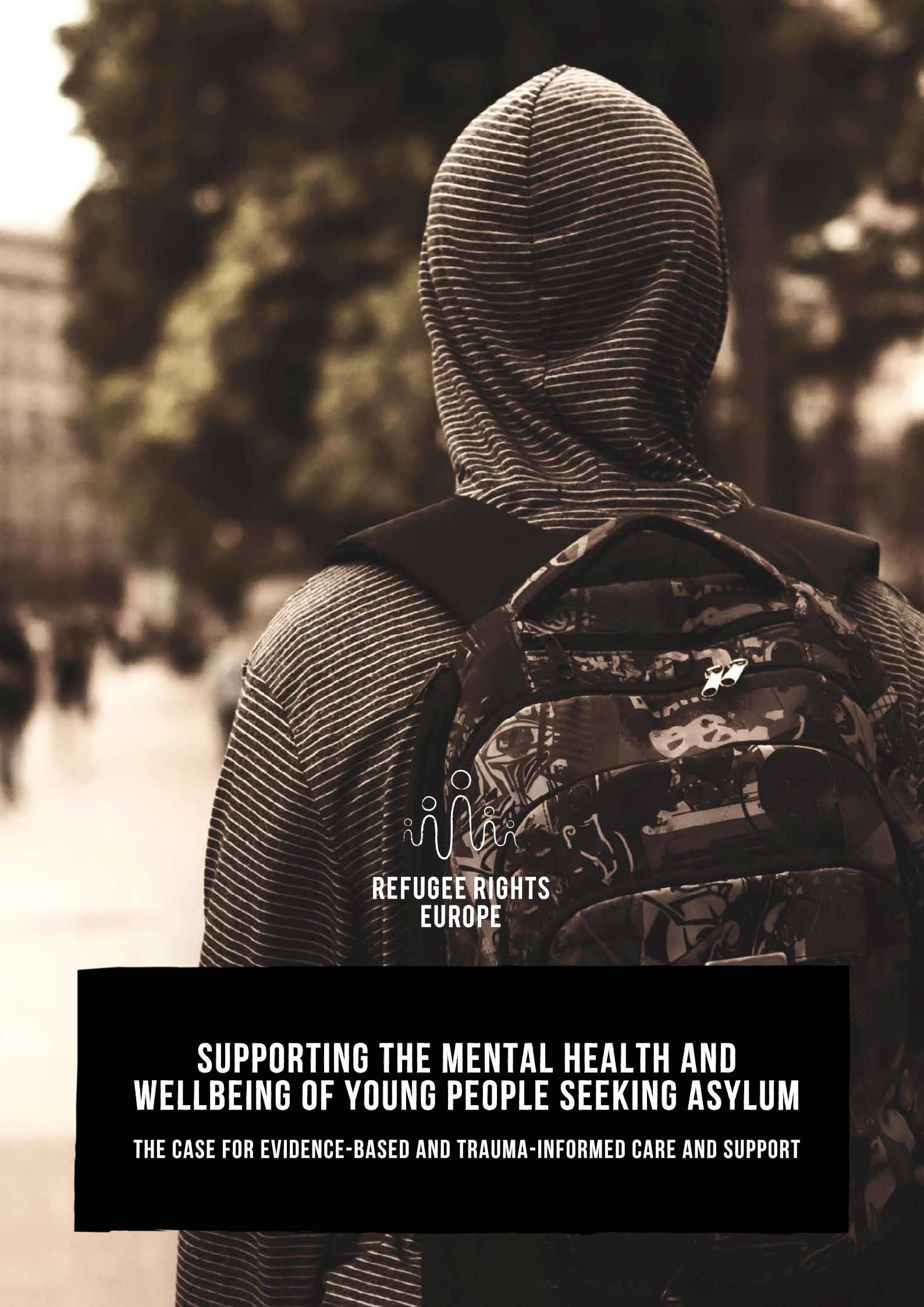


REFUGEE RIGHTS EUROPE

SUPPORTING THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE SEEKING ASYLUM

THE CASE FOR EVIDENCE-BASED AND TRAUMA-INFORMED CARE AND SUPPORT

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In memory of Alexander Tekle and other young lives lost too soon.



Photo Credit: Jane Baker

Cover photo: Tbc

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"WHEN I ARRIVED IN THE UK, I WAS HAPPY AND THOUGHT I WILL NOW HAVE A GOOD LIFE. BUT THEN EVERYTHING FELL APART WHEN I HAD MY FIRST AND NOW MY SECOND REJECTION. I OFTEN FEEL SO STRESSED AND SOMETIMES I FEEL LIKE DOING SOMETHING REALLY BAD. THE DOCTOR GAVE ME MEDICATION FOR THIS. ONE TIME I DRANK BLEACH. I WAS FEELING REALLY DOWN VERY OFTEN, AND I STILL DO VERY OFTEN. BUT NOW I HAVE SOME AMAZING PEOPLE WHO CHECK ON ME AND HELP ME TO STAY POSITIVE."

— 21-YEAR-OLD, AFGHANISTAN

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EXECUTIVE SUMMARY

IN ADVOCATING FOR YOUNG PEOPLE SEEKING PROTECTION IN THE UK, RRE HAS CONTINUOUSLY WORKED TO RAISE AWARENESS ABOUT THE URGENT NEED FOR A VAST EXPANSION OF SUPPORT PROVISIONS ACROSS KEY AREAS OF LIFE, INCLUDING MENTAL HEALTH, LEGAL SUPPORT, SECURE SHELTER, ETC.

The objective of this report is to offer a situational analysis of mental health and wellbeing among unaccompanied minors and 18–25-year-olds, drawing on an in-depth desk review, alongside first-hand interviews with young people seeking asylum in the UK and their support workers.

The high rate of psychological vulnerability and trauma among young displaced people is well-established, commonly caused by compounded traumas from their home countries and migration journeys characterised by painful separations and physical danger. Young people who experience symptoms or run the high risk of developing mental and emotional ill-health, often suffer further exacerbation of their ill-health once their arrive in the European county where they seek asylum, due to discrimination, isolation, and uncertainty.

The report concludes that the much-overlooked crisis relating to young asylum seekers' mental health and wellbeing needs must be urgently addressed. In the UK, for 18 to 25-year-olds, the lack of adequate care and support upon arrival in the UK, and throughout the asylum process has a detrimental impact on individual wellbeing. No longer minors, they are completely left to their own devices. Simultaneously, asylum-seeking unaccompanied minors who end up living in accommodation with adults due to age disputes are vulnerable and at heightened risk of psychological ill-health and self-harm, in addition to serious risks of abuse, exploitation, disappearance and homelessness. Data shows that the UK Home Office method of determining age frequently leads to minors wrongfully being categorised as adults. To prevent the risk of further harm to these young people and to strengthen their resilience, urgent support and care should be provided in line with the findings presented in this report.

