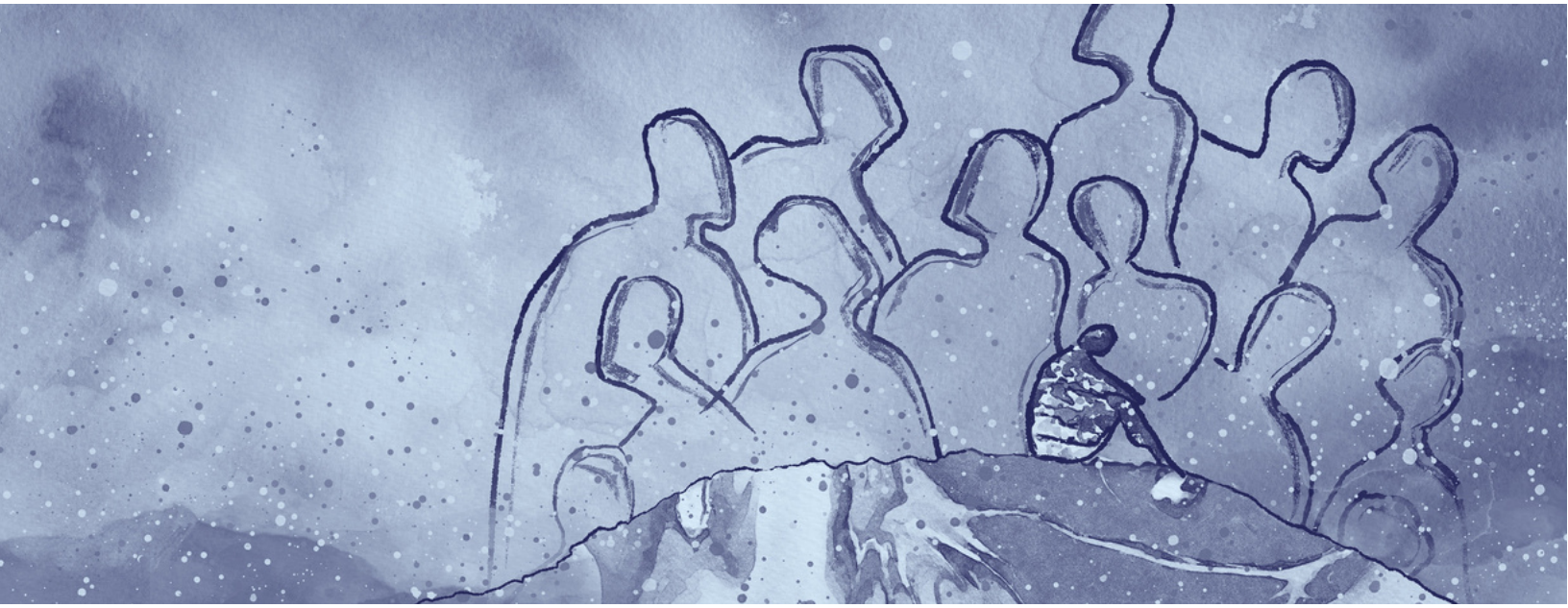
REFUGEE INTEGRATION AND MENTAL HEALTH: A TWO-WAY STREET?

by Caitlin Katsiaficas



CAITLIN KATSIAFICAS

Caitlin Katsiaficas is a Policy Analyst at the International Centre for Migration Policy Development and a former Visiting Scholar at the Institute for European, Russian, and Eurasian Studies. Prior to joining ICMPD, she held positions at the Migration Policy Institute, World Bank, International Rescue Committee, and IERES, in addition to internships with local and national refugee resettlement agencies in the United States. Her recent research focuses on international protection, talent attraction, and integration.

Institute for European, Russian, and Eurasian Studies
THE GEORGE WASHINGTON UNIVERSITY

For many refugees in Europe, mental health challenges caused by the COVID-19 pandemic come on top of other stress and trauma experienced due to displacement. Mental health is linked to integration, another issue that remains top of mind among European policymakers and publics. Evidence suggests that there is a bidirectional relationship between refugee integration and mental health—pointing to challenges but also opportunities to promote reinforcing gains for individuals, and by extension, communities. This paper explores existing knowledge about this relationship and how policies and practices that go beyond clinical mental health services can work to support both domains.

