well
- The majority of their parents functioned poorly
- At arrival, the mental symptoms among the asylum seeking children were in a high degree predicted by their traumatic experiences
- At follow-up, the children's mental health were to a lesser extent predicted of their previous traumatic experiences but to stressful experiences and conditions of life *after* arrival



# Long term effects

## Risk factors:

- Change of school
- Strains in host country
- Family stress
- Discrimination

## Protective factors:

- Social adaption
- Friendships
- Mother's education
- Religion



Sources: Montgomery, Hjern et al. 2000, Heptinstall et al., 2004

# Long term effects

Almqvist et al., 1999: Follow-up 2½ years later, Sweden

- **Risk factors for PTSD**
  - Exposure to war and political violence
  - Individual vulnerability
- **Emotional well-being**
  - Mothers' emotional well-being
- **Social adjustment and self-worth**
  - Time since arriving to Sweden
  - Quality of peer relationships

Current life circumstances in receiving host countries are of equal or greater importance than previous exposure to violence



# Long term effects

## Loss of childhood?

- Not necessarily
- Those who suffer from mental problems do not suffer owing to traumatic experiences in their home country
- Refugee children are vulnerable – especially to the context of life they are offered in e.g. Denmark



# Implications for asylum politics

- Western host countries need to protect children in accordance with the Convention of the Rights of the Child and other international rights documents
- Protracted quartering and much relocation seem to have a significant adverse effect on the children's mental health
- As the host countries have control of what conditions they offer asylum seeking children they should seek to minimise the environmental risk factors



# Implications for asylum politics

- Create possibilities so asylum seekers can optain greater control over own life e.g. doing own cooking, co-management with regards to housing, education, work
- Integrated effort – also in the long term
- Psychological support, psychoeducation
- Security of repatriated asylum seekers



## Call for knowledge

- Follow-up studies with inclusion of other conditions could help us understand the effect and interaction of stressors as well as protective factors during the time in the asylum system
- How do we create the best suitable asylum system to secure the health and well-being for the child and his/her family?



## Further readings

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- Almqvist K, Broberg AG. Mental health and social adjustment in young refugee children 3 1/2 years after their arrival in Sweden. J Am Acad Child Adolesc Psychiatry 1999;38(6):723-30.