In Europe, refugee mental health services furthermore remain underutilised due to social barriers such as lacking language proficiency, fear of stigmatisation, asymmetrical power dynamics, confusion over the services available, a distrust of the healthcare system and a fear of deportation. Our research shows that mental ill-health among refugees and asylum seekers is highly complex and multi-layered, and that these individuals experience multidimensional stressors (during and after migration), including social isolation and substandard accommodation solutions.

Hence, any mental health response needs to be designed in a culturally and contextually sensitive manner that also considers aforementioned social barriers. Responses furthermore must focus on ensuring that adolescent refugees and asylum seekers are empowered psychologically and socially to survive and thrive in their new environment.

In particular, we argue that the available evidence of effective interventions provides impactful and readily implementable solutions for European governments generally, and for the UK Government in relation to 18 to 25-year-olds specifically. These include both specialised treatments (NET/KIDNET, PM+, e-MH) and non-specialised ones (Art and Community Theory, Interventions which address contextual factors). These have proven to be effective, complementary, and outperforming both alternative therapies and the absence of treatment altogether.



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INTRODUCTION



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IT IS WELL DOCUMENTED THAT YOUNG, DISPLACED PERSONS ARE EXPOSED TO SEVERE FORMS OF VIOLENCE AND OTHER TRAUMATIC EVENTS, WHICH MAY HAVE LONG-TERM PSYCHOLOGICAL EFFECTS AND PLACE THEM AT A DISPROPORTIONATE RISK OF DEVELOPING MENTAL HEALTH ISSUES COMPARED TO THE GENERAL POPULATION.

Most are fleeing civil conflict, humanitarian disasters or other forms of protracted crises in their home countries, which may subject them to persecution, violence, and economic hardship. The migration journey itself often entails painful emotional separation and immense physical danger. Finally, once arrived in a host country, asylum seekers and refugees confront a spectrum of different forms of discrimination, isolation, and uncertainty which can compound their past losses and trauma.

In Part 1, this report provides an overview of the situation of mental health and wellbeing of young people seeking asylum, arguing that the status quo presents an urgent and overlooked crisis. In doing so, it draws both on desk research, as well as first-hand interviews with young people seeking asylum in the UK, as well as the people supporting them.

In Part 2, the report outlines a summary of different forms of interventions implemented in different countries to address the mental health concerns of young asylum seekers. This section draws on a thorough desk review, pulling together existing evidence of successful interventions and innovative solutions.

The report then concludes that the much-overlooked crisis relating to young asylum seekers' needs to be addressed. In particular, it is argued that the available evidence of effective interventions provides effective and readily implementable solutions for European governments generally, and for the UK Government in relation to 18 to 25-year-olds specifically.

PART ONE

THE MENTAL HEALTH OF YOUNG PEOPLE SEEKING ASYLUM – AN OVERLOOKED CRISIS



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WHAT THE RESEARCH EVIDENCE TELLS US

OBTAINING RELIABLE ESTIMATES OF THE PREVALENCE OF MENTAL ILLNESS AND OTHER MENTAL HEALTH AND WELLBEING CHALLENGES AMONG DISPLACED INDIVIDUALS IS CHALLENGING DUE TO DIFFERENCES AMONG STUDIES IN THE POPULATION OF INTEREST, THE TYPE OF TRAUMATIC EVENT EXAMINED, THE DIAGNOSTIC METHOD, AND CULTURAL VARIATIONS IN EXPRESSIONS OF DISTRESS.[1]

In addition, conducting longitudinal studies on refugees is often frustrated by ongoing migration, leading to difficulties in establishing the whereabouts of study participants. However, in comparison with the general population, multiple studies have found that refugees and asylum seekers experience higher rates of a range of disorders, including common mental disorders, such as depression and anxiety, substance abuse, and stress.

About one out of three asylum seekers and refugees experiences high rates of anxiety, depression, and post-traumatic stress disorder (PTSD).[2] PTSD, the best-studied mental health outcome among displaced populations, is ten times more likely in refugees and asylum seekers compared to host populations.[3]

ADOLESCENT AND CHILD REFUGEES AND ASYLUM SEEKERS FACE AN INCREASED RISK OF DEVELOPING MENTAL ILLNESS, AND UNACCOMPANIED CHILDREN EXPERIENCE HIGHER RATES OF MENTAL HEALTH ISSUES THAN ACCOMPANIED CHILDREN.

In 2019, approximately 45,000 individuals applied for asylum in the United Kingdom. The vast majority were young people–71 percent were younger than 35, 23 percent were under 18, and 11 percent were between 14 and 17-years-old.[4] Adolescent and child refugees and asylum seekers face an increased risk of developing mental illness, and unaccompanied children experience higher rates of mental health issues than accompanied children.[5] A study conducted with Syrian refugee adolescents in Turkey in 2015 found that nearly half of the adolescents had clinically significant levels of anxiety and withdrawal.[6] An earlier study, conducted in 2006, estimated that up to 40 percent of young refugees from a range of nationalities suffered from mental health disorders, primarily PTSD, depression, and anxiety.[7]

Recurrent trauma compounded by social exclusion and socioeconomic adversity appears to worsen mental health over time.[38] For example, child refugees in the UK who are exposed to stressors for longer than two years are more likely to be referred to services for behavioural issues than their peers who have been settled for less time. A study of unaccompanied refugee adolescents in London found that older children had higher levels of psychological difficulties, which the authors posited was due to the reduction in statutory provision of social, practical, and emotional support that occurred after they turned 16.[9]

FOR INDIVIDUALS WHO ARE UNDOCUMENTED, OR WHOSE ASYLUM CASES HAVE BEEN REFUSED BY THE HOME OFFICE, A FEAR OF DEPORTATION MAY PREVENT INDIVIDUALS FROM ACCESSING CARE.

Despite findings indicating a higher prevalence of mental health disorders, displaced populations in Europe underutilised mental health services.[10] One of the greatest barriers is language – there are not enough practitioners or trained interpreters in Europe fluent in the languages of displaced patients, particularly Arabic.[11] Using family or community members as ad hoc interpreters introduces ethical and practical challenges related to safety, accuracy of communication, and confidentiality. Cultural differences and a fear of social stigma further prevent displaced populations from seeking care. To diagnose distress as a mental health problem can expose an asylum seeker or refugee to shame or embarrassment out of fear of being labelled as 'crazy'.[12] Asymmetrical power dynamics, confusion over the services available to them, and a distrust of the healthcare system present additional barriers. Specifically, a fear among asylum seekers with an open asylum case that the NHS might share personal data with the Home Office, and that this could somehow affect an ongoing asylum cases negatively, means that some asylum seekers are hesitant to access care. Meanwhile, for individuals who are undocumented, or whose asylum cases have been refused by the Home Office, a fear of deportation may prevent individuals from accessing care. Their fears are not unreasonable. In 2016, UK immigration authorities traced approximately 6,000 patients with information obtained from the National Health Service.[13]

Finally, structural barriers, including complex referral systems, physical distance from healthcare services, and a lack of training of primary care professionals in mental health and refugee health can pose additional challenges.