Keywords: Refugees, displacement, mental health, integration

The COVID-19 pandemic has brought mental health issues to the fore. Movement restrictions, social isolation, fear, uncertainty about the future, and financial stress resulting from the pandemic are among the reasons why mental health has become a key concern in Europe (and elsewhere),[1] prompting heightened societal discourse about the importance of mental health and well-being and spurring the World Health Organization (WHO) to call for an injection of mental health funding as part of the global COVID-19 response and recovery.[2] COVID-19 has important mental health implications for refugees, a population that has often already experienced a range of other displacement-related stress or trauma. These come on top of sizable physical health concerns: the virus itself has hit refugees and other migrants particularly hard, with these groups facing higher exposure, a greater risk of severe symptoms, and a higher mortality rate.[3] The pandemic has thus exacerbated challenges this population already faces and added new ones. These difficulties include isolation, online access hurdles, financial pressure, housing-related issues, difficulties accessing health care and learning about pandemic-related rules, increased caregiver responsibilities, and a longer asylum procedure.[4]

Meanwhile, the integration of newcomers has remained a top-of-mind issue in European public and policy debates since the 2015–16 spike in asylum seeker arrivals, serving to make the topics of migration and integration more salient and divisive.[5] In addition, Russia's invasion of Ukraine on February 24, 2022 has resulted in the fastest-growing and largest-scale displacement crisis in Europe since World War II, with 5.5 million people fleeing to other European countries as of the end of June.[6] While the European Union was quick to offer temporary protection (typically a 1-year status, renewable for up to 3 years), and many Ukrainians express a wish to return to their country, a considerable number are likely to stay displaced at least in the medium term, meaning that integration into receiving communities will become an increasing priority. The issues of refugee[7] integration and mental health are in fact connected, with research suggesting a bidirectional relationship between the two. This paper focuses on the ways in which policies and programs in Europe, beyond clinical mental health services,[8] can play an active role in supporting positive outcomes in both domains. While specialized mental health care remains a fundamental tool for supporting refugees in coping with trauma, particularly for individuals experiencing mental health conditions requiring specialized services, this paper makes the case for a comprehensive approach. Such a strategy encompasses a range of actors, notably those relevant for migrant integration (including housing, education, employment, social services, health, and other sectors), as well as public and private partners. In this context, COVID-19 presents a challenge—but also an opportunity to jumpstart thinking and action to ramp up a response to these two interrelated issues that are so important for individuals and communities alike.

What Is Mental Health?

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."[9]

Forced Migration and Mental Health

Refugee populations are diverse, including in their experiences in origin and destination countries and while in transit. Individuals may be affected in different ways and to differing degrees by any trauma they may endure, and even those experiencing the same event may be impacted differently by it.[10] With that said, of all migrant groups, refugees are most at risk of experiencing mental health problems.[11] According to UNHCR, the United Nations Refugee Agency, the prevalence of mental health challenges among refugees is shaped by their:

- exposure to adverse events;
- present living situation; and
- perceptions regarding future prospects.[12]

Research puts forth widely varying rates of mental health conditions among refugee populations, including those in high-income countries, due partly to differences in refugee groups and contexts but also different methodologies.[13] Generally speaking, rates of mental disorders among refugees are similar to those of general destination-country populations, although there is a higher prevalence of post-traumatic stress disorder (PTSD) among refugees.[14] Five years after resettlement, however, the rates of anxiety and depression are higher among refugees—illustrating the potential persistence of mental health conditions and indicating connections to integration contexts and trajectories.[15] How and why the prevalence increases after refugees are settled for longer is not well understood, as there is little research to date on this change.[16] Some subgroups may face particular mental health challenges: female asylum seekers and refugees are more likely to develop PTSD and depression than males,[17] while older age is related to a higher level of refugee mental health symptoms[18] and unaccompanied children are considered especially vulnerable (see below).[19]