If displaced persons do access care, there is evidence that the treatment modalities that are effective for illnesses like PTSD in the general population may not be appropriate for the same disorder among refugees and asylum seekers in high-income countries. For example, treatment of PTSD among the general population often targets the worst traumatic event, whereas displaced individuals may grapple with multiple compounding events, producing fluctuating symptoms that may worsen over time and a high comorbidity with other disorders like depression.[14] A study among Syrian refugee children between eight and 18 found that

1. Ehntholt, 2006.
2. Turrini, 2017.
3. Nosè, 2017.
4. Analysis of Eurostat data accessed August 26, 2020.
5. Ehntholt, 2006.
6. Sirin, 2015.
7. Ehntholt, 2006.
8. Sapthiang, 2019.
9. Hollins, 2007.
10. Close, 2016.
11. Sijbrandij, 2017.
12. Hassan, 2016.
13. Sapthiang, 2019.
14. Nosè, 2017.



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the group had experienced an average of more than four pre-migration traumas, for example, armed conflict in their home country or the loss of a loved one. Age and trauma exposure were positively correlated, meaning older children were exposed to more traumatic events.[15]

Given the stressors that can accrue in the post-migration environment, addressing the psychological wounds of conflict and displacement alone will likely be insufficient to address refugee mental health issues. Among refugee children, for example, PTSD is associated with earlier trauma related to war and resettlement while children's depression levels emerge from difficulties in their current lives, such as frequent dislocation and severe financial strain.[16] Indeed, despite findings that rates of anxiety and depression among displaced populations are as high as rates of PTSD among displaced populations, the field is dominated by programmes and research targeting PTSD.[17] As such, policy and interventions designed to address anxiety and depression are vital, as is promoting a social and physical environment in which displaced individuals can thrive.[18]

ADOLESCENT AND CHILD REFUGEES AND ASYLUM SEEKERS FACE AN INCREASED RISK OF DEVELOPING MENTAL ILLNESS, AND UNACCOMPANIED CHILDREN EXPERIENCE HIGHER RATES OF MENTAL HEALTH ISSUES THAN ACCOMPANIED CHILDREN.

Refugee Rights Europe and partners across the UK have frequently raised particular concerns around the wellbeing and mental health of young people (18 to 25-year-old) in asylum accommodation. While the UK Government's safeguarding strategy for unaccompanied asylum-seeking and refugee children[19] acknowledges the profound vulnerability of minors in the asylum system and the need to safeguard them from abuse, exploitation, neglect and self-neglect, it must be urgently acknowledged that these vulnerabilities do not end immediately upon reaching adulthood at age 18. As one young person rightly emphasised, *"My needs did not magically change or go away upon turning 18. I still want to study, pursue my dreams, and make lifelong friendships."*[20]

Young adult asylum seekers are often more vulnerable than their under-18 peers since they frequently no longer have access to the guidance, care and support they require[21] yet are faced with the emotional and practical complexity of navigating the asylum system, adolescence as well as pre-existing trauma and mental health problems.

For 18 to 25-year-olds, the lack of adequate care and support upon arrival in the UK, and throughout the asylum process, risks contributing to a further exacerbation of psychological ill-health amongst young asylum seekers,[22; 23] not least due to social isolation, language difficulties, anxiety about the asylum process, and fears about the future – all of which are major factors that can exacerbate the effects of past trauma.[24] Young asylum-seeking individuals living in accommodation with older adults are especially vulnerable and tend to feel particularly isolated, unsafe and unprotected. Risks of abuse and exploitation, sometimes leading to absconding and homelessness, are all factors which risk exacerbating the aforementioned mental ill-health difficulties and self-harm.

15. Eruyar, 2018.
16. Ehntholt, 2006.
17. Turrini, 2017.
18. Hall, 2016.
19. Home Office, 2017.
20. Refugee Rights Europe, 2019.
21. Chase, E. (2017), Meloni & Chase (2017), Chase & Sigona (2017)
22. Mind, 2017.
23. Refugee Rights Europe (2018)
24. Children Society, 2018.

It is furthermore of urgent concern that age-disputed children often end up being wrongfully placed outside of local authority care, in adult accommodation. The Refugee Council's Age Dispute Project has reported that 89% of the age-disputed young people they worked with in 2017 – all of whom had had an initial decision on age made by Immigration Officers based solely on appearance rather than having an adequate age assessment – were eventually accepted as children.[25] Official Home Office figures are equally alarming, with one in four asylum seekers (or a total of 705) who claimed asylum as children between July 2016 and June 2017 having been age disputed by the Home Office.[26] 65% of this number were found to be over 18 years of age after an age assessment by the local authority and were then placed in adult accommodation. It is well documented that age assessments are risky because of their subjective nature[27] and that they lead to failures in safeguarding wrongfully age-disputed children. The only way for a child to challenge their age assessment once completed is through lengthy and complex judicial proceedings which most young people struggle to access.

Age-disputed children who thus end up in adult asylum accommodation are, as mentioned above, especially vulnerable and require additional trauma-informed care; something which is sorely lacking.

> SUPPORT WORKERS HAVE REPORTED THAT YOUNG PEOPLE ARE SOMETIMES LEFT FEELING VERY CONFUSED BY THE PROCESS OF BEING DISPERSED TO ANOTHER LOCATION IN THE UK.

Moreover, support workers have reported that young people are sometimes left feeling very confused by the process of being dispersed to another location in the UK. Also left largely without guidance and support, they find themselves at risk.

Listening to experts by experience is essential to ensure that services and interventions are accurately designed according to and meeting the complex needs of young people in asylum accommodation.



Photo Credit: Hopetowns

25. The project supported 172 cases in 2017, 41% of which had only had an initial decision of age determined by Immigration Officials rather than through a proper age assessment. Of these, 89% resulted in the young person being later accepted as a child. https://www.refugeecouncil.org.uk/what_we_do/childrens_services/agedisputeproject
26. Independent Chief Inspector of Borders and Immigration (2018).
27. Coram Children's Legal Centre, 2013.

LEARNING FROM EXPERTS BY EXPERIENCE

Mental health and wellbeing needs among young people seeking asylum in the UK.

IT HAS BEEN SHOWN EXTENSIVELY THAT YOUNG ASYLUM SEEKING INDIVIDUALS ARE EXPOSED TO A NUMBER OF SPECIFIC, AGE-RELATED VULNERABILITIES ALONGSIDE THOSE CHALLENGES FACED BY ALL PEOPLE IN THE ASYLUM SYSTEM.

To explore the experience of young people in asylum accommodation further we conducted four interviews with young people (18 to 25-year-old) as well as eight interviews with service providers who work closely with them.