Unaccompanied Refugee Children

Europe has seen the arrival of significant numbers of unaccompanied minors seeking asylum in recent years. The number of such arrivals peaked in 2015 at 92,000 and has since decreased. In 2020, 13,600 asylum applicants under the age of 18 were unaccompanied, accounting for 1 in 10 child applicants, and this number rose again in 2021 to 23,300.[20] *Children in general may face specific challenges over the course of their migration journey, including interruptions to their education and bullying.*[21] *Those who are unaccompanied often also face a heightened risk of exposure to trauma while in transit (including multiple traumatic experiences) and of challenges upon arrival.*[22] *They have higher rates of mental health concerns, including depression and PTSD, than other refugees,*[23] *and exhibit consistently high rates of PTSD and post-traumatic stress symptoms (PTSS).*[24] *Thus, among refugees, unaccompanied children are considered especially vulnerable.*[25] *Additionally, a longitudinal study of unaccompanied refugee minors in Norway found that females and those exposed to severe trauma exhibited more symptoms, while older children saw less change in their mental health over time,*[26] *indicating that within this group certain subpopulations may require particular and long-term attention.*

Trauma, especially that which is repeated or severe, is associated with a heightened risk of mental health concerns.[27] Traumatic experiences may not only have a long-term impact on affected individuals, but there can even be intergenerational impacts.[28] As with the general population, some exhibit more resilience than others, meaning that some are better able to cope, in line with individual and community factors. For refugees, these factors can include individual qualities, cohesion among and support from family and community, supportive close relationships, a sense of belonging, and religion.[29] Finding ways to decrease mental health risk factors and to support protective factors that can provide a buffer against stressors can help refugees in coping with trauma, pointing to a critical role for policies and programs.

Coping Strategies

In dealing with trauma and other adversities, refugees and asylum seekers employ a range of coping strategies, including:[30]

- *seeking social support from family, friends, peers, and professionals;*
- *participating in social, cultural, and religious activities; and*
- *seizing opportunities for education, employment, adequate housing, and political engagement.*

While the field would benefit from further research on this topic, these strategies highlight important entry points for policymakers and practitioners seeking to support refugees' resilience.

The Migration Journey

The research and discourse on migration and mental health has tended to focus on trauma in countries of origin.[31] Indeed, refugees and asylum seekers may face a multitude of traumatic and highly stressful experiences that prompt them to leave their homes, including violence, persecution, destruction of homes and property, and loss of or separation from family and community members. But traumatic experiences may not end once people leave their home country, and many experience traumatic events over the course of their journey. Refugees may face long periods of challenging circumstances while in refugee camps or displaced in urban areas before a small fraction are selected for resettlement in Europe or elsewhere as a "durable solution"[32] to their displacement. Meanwhile, asylum seekers (who outnumber resettled refugees in Europe by far) may also undergo dangerous journeys to safety, with many relying on smugglers and faced with difficult—and even life-threatening—conditions[33] such as kidnapping, extortion, detention, assault, torture, and overcrowded and unseaworthy vessels that risk sinking. While Ukrainian nationals have been allowed to enter the EU and choose in which Member State they wish to settle, thanks to the Temporary Protection Directive and pre-existing visa-free travel, their journeys have still been arduous.[34] Even after arriving in the destination country, conditions during and after the asylum or resettlement process can shape mental health and well-being. Thus, each phase in the migration journey can bring its own challenges that can add to existing ones and can influence mental health.

Awareness of the importance of post-migration stressors,[35] which can be as—or even more—influential for refugee mental health, has grown more recently.[36] These include stressors related to the asylum procedure

itself, including a long period of waiting and living in reception centers, as well as challenges that come with settling in. Thus, even after arrival to a "safe" place, the post-migration context can bring about new sources of stress for asylum seekers and refugees that may exacerbate existing mental health issues.[37] The post-migration context may also shape whether refugees can overcome pre-migration trauma,[38] as the effects of trauma are mediated by post-arrival conditions.[39]