The semi-structured qualitative interviews were conducted via phone, WhatsApp, Zoom and email between 3 January and 8 February 2021. All interviews were anonymous, and participants received written and verbal information about purpose and format of the research in advance.

The first-hand research interviews highlighted several key areas of concern, which can be summarised under three main themes:

1. EXPERIENCES OF ISOLATION, LONELINESS AND MENTAL HEALTH DETERIORATION
2. BARRIERS TO ACCESSING SUPPORT
3. SUBSTANDARD CONDITIONS IN ASYLUM ACCOMMODATION AND ECONOMIC INSECURITY

In the following sections, these themes are developed further, with a strong emphasis on the young people's own experiences and views as expressed through the interviews.



Photo Credit: Tima Miroshnickenko / Pexels

1. EXPERIENCES OF ISOLATION, LONELINESS AND MENTAL HEALTH DETERIORATION

All young persons interviewed reported experiencing strong feelings of loneliness and isolation. One respondent felt that the uncertainty of the asylum system was a barrier to them building closer relationships with their flatmates. Another respondent supported this notion, stating that their experience of sudden dispersal by the Home Office made it more difficult for them to feel a sufficient sense of stability and trust, both of which are important factors in building meaningful and supportive friendships.

With increased urgency during the Covid-19 pandemic, digital connectivity was seen by both service users and service providers as an integral part of the wellbeing of young individuals in asylum accommodation. Many reported that without Wi-Fi, young people need to spend scarce funds on getting data on their phone which in many cases they could not afford, leaving them with further barriers to maintain social connection, access education (such as college and language courses) and benefit from other essential services (legal advice etc.).

Service providers additionally stressed that many young people arrive in the UK with little English skills, adding to a sense of isolation and reported that age-disputed young people who end up being placed in adult accommodation often appear "really emotionally distraught." Many would experience a sudden disconnection from friends who might be placed in care, and others would end up depending on their peers or community groups with little resources for the intense emotional support they really require.

Generally, respondents felt that the uncertainty and often sudden dispersal from one UK location to another, with little or no warning from the Home Office, only heightened their feelings of anxiety, stress and insecurity:

"I guess yes I feel safe to an extent, but it is 50/50 because I can't relax because you always worry about something – your case and what is going to happen. You do not know what will happen next and when and how long you will be staying in this accommodation – that is really hard," explained a young person aged 19 from St Lucia. Another respondent, a 23-year-old from Palestine, explained: *"I felt anxiety all the time of what might happen and if I do something wrong by accident and they will get angry."*

> **"I FELT ANXIETY ALL THE TIME OF WHAT MIGHT HAPPEN AND IF I DO SOMETHING WRONG BY ACCIDENT AND THEY WILL GET ANGRY."**
>
> — 23-YEAR-OLD, PALESTINE

Insomnia appeared to be a common problem for many of the young persons interviewed; often a result of flashbacks and nightmares as well as, for newly arrived individuals, the fact that they often had to travel at night along their journeys for an extend period of time.

Mental wellbeing seemed to be particularly precarious in the context of detention, homelessness and after negative asylum decisions, with one respondent reporting that his depression and self-harm became particularly drastic during his homelessness and after a recent negative asylum decision. Service providers confirmed that those moments are especially critical and added that those who were age-disputed and placed in adult accommodation face a particularly precarious crisis. One respondent explained:

"There is a specific traumatisation happening when a young person is age assessed and not believed. They get really hung up on this and find it hard to accept their situation. They can't work away from it and their wellbeing gets out of the window. The young people tend to take these decisions and not being believed very serious. It is crucial that someone is there to manage hope and prepare for bad news as well, and who supports the young persons in having some breathing space between themselves and the decisions that affect them or are made about them."

> **"IT IS CRUCIAL THAT SOMEONE IS THERE TO MANAGE HOPE AND PREPARE FOR BAD NEWS."**
>
> — A SERVICE PROVIDER

When age-disputed and after negative asylum claims some young people experience feelings of paranoia where they feel that *"other people are laughing at me"* or *"messing with me"*. There is a sense of being humiliated, teased, that someone is *"playing a game with me"*.

One service provider furthermore shared the following insights relating to the specific situation experienced by newly arrived young persons:

"Especially in initial accommodation there is a process that is happening where young persons have been in survival mode for the long periods of their journey and then they are housed somewhere and suddenly have no power over their own life, no timeframe and often little understanding of what is happening. So, they sit waiting and all that trauma and stuff is coming up. People start experience symptoms that they might never had before – they say, "I was normal before – I am not crazy". They might have been very high functioning and suddenly experience insomnia, night terrors, intense headaches, low mood - they can't sleep or eat or leave the house. They can't relate with themselves within it, their whole context has changed and them within it and that is disorientating. These experiences are further isolating, when people have a language barrier to express them and if there is a stigma attached to mental ill-health."