For asylum seekers, the uncertainty continues after their arrival in Europe, as they must submit their claim and wait for a decision from the destination-country government as to whether they will be allowed to stay and granted the associated rights and benefits (as opposed to refugees whom European governments resettle directly from abroad). This application and decision process can take several months or even years. The asylum procedure is thus characterized by a high degree of uncertainty, lack of control, and a sense of limbo, all of which are sources of stress.[40] Some studies suggest that a longer asylum procedure is associated with a heightened risk of psychiatric conditions,[41] although a 2020 systematic review found that the evidence base is still too ambiguous to say this with certainty.[42]

It is not just the instability associated with the asylum procedure, but also the living conditions during this period, that can have important consequences for mental health. While waiting for a decision, asylum seekers typically live in reception facilities, which vary in setting type but may be overcrowded, unsanitary, lack privacy, and/or have insufficient measures in place to ensure women's security.[43] During this time, asylum seekers may be unable to work and/or receive more limited services, including those related to integration and to mental health. Long stays in reception facilities may cause asylum seekers to feel like they have lost control and lose their motivation.[44] Research on asylum accommodation in the Netherlands found that stays of five or more years hurt refugees' mental health.[45] A study conducted in Moria on the Greek island of Lesvos found that acute mental health issues were positively associated with the length of residence in the camp (measured here in just days rather than years),[46] also pointing to the detrimental effect that longer stays may have. It should be mentioned that Moria is notorious for its poor conditions, and humanitarian organizations have reported high levels of mental health concerns.[47] A study on the reception of Syrians in the Netherlands, meanwhile, found that reception conditions can both support and hamper the well-being of asylum seekers: relocations to other reception centers can be disruptive, for instance, while activities can help residents to learn the language and interact with locals.[48] This last study indicates that, despite challenges, there are ways in which asylum reception systems can support mental health if well designed and adequately resourced.

The Reception Conditions Directive

The EU's Reception Conditions Directive (recast in 2013) lays out minimum standards to be met by member states, including a special focus on vulnerable individuals, with the aim of providing asylum seekers across the EU with the necessary means for a dignified existence. However, it also provides some leeway for countries, and reception conditions remain inconsistent, as the scope of support varies considerably among member states.[49] *The Directive also sets out the grounds under which asylum seekers in the EU may be detained, as well as the conditions of their detention and safeguards. In reality, practices can vary among countries.*[50]

In recent years, several EU countries have increased the capacity of their detention centers and broadened the grounds under which people could be detained as part of their asylum management approaches.[51] A 2021 meta-analysis found that the use of immigration detention independently harms the mental health of refugees and migrants, who are approximately twice as likely to experience anxiety, depression, or PTSD compared to non-detained refugees and migrants, leading the authors to call for the use of alternatives to detention. They noted that, while more research is needed on the specific ways in which detention affects mental health, available evidence indicates that such factors include poor detention conditions, isolation, confinement, uncertainty about the future, and a lack of control or agency.[52]

Even if a positive decision is granted, beneficiaries of international protection may ultimately be given a temporary status in their country of destination, prolonging uncertainty regarding their stay in the longer term. While more research is needed to prove a connection, temporary protection may, in hurting the recipient's ability to look toward the future, have a negative mental health impact.[53] A study of refugees from the former Yugoslavia in Germany, Italy, and the United Kingdom found that temporary residence permits were linked to mood and anxiety disorders.[54] Meanwhile, a study of Persian-speaking refugees in Australia found that those receiving temporary protection visas had worse mental health outcomes than their peers receiving permanent protection visas.[55] These studies were conducted prior to the first-time activation of the EU's Temporary Protection Directive in 2022, related to the war in Ukraine, and analyze different refugee populations—however, they highlight the importance of considering longer-term options for those displaced from Ukraine as the conflict persists.

The type of status granted has implications for whether, and how soon, family members can join their relatives in their respective destination countries. Separation from family members can have negative consequences for mental health, as shown by a study of adults arriving in Germany, which found that such separation was connected to increased distress and decreased life satisfaction.[56] Another study in Germany, of Iraqi women refugees, found that worries about the situation of family members and their relatives' opportunities to receive asylum in Germany were among their largest "psychological burdens."[57] These findings highlight another way in which the type of legal status granted (and associated rights) can have mental health repercussions.