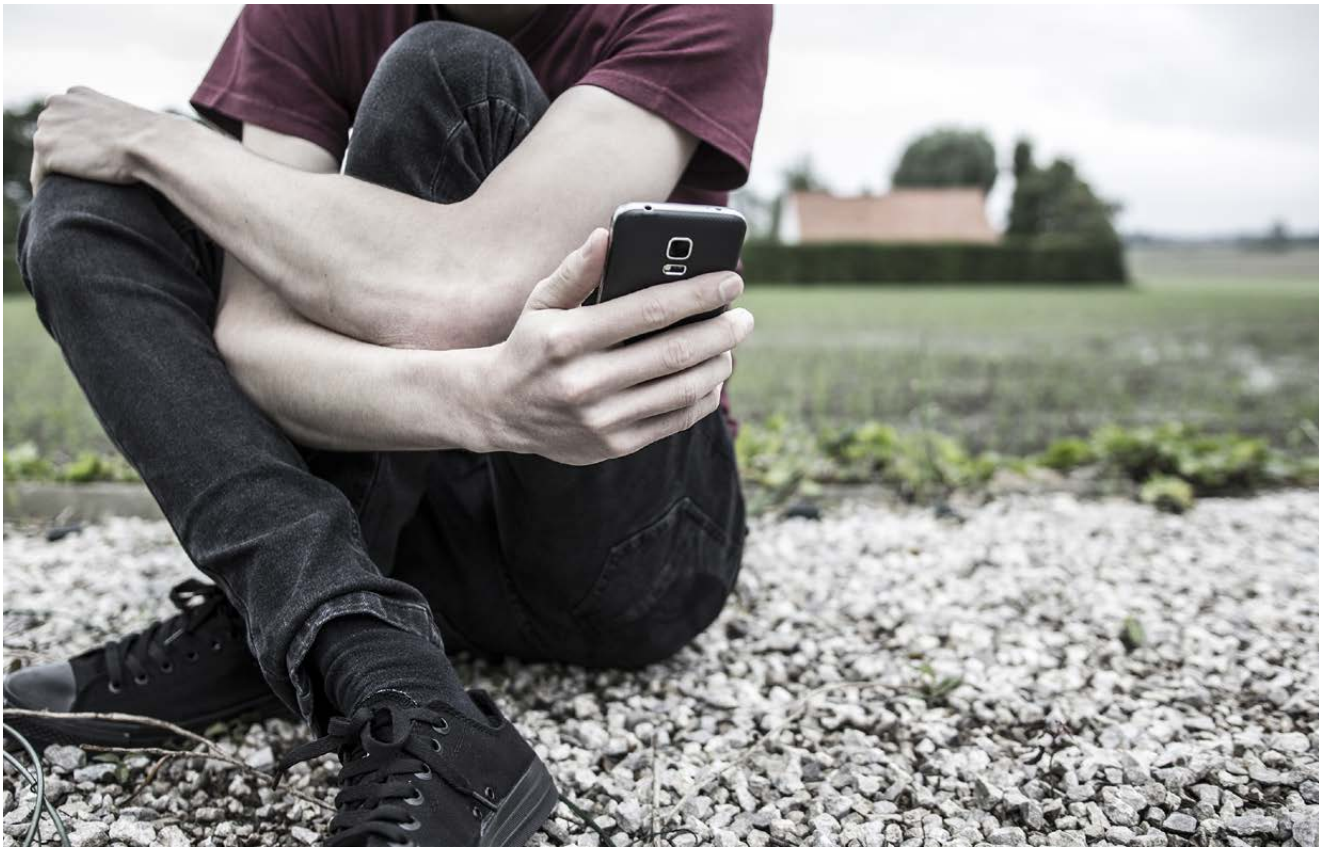


Photo Credit: Thomas Deco

On the other end, service providers observed that those that had been in asylum accommodation for a long period of time would develop a deep sense of exhaustion, hopelessness and depletion, often finding it hard to even leave the house.

The provision of information about the types of feelings that young people might experience was highlighted as really essential, especially considering that young asylum seekers go through a particularly challenging time when it comes to figuring out and establishing a sense of identity. One interviewee suggested:

"Lots of my work has been hence to share online resources that are accessible on things like PTSD and gently support young persons in opening their minds and to understand more about their situation. I explain the difference between 'survival brain' and 'learning brain'. Young persons need to hear and understand that nothing is wrong with them, that what is happening to them has an explanation and that there are ways to manage it and that is won't last forever."

> **"LOTS OF MY WORK HAS BEEN HENCE TO SHARE ONLINE RESOURCES THAT ARE ACCESSIBLE ON THINGS LIKE PTSD."**
>
> — A SERVICE PROVIDER

All interviewees, service providers and service users alike, said that it was essential that support is immediate, constant and accessible as the general situation of young people in the asylum system is often shaped by uncertainty, instability as well as by a sense of abandonment. It was stressed that early interventions remain highly successful and can prevent a drastic deterioration of mental health, "disengagement" of the young person and many cases of self-harm. One young person from Afghanistan, aged 21, explained:

"When I arrived in the UK, I was happy and thought I will now have a good life. But then everything fell apart when I had my first and now my second rejection. I often feel so stressed and sometimes I feel like doing something really bad. The doctor gave me medication for this. One time I drank bleach. I was feeling really down very often, and I still do very often. But now I have some amazing people who check on me and help me to stay positive. But you never know what the Home Office will do next and so you can never feel safe. I want to kill myself - sometimes everyday - but it has made such a big difference to receive the amazing support. It helps me to keep my head of water."

Interviews also highlighted that many young people witness self-harm, mental health deterioration and substance abuse by others in asylum accommodation.

Finally, the interviews raised the urgent concern that young people who are not sufficiently supported become increasingly more vulnerable to seeking out destructive coping strategies. They are more vulnerable to ending up in exploitative relationships and problematic peer groups, falling into forms of risk-taking behaviours, as well as experiencing a drastic deterioration of their mental health leading to the need of statutory psychiatric intervention.

2. BARRIERS TO ACCESSING SUPPORT

Young people have often spent a significant period of their formative years in displacement, growing up during their journey to the UK, and have hence not had to opportunity to fully acquire the knowledge and skills to navigate and fully grasp their complex situation.

However, when placed in adult accommodation young people are often left to their own devices to navigate their situation, identify their needs and find the support they need. One asylum seeker told Refugee Rights Europe in spring 2019: *"We did not understand anything and we have no idea from where we can get help."*

A service provider highlighted the complexities of supporting young people's mental health: *"In terms of trying to promote wellbeing it is often difficult to start with a sheer mental health focus because of the number of practical issues young people face which need to be urgently addressed first to have a stable foundation to build on."*

These circumstantial factors as addressed previously include physical pain, lack of connectivity as well as stress and fear of being deported and detained.

Concerning accessing available support and services, all respondents highlighted that the way they had been able to eventually access support from community groups or third sector organisations was through their own initiative and 'self-agency', or through peers. One interviewee, a 19-year-old from St Lucia, explained: *"At the moment I access a lot of different women's group and some support through the college but when I first moved here, just before lockdown, I had not really anywhere to go and didn't know what to do. They gave us some numbers, but I called, and the offices were closed. In the end I went to go and find out myself. I went to a church and they then were able to signpost me."*

> **"I HAD NOT REALLY ANYWHERE TO GO AND DIDN'T KNOW WHAT TO DO. THEY GAVE US SOME NUMBERS, BUT I CALLED, AND THE OFFICES WERE CLOSED."**
>
> — 19-YEAR-OLD, ST. LUCIA

Another respondent, 21-year-old from Afghanistan, furthermore explained: *"I had never really accessed support and when I was destitute, I did not know where to get help. When I was refused, I stayed on couches at a friend and he told me that there are people who can help me. This is when I met the organisation that is helping me."*

This type of experience was confirmed as relatively common by several service providers who said that services are usually found by young people through word of mouth, and that it is commonplace that service users only then learn that there is support available to address their problems (e.g., legal advice/accessing a good and appropriate solicitor, wellbeing support etc, help with mobile phone top up).

When it came to seeking support regarding the emotional wellbeing, service providers said that young persons are often less likely to seek or access support for age related reasons but also aspects like cultural understanding of mental health and a lack of trust exacerbated by their experiences within the asylum system.

> **"YOUNG PEOPLE MIGHT FIND IT INTIMIDATING TO ATTEND SOMETHING WITHOUT BEING ASKED SPECIFICALLY TO ATTEND."**
>
> — A SERVICE PROVIDER

One service provider said: *"Young people might find it intimidating to attend something without being asked specifically to attend. We find young people need lots of encouragement and reminders to attend. If unaccompanied, not having that parental figure to support them into extra-curricular activities, they may not have the drive or initiative to go at their age."*

This is highlights in particular the importance of available, reliable and trustworthy points of contact whose focus is solely on the best interest and needs of the young persons.