In addition to procedure- and status-related stressors, refugees who are able to stay in Europe, or who are resettled to European countries, contend with a host of changes related to settling in a new country, including navigating a different culture and often a new language, as well as unfamiliar systems and institutions. Most immediately, those exiting the asylum reception system may face uncertainty related to locating housing, while also needing to find employment and meet other basic needs. Refugees may simultaneously be dealing with other challenges such as a loss of social networks, poverty, a decrease in social status, a rise in domestic violence, and/or discrimination and social exclusion due to their language, race, culture, or immigration status.[58] Furthermore, with migration a polarizing and politically sensitive issue in many destination countries, areas in which refugees settle may not be welcoming to them.[59] The abovementioned study of refugees from the former Yugoslavia found that feeling unaccepted was also associated with a higher likelihood of mood and anxiety disorders,[60] suggesting that public attitudes can have a negative impact on refugee mental health.

The Challenge of COVID-19

On top of all these challenges, the COVID-19 pandemic has heightened risk factors and decreased protective factors, with negative implications for refugee mental health and well-being. Asylum seekers

may have been stuck in limbo or had to contend with backlogs due to border closures, paused asylum procedures, and other measures to halt the spread of the virus.[61] More generally, the pandemic has affected all aspects of social and professional life, including through lockdowns, distancing, and changes in working modes and conditions, and these changes have had important consequences for refugees.[62] This population is more likely to live in larger and multigenerational households, and many refugees work in jobs deemed essential, for instance in health and other care services, agriculture, transportation, or retail;[63] both of these factors can increase their risk of exposure to the virus. Additionally, increased uncertainty and change may exacerbate the post-migration stressors that refugee and other migrant families are already facing, such as financial challenges, language barriers, loss of social support, isolation, financial challenges, difficult working conditions, and the asylum procedure.[64] With a move to distance learning, children in migrant families may face particular challenges in completing their homework, especially if their parents do not speak the local language or there are difficulties accessing a computer and internet connection.[65] Similarly, a move to remote language courses for adults provides a possibility for program continuity, but it may be particularly difficult for some to take part.[66] While some integration-related programming did move online, other services were put on hold. And amidst the pandemic, public attitudes towards migrants worsened in many cases.[67]

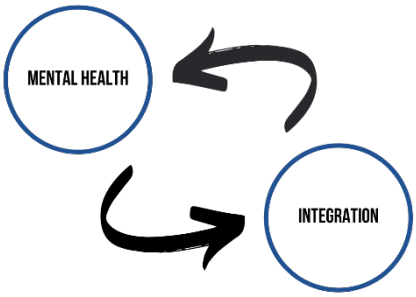
The Importance of the Destination-Country Context

A range of post-migration stressors can diminish one's ability to cope, thereby hurting mental well-being.[68] Overall, refugees show remarkable resilience in the face of multiple challenges. However, these stressors can potentially have a cumulative and significant impact. While stressors do not necessarily lead to the development of a mental health disorder,[69] extended exposure to daily stressors can have a negative and long-term impact on mental health.[70] At the same time, it is important to note that the presence of risk factors is not deterministic.[71] Moreover, particularly in the case of post-migration stressors, policymakers and programs have significant room to intervene, as destination-government policies influence several post-migration stressors, whether more or less directly.

The Relationship between Mental Health and Integration

In addition to potentially affecting asylum seekers' ability to take the initial step of effectively presenting their case as to why they should receive international protection,[72] mental health can also influence integration outcomes for those who are granted protection. Available evidence indicates that mental health interventions could help promote positive integration outcomes for refugees dealing with trauma.[73] Meanwhile, research also shows that integration supports mental health, both helping to address current mental health challenges and protecting against new ones.[74] A 2019 scoping review found growing acknowledgement of the potential reciprocal effects between mental health and the post-migration context, signaling that an effective approach should encompass both mental health and refugee integration.[75] Reflecting this, several scholars have suggested that there is likely a "reciprocal,"[76] "bidirectional,"[77] or "circular"[78] relationship between the two, whether the connection concerns integration generally or particular indicators of integration such as local language acquisition or employment. Such conceptualizations posit that refugees' living conditions in receiving countries influence mental health outcomes, which in turn are a foundation for their integration.