Two respondents shared their views on the importance of such support. *"I am only alive because of the support I got here from the organisation. If you do not have this support you just feel like you end your life in a second, because sometimes you have a very very bad time but then you receive support and you feel good. Especially when you get refused it is hard, I got very bad headache like someone cutting your head."* - Young person, 21, Afghanistan

> **"IF YOU DO NOT HAVE THIS SUPPORT YOU JUST FEEL LIKE YOU END YOUR LIFE IN A SECOND."**
>
> — 21-YEAR-OLD, AFGHANISTAN

"The procedures of the political asylum are very difficult and creates headache, it is important to have something to alleviate it." - Asylum-seeker, Spring 2019

3. SUBSTANDARD CONDITIONS IN ASYLUM ACCOMMODATION AND ECONOMIC INSECURITY

Refugee Rights Europe has previously raised concern about sub-standard conditions in asylum accommodation.[28:29] Concerns included broken furniture and equipment, inadequate and non-nutritious food (as also recently highlighted by charities such as West London Welcome[30] and Positive Action for Housing[31]), concerns about fire safety and unreliable and inaccessible complaint processes.

One interviewee talked about the reluctance around reporting issues with the equipment in asylum accommodation:

"One thing that faced me way that the shower wasn't properly working so I didn't know what to do and I was asking around and one of the other asylum seekers said to me: 'If you tell them it is broken, they will think that you broke it, and they will charge you.' That made me worried. In the end I talked to the manager, but I was so confused and scared." And further: "So, there is misunderstanding and mistrust. Sometimes there are leaflets explaining things, but people don't read them often or find it difficult to read and understand them. In cases like this a support worker would be so helpful to explain and sit down and talk you through it. Someone you trust." - Young person, 23, Palestine

> "THERE IS MISUNDERSTANDING AND MISTRUST. SOMETIMES THERE ARE LEAFLETS EXPLAINING THINGS, BUT PEOPLE DON'T READ THEM OFTEN OR FIND IT DIFFICULT TO READ AND UNDERSTAND THEM. "
>
> – ANONYMOUS

Other respondents mentioned that they had reported issues, but no action was taken by the housing provider, leading to them stop raising issues. This also included the case of a young person who was sleep walking but was nonetheless housed in an upstairs room, which of course was unsuitable to him due to his condition.

Service providers furthermore spoke about some young people who were too shy or scared to talk to the receptionist in their accommodation about issues, including about basic questions such as how to use an oven. They reported that their already stretched resources are being further strained by having to step in and assist in such cases.

One service provider furthermore highlighted that they see an apparent gap when a young person transitions out of asylum accommodation once they received refugee status. With just 28 days to move out of the accommodation, but with a common delay of five weeks until they start receiving support through the Universal Credit system, they are too often left alone in highly difficult and stressful situations.



Photo Credit: Chanintorn / Shutterstock

28. Refugee Rights Europe (2018)
29. Refugee Rights Europe (2018)
30. Mirror (2021)
31. The Times (2020)

PART TWO

AN OVERVIEW OF INTERVENTIONS TO SUPPORT REFUGEES' AND ASYLUM SEEKERS' MENTAL HEALTH AND WELLBEING



Photo Credit: Abdul Shakoor / Shutterstock

AS PREVIOUSLY OUTLINED IN PART 1, ASYLUM SEEKERS AND REFUGEES, PARTICULARLY ADOLESCENT POPULATIONS, FACE A GREATER RISK OF ACUTE AND COMPOUNDING MENTAL HEALTH ISSUES COMPARED TO THE GENERAL POPULATION AND COMMONLY STRUGGLE TO ACCESS HEALTH CARE AND OTHER FORMS OF SUPPORT.

What interventions have been shown to address this complex crisis? Researchers have examined a number of heterogeneous interventions that seek to reduce the symptoms of anxiety, depression, and PTSD among displaced individuals. A number of these studies have methodological limitations, and differences in the populations targeted or the country setting frustrate easy comparisons. However, the available evidence points to a number of techniques and tools which appear useful in the context of asylum seekers and refugees, as outlined in the following sections.



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NARRATIVE EXPOSURE THERAPY

NARRATIVE EXPOSURE THERAPY (NET) IS A FORM OF EXPOSURE THERAPY ADAPTED TO TREAT THE NEEDS OF INDIVIDUALS SUFFERING FROM COMPLEX TRAUMA, INCLUDING VICTIMS OF WAR AND TORTURE.

A 2017 meta-analysis of psychological interventions found the strongest evidence in support of NET to reduce symptoms of PTSD and depression in adult and child refugees and asylum seekers resettled in high-income countries.[32] While traditional trauma exposure therapy hones in on "the worst" traumatic event, NET encourages a patient to construct a chronological narrative of his or her entire life, habituating the individual to the emotional reactions that emerge from multiple traumas. With the guidance of a therapist, the patient builds a comprehensive autobiography through personal testimony in a way that aims to recapture the patient's self-respect and upholds his or her human rights.[33] The therapy is well suited to patients from countries with strong oral traditions, including Arab-Islamic culture wherein information is often delivered through narratives.[34]

KIDNET, a version of NET therapy designed specifically for children, empowers the young patient to recall her life over eight treatment sessions. To create a visual representation of her lifeline, the therapist gives the child a rope and encourages her to place stones on the rope to denote sad or negative events and flowers to represent happy events. In subsequent sessions, the lifeline is revisited and refined, with an emphasis on sharing traumatic experiences repeatedly again in a safe environment until recounting them no longer induces anxiety.[35] Assessments of the treatment among children found the therapy to have a large advantage over alternatives for treatment of PTSD.[36; 37] For example, one study randomly assigned KIDNET to refugee children, ages seven to 15, living in Germany. In comparison to the control group, treated individuals showed a clinically significant improvement in PTSD symptoms that remained stable a year after treatment after only eight treatment sessions.[38]

Evidence also suggests that NET and other variants of Cognitive Behavioural Therapy (CBT) can be successfully implemented with the use of trained laypeople, for example community members or peer refugees, and in low resource settings. This kind of "task-shifting," transferring tasks typically performed by highly qualified specialists to less specialised individuals, is a promising strategy to expand cost-effective collaborative care models for refugees and asylum seekers with mental health issues.[39]

32. Turrini, 2017.
33. Schauer, 2005.
34. Peltonen, 2010.
35. Gwozdziewycz, 2013.
36. Crumlish, 2010.
37. Gwozdziewycz, 2013.
38. Ruf, 2010.
39. Sijbrandij, 2017.

PROBLEM MANAGEMENT PLUS (PM+)

DESIGNED BY THE WORLD HEALTH ORGANISATION (WHO), PM+ IS A RAPID, LOW-INTENSITY PSYCHOLOGICAL INTERVENTION FOR DISTRESSED INDIVIDUALS COMING FROM COMMUNITIES EXPOSED TO ADVERSITY.[40]

Large randomised controlled trials determined PM+ to be effective at reducing psychological distress of survivors of gender-based violence in Kenya[41] and reducing anxiety, depression, and post-traumatic stress of adults affected by terrorism and war in Pakistan.[42] The intervention uses evidence-based strategies to build a patient's ability to manage emotional stress and, where possible, to tackle practical life problems, for example, unemployment. Over the course of five 90-minute sessions, patients are instructed in stress management (breathing exercises), problem management (sequentially identifying problems and solutions and then creating actions plans), behavioural activation (identifying pleasant activities to engage in), and skills to strengthen social support networks.[43] PM+ is designed to be administered through individual or face-to-face formats by both professionals and trained non-professionals in a wide range of settings.

EARLY ADOLESCENT SKILLS FOR EMOTIONS, OR EASE, SEEKS TO REDUCE THE SYMPTOMS OF STRESS, ANXIETY, AND DEPRESSION EXPERIENCED BY TEN-TO-14-YEAR-OLDS.

The EU Horizon 2020 STRENGTHS programme is a consortium of 15 organisations that aims to adapt the PM+ model to a Syrian context and to incorporate low-intensity psychological interventions into the health systems of host countries.[44] Members are implementing scalable interventions developed by the WHO, with a particular focus on PM+, in eight countries (Turkey, Lebanon, Jordan, Egypt, Germany, Switzerland, the Netherlands, and Sweden), including one variation specifically targeting young adolescents in Lebanon, managed by the Dutch organisation War Child. The variation, called Early Adolescent Skills for Emotions, or EASE, seeks to reduce the symptoms of stress, anxiety, and depression experienced by ten-to-14-year-olds and can be delivered by non-specialist providers. War Child plans to publish results on the programme's efficacy at improving the psychosocial wellbeing of vulnerable children in Lebanon in 2021.[45]



Photo Credit: Fizkes / Shutterstock

40. World Health Organisation, 2018.
41. Bryant, 2017.
42. Rahman, 2016.
43. World Health Organisation, 2018.
44. Scaling Up Psychological Interventions with Syrian Refugees (STRENGTHS), 2017.
45. War Child, 2019.

E-MENTAL HEALTH TREATMENTS

MENTAL HEALTH INTERVENTIONS FACILITATED BY THE USE OF TECHNOLOGY ARE ANOTHER PROMISING STRATEGY TO PROVIDE CARE TO DISPLACED ADOLESCENTS.

One study found that 90 percent of Syrian refugee participants in the Za'atari refugee camp in Jordan had a mobile phone and 60 percent had a smartphone, allowing them to access the internet.[46] The privacy afforded by e-treatment can help to overcome internal barriers, such as a fear of stigmatisation. E-treatments can also reduce practical barriers, such as a refugee's inability to access a health centre or obtain a referral.[47] An additional advantage is that many mobile phone apps can be self-administered completely or partially offline, reducing concerns related to broadband coverage or high data costs. One component of the STRENGTHS programme includes the development and testing of an open-source smartphone- and computer-based PM+ intervention with Syrian adult refugees in Germany, Egypt, and Sweden.[48]

Potential challenges of e-mental health treatments that should be considered in their design and use include lack of trust in a website or app and concerns about storage of personal information, lack of access to mobile technology, the costs of internet or mobile use, and the long-term sustainability of hosting and updating interventions.[49]



Photo Credit: Refugee Rights Europe

ART AND COMMUNITY-THEATRE

THERE IS EVIDENCE TO SUGGEST THAT CREATIVITY-BASED PROGRAMMES INCORPORATING THE ARTS, SUCH AS THEATRE, MUSIC, DANCE, DRAWING, AND WRITING POETRY, CAN AID IN THE RECOVERY OF DISPLACED ADOLESCENTS.

A systematic review of significant findings of arts-based interventions found they led to reductions in symptoms of depression, anxiety, PTSD, functional impairment and peer problems among refugee and asylum-seeking children.[50] An assessment of an arts programme for refugees at six Australian schools identified as outcomes of the program enhanced abilities with English, improved confidence and optimism about the future, and opportunities to form friendships and relationships with teachers.[51] A 2008 assessment of the impact and scale of refugee arts programmes in the UK found evidence that the activities were effective at promoting community cohesion and building mutual acceptance between host communities and refugees and asylum seekers. In addition, participants and community members reported that the arts interventions helped new arrivals to build confidence and develop communication and language skills.[52]

> THE WOMEN PARTICIPATED IN WORKSHOPS THAT AIMED TO SUPPORT THEIR HEALING PROCESS THROUGH TRUST-BUILDING EXERCISES.

The centres that provide arts programmes can also serve to attract people with workshops, group meetings, social events, and activities geared toward recovery. One example is Antigone of Syria, an eight-week drama project for Syrian refugee women in Lebanon that culminated in three public performances of the ancient Greek text. The women participated in workshops that aimed to support their healing process through trust-building exercises and the creation of a space in which to share stories of war and displacement. During rehearsals, the children of participants, many of whom had been out of school for years, were looked after and engaged by arts therapists, who encouraged them to express themselves through painting and sculpture.[53]

46. Maitland, 2015.
47. Sapthiang, 2019.
48. Burchert, 2019.
49. Bockting, 2016.
50. Tyrer, 2014.
51. Sonn, 2013.
52. Kidd, 2008.
53. Open Art Foundation, 2014.

INTERVENTIONS WHICH ADDRESS CONTEXTUAL FACTORS

POOR MENTAL HEALTH AMONG REFUGEE ADOLESCENTS IS A MULTIFACETED PROBLEM, AND CONSIDERATION MUST BE GIVEN TO THE DIFFICULT LIFE CIRCUMSTANCES THEY FACE IN A HOST COUNTRY THAT CAN LEAVE THEM DEMORALISED AND HOPELESS.

Despite the manifold challenges they face, however, young asylum seekers and refugees often exhibit incredible resilience. A review identified eight protective factors involved in resilience that were capable of supporting the psychosocial wellbeing of adolescent refugees. These included: finances for necessities; host language proficiency; social support networks; engaged parenting; family cohesion; maintaining cultural adherence; educational support; and faith or religious involvement.[54]

RESPONDENTS PRIORITISED THE PROVISION OF LANGUAGE CLASSES, ACCESS TO EXTRACURRICULAR ACTIVITIES, ADVICE ON LIVING IN THE UK, AND HELP WITH ASYLUM APPLICATIONS.