FIGURE 1: Likely a bidirectional relationship between refugee integration and mental health



How Does Integration Influence Mental Health?

As already mentioned, a host of factors related to the post-migration context (during which integration takes place) have the potential to create new sources of stress and aggravate mental health challenges. In other words, integration difficulties can hurt refugees' mental health and well-being. Facing a poor socioeconomic situation, such as being isolated or unemployed, is linked to a higher rate of depression among refugees.[79] In a study of new refugees in the UK, those who were unemployed, unable to speak English well, or unsatisfied with their housing had a higher risk of worse emotional well-being.[80] A study of Syrian refugees in Canada found that those with moderate and high levels of education had higher employment rates than their compatriots with less than a high school education—but also had lower job satisfaction, worse mental health, and higher stress. This last finding underscores that it is not only a question of whether or not someone is employed, but also whether they are in a job that is commensurate with their skills and experience (that is, whether or not they are underemployed), that can affect their mental health.[81] Moreover, a study of unaccompanied refugee minors in Norway found that, five years after arrival, daily hassles were an important predictor of mental health concerns, indicating persistent challenges.[82]

On a more positive note, research also shows that active social participation promotes resilience and serves as a protective factor.[83] Available evidence has generally found that higher destination-country language proficiency supports mental health.[84] A study of Bosnian refugees in Austria and Australia, for instance, conducted an average of 18 years after their arrival, found that learning the local language mediates between trauma and mental health issues, illustrating that language programs can not only facilitate daily life, they can boost mental health outcomes for refugees who have experienced trauma.[85] A study of a community-based mental health intervention for African refugees in the United States found higher English skills and lower levels of distress, and qualitative data supported the idea that local language proficiency was an important component of this intervention.[86] Studies of unaccompanied refugee minors found that children's post-migration social support network (such as peers and mentors) was a significant predictor of whether or not they would experience mental health challenges,[87] and that these networks serve as a protective factor.[88] Also with regard to unaccompanied refugee children, having fewer post-migration daily challenges has been associated with a higher likelihood of resilience.[89] The research base thus illustrates that the level of ease, or difficulty, in settling in can help shape refugee mental health outcomes. Indeed, the WHO has identified integration measures as an area for intervention to promote refugee mental health.[90] These findings demonstrate that supporting refugees' integration can also serve to support their mental health.

How Does Mental Health Shape Integration Trajectories?

In the other direction, evidence on the influence of mental health on refugee integration is less robust. Nevertheless, the research base is growing, and suggests that the impacts of trauma and post-migration stress make acculturation, including language learning, health, employment, and quality of life, more challenging.[91] A 2022 study of longitudinal data on refugees in Australia found that poorer mental health hurt a range of indicators related to labor market integration, including the chances of employment and likelihood of being in the labor force in the first place, as well as weekly income and job quality.[92] A study of adolescent refugees in the UK found that worries about the outcome of the asylum process hurt students' ability to focus in the classroom,[93] which may have implications for their academic performance and trajectories. There is little evidence to date on the connection between mental health and refugees' language acquisition, but several studies have found a connection between the severity of certain mental health challenges and cognitive function and memory, which may hinder language learning.[94] More broadly, a World Bank working paper asserted that providing mental health care is vital for helping displaced persons to cope with trauma and rebuild—and that, without it, they often cannot fully benefit from other types of services they receive.[95] While this was written to inform the Bank's work in low- and middle-income countries, the same could be said regarding integration-related services in high-income contexts: in addition to improving individual mental health, mental health services could also be seen as a way to increase the ability of individuals to benefit from the integration services provided.

It's Complicated

While available evidence suggests a bidirectional relationship between refugee mental health and integration, it must be noted that this relationship can be complicated and data challenges cloud the picture, underscoring the need for further research to inform policy and program design. First and foremost, it can be difficult to tease out the causality of connections between the two spheres. According to 2018 WHO technical guidance, the information available indicates a connection between lower social integration and higher probability of experiencing a mental health condition—but the direction of causality is not clear.[96] One example of this complexity comes from a study of Sub-Saharan African refugees and migrants in Sweden, which found that a higher degree of post-migration stress, number of traumatic experiences, anxiety, depression, and PTSD were connected to a higher likelihood of unemployment. Due to the study design, the researchers were unable to determine whether mental health factors contributed to the chances of finding employment or were due to being unemployed. However, they concluded that a bidirectional relationship is probable, with other factors such as job market conditions impacting the ability to find a job.[97] Meanwhile, a longitudinal study of Southeast Asian refugees in Canada found important differences by gender: depression significantly predicted employment for women, whereas for men, unemployment was a key risk factor for depression.[98] This same study reveals another complication, namely that dynamics may change over time: in participants' first years after resettlement, local language proficiency did not influence their likelihood of depression or employment—but at the 10-year mark, fluency was an important factor predicting depression and employment, especially for women and for refugees who did not participate in the labor market early on.[99]

Despite the shortcomings in available evidence (with similar debates, challenges, and findings regarding the connection between employment status and mental health in the general population, for instance),[100] available findings overall lend support to the idea of a bidirectional relationship between refugees' mental health and their integration contexts and trajectories. This is important for policymakers and practitioners, as a reinforcing relationship means that gains in one domain can contribute to gains in the other (and vice

versa). This indicates the utility of addressing both areas simultaneously and of collaboration between the mental health and integration fields. At the very least, it demonstrates that mental health should be seen as an important component of integration programming.

Social Factors Shaping Mental Health

The Social Determinants of Mental Health Approach

The social determinants of mental health framework is useful for thinking about the connections between mental health and the integration context. This approach posits that disparities in material and social factors can help explain differences in mental health outcomes. In other words, social and economic factors, as well as the physical environment, influence mental health.[101] These factors can include safety, food, shelter, health care, employment, inclusion or exclusion, and social status.[102] According to Hynie, although refugees are impacted by the same social determinants of mental health as the wider population, their forced migration history, as well as destination-country policies and attitudes, mean that negative living conditions are more likely. With regard to refugees in particular, several factors have been found to play a role:[103]

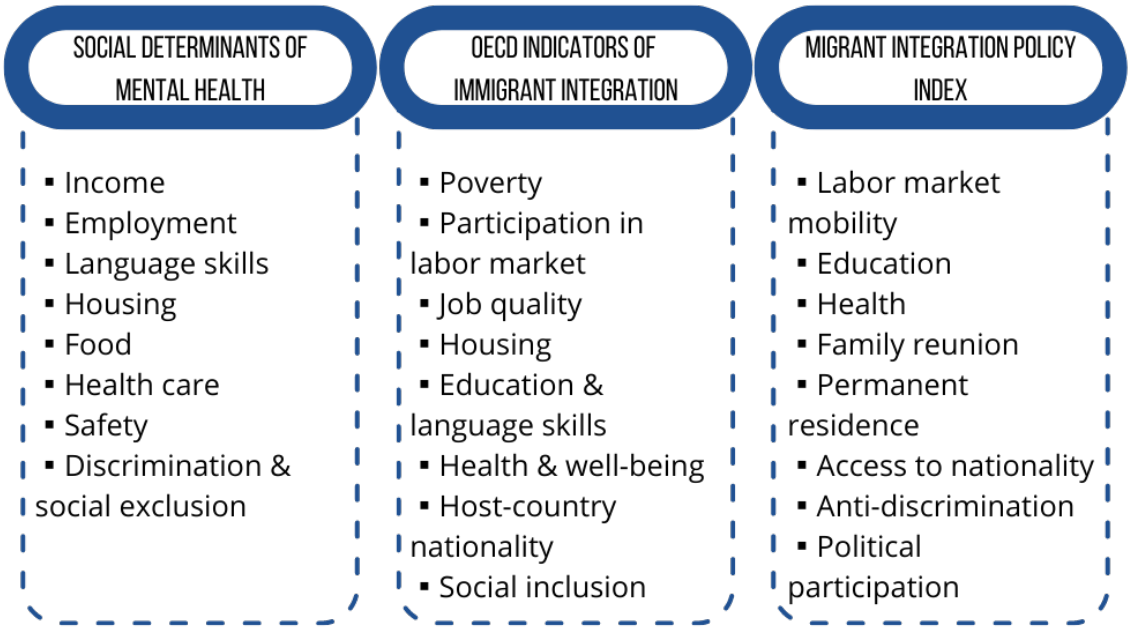
- income, socioeconomic status, and economic prospects;
- employment, underemployment, and unemployment;
- housing quality and affordability;
- language proficiency and availability of interpretation;
- the asylum process; and
- the degree of social support, acceptance, discrimination, and isolation.

The social determinants of mental health approach illustrates that a variety of policy fields have a role to play in supporting refugee mental health, and many of these are traditionally involved in refugee and migrant integration, including the housing, social services, education, employment, and health sectors. Indeed, there is considerable overlap between the social determinants of refugee mental health and indicators of migrant integration, as illustrated below comparing Hynie's scan of the research base with the Organisation for Economic Co-operation for Development's (OECD's) indicators of immigrant integration and the Migrant Integration Policy Index (MIPEX), two widely used frameworks for assessing migrant integration (see Fig. 2).

The Social Ecological Model

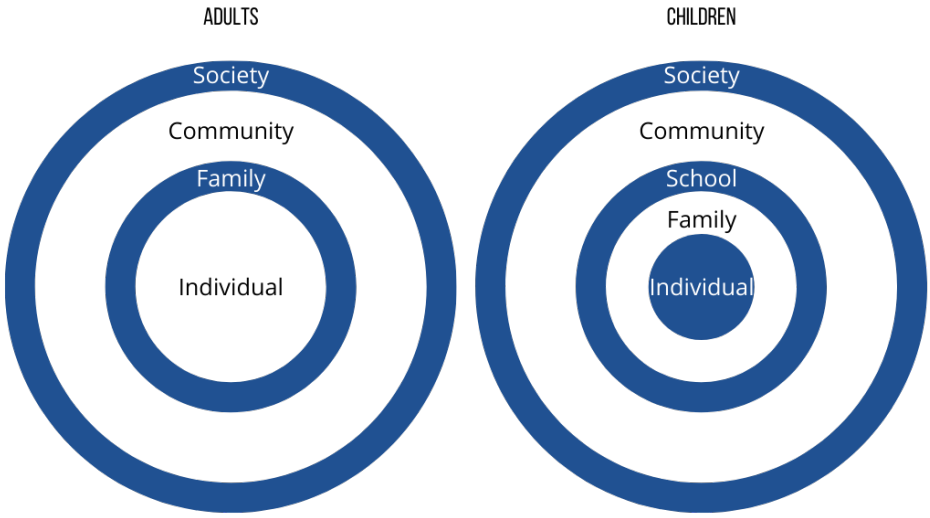
The social ecological model looks at the various levels of people's environment that impact their mental health (see Fig. 3). These levels (the individual, family, community, and society) may each bring their own risk factors.[104] For refugee children, this means considering individual children as well as their families, schools, and broader communities and societies.[105] Policymakers and practitioners looking to identify and understand risk and protective factors influencing refugee mental health and well-being in the post-migration context can consider these different layers and how they impact one another to influence mental health.

FIGURE 2: Overlap between social determinants of mental health and migrant integration indicators



Sources: Hynie, "The Social Determinants of Refugee Mental Health in the Post-Migration Context"; OECD and European Commission, "Settling in 2018: Main Indicators of Immigrant Integration" (Paris and Brussels: OECD and EU, 2018); Giacomo Solano and Thomas Huddleston, Migrant Integration Policy Index 2020, MIPEX.

FIGURE 3: Social ecological layers impacting adult and child mental health



Sources: Miller and Rasmussen, "Mental Health of Civilians Displaced by Armed Conflict"; Eruyar, Huemer, and Vostanis, "Review: How Should Child Mental Health Services Respond to the Refugee Crisis?"

The Case for a Broad Approach

In light of the potential serious and long-term mental health consequences of forced migration for individuals and communities if left unaddressed, how should policymakers and practitioners support refugees in coping with trauma and stress? The importance of a holistic approach has been touted in different areas of migration policy