Studies have shown the importance of native language acquisition in promoting the psychosocial wellbeing of displaced individuals. A systematic review of 29 studies on refugees' long-term mental health found that poor local language proficiency, socio-economic instability, and a lack of social support were consistent predictors of depression among migrants.[55] A ten-year study of southeast Asian refugees in Canada found that English language fluency was a strong predictor of depression and employment at the end of the first decade of settlement.[56] Through qualitative interviews, 40 refugee adolescents in the UK gave recommendations on how to best support the mental health of newly arrived refugees in their schools. Respondents prioritised the provision of language classes, access to extracurricular activities, advice on living in the UK, and help with asylum applications.[57]

Living conditions, including the physical conditions of the home and the qualities of the neighbourhood, are another important determinant of mental health problems in migrant populations.[58] For example, one study found that living in unsafe neighbourhoods was associated with an increased risk of depression in unaccompanied minors.[59] Among Yugoslavian refugees resettled in Germany, Italy, and the UK, inadequate housing, financial difficulties, and family separation were the greatest sources of post-migration stress.[60]

A SENSE OF BELONGING IN THE HOST COMMUNITY IS ANOTHER IMPORTANT INDICATOR OF MENTAL HEALTH.

A sense of belonging in the host community is another important indicator of mental health. A study of refugee adolescents in Australia found that their subjective social status in the broader community, perceived discrimination, and bullying were strongly associated with wellbeing outcomes.[61] Among refugees living in Switzerland, a lack of social integration was highly correlated with decreased quality of life and severity of depression and symptoms of anxiety and PTSD.[62] Another study conducted with unaccompanied minors in the UK determined that social support, purposeful activity, and religious involvement were key factors influencing their ability to cope and manage trauma.[63]



Photo Credit: Jane Baker

54. Weine, 2014.
55. Bogic, 2015.
56. Beiser, 2001.
57. Fazel, 2018.
58. Hassan, 2016.
59. Keles, 2016.
60. Bogic, 2012.
61. Correa-Velez, 2010.
62. Schick, 2016.
63. Sutton, 2006.



Photo Credit: Jane Baker

Overall, the research shows the importance of helping young refugees access a wide range of supportive community networks, as well as the positive improvements to their mental health that can emerge from improving their living conditions and livelihoods. Rather than singularly focusing on the treatment of past traumatic events, holistic interventions targeting young refugees must also attend to the social determinants of mental health, including promoting a safe environment, adequate food and housing, and social inclusion.

THE YOUTH WELFARE OFFICER IS A HOLISTIC AND TRAUMA-INFORMED MODEL WHICH SEEKS TO PROVIDE ASYLUM-SEEKING YOUTH WITH THE CARE AND GUIDANCE THEY SO DESPERATELY NEED.

Within this category of interventions, the example of the Youth Welfare Officer (YWO) introduced in the UK to support 18–25-year-olds in asylum accommodation is a noteworthy example.[64] The Youth Welfare Officer is a holistic and trauma-informed model which seeks to provide asylum-seeking youth with the care and guidance they so desperately need, as is provided to young adults leaving local authority care.

The model proposes the placement of YWO's in all initial accommodation. YWO's provide onsite psychological, emotional, welfare and social support, guidance and information and would also liaise directly with individual local authorities whenever they have concerns that an individual may be underage and incorrectly outside of the local authority care system.

More concretely the YWO would signpost individuals to existing services for guidance, support, and information, they would ensure the sufficient safeguarding of young people in adult accommodation and would carry out a comprehensive need's assessment for each young person in the accommodation.

Based on the research interviews with young asylum seekers and service providers in the UK, as presented in Part 1, it appears this type of intervention has a lot of potential.

64. Refugee Rights Europe, 2020.

CONCLUDING REMARKS

An urgent need for holistic care and support for young asylum seekers.

AS HIGHLIGHTED IN PART 1 OF THIS REPORT, THE MENTAL HEALTH AND WELLBEING OF ASYLUM SEEKERS IS A SERIOUS CRISIS WHICH MUST BE ADDRESSED ACROSS THE UK AND OTHER EUROPEAN COUNTRIES, WITH A PARTICULAR URGENCY IN SUPPORTING YOUNG INDIVIDUALS AGED 18-25.

A range of different types of interventions for mental health treatment of displaced populations have been implemented in different countries. These include both specialised (NET/KIDNET, PM+, e-MH treatments) and non-specialised approaches (Art and Community Theory, Interventions which address contextual factors). Many of these have proven to be effective, complementary, and outperforming both alternative therapies and the absence of treatment altogether. However, in Europe refugee mental health services remain underutilised given challenges related to language barriers, fear of stigmatisation, asymmetrical power dynamics, confusion over the services available, a distrust of the healthcare system and sometimes also a fear of deportation.



Photo Credit: Hubskyi_Mark / Shutterstock

Because the mental ill-health among refugees and asylum seekers is an extremely complex and multi-layered phenomenon, the review showcased that any response needs to be designed in a culturally and contextually sensitive way that considers refugees' social determinants of mental wellbeing.

While the desk review provided an overview of evidence-based interventions, which could be rolled out at larger scale across refugee hosting countries, it remains crucial to understand that the multidimensional stressors adolescent refugees and asylum seekers experienced, call for a culturally and contextually sensitive response tailored to the specific needs of individuals. Such a response must focus on addressing the pre-migration stressors experienced by adolescent refugees and asylum seekers as well as stressors experienced during and after migration to ensure that individuals are empowered both psychologically and socially to survive and thrive in their new environment.

In the context of the UK, young asylum seekers continue to face unique and complex mental health challenges. For 18 to 25-year-olds, the lack of adequate care and support upon arrival in the UK, and throughout the asylum process, risks contributing to a further exacerbation of psychological ill-health amongst young asylum seekers, not least due to social isolation, language difficulties, anxiety about the asylum process, and fears about the future – all of which are major factors that can exacerbate the effects of past trauma.

It was argued in the report that young asylum-seeking individuals living in accommodation with older adults (often because of age disputes and being wrongfully placed in adult accommodations) are especially vulnerable and at heightened risk of detrimental outcomes such as the aforementioned mental ill-health difficulties and self-harm, in addition to serious risks of abuse, exploitation, disappearance and homelessness. To prevent the risk of further harm to these young people and to strengthen their resilience, urgent support and care should be provided, in line with the findings presented in this report.

Based on both extensive desk research as well as field research interviews, which brought the voices and lived experiences of young people in asylum accommodation and those who work with them to the forefront of discussion, it is clear that the UK and other European governments need to take imminent action. The available evidence of effective interventions provides impactful and readily implementable solutions to tackle this crisis, but a clear political commitment is urgently needed.

Until then, asylum seekers are likely to continue to face obstacles to their mental health and wellbeing, as highlighted by a 21-year-old young person from Afghanistan: *"I went through a lot on my journey and a lot here in the UK. I thought once I reach the UK, I can make my dreams come real but here I am and it is so difficult. All I can have now is hope."*



"I WENT THROUGH A LOT ON MY JOURNEY AND A LOT HERE IN THE UK. I THOUGHT ONCE I REACH THE UK, I CAN MAKE MY DREAMS COME REAL BUT HERE I AM AND IT IS SO DIFFICULT. ALL I CAN HAVE NOW IS HOPE."

– 21-YEAR-OLD, AFGHANISTAN

Photo Credit: Sergey Hramov / Shutterstock

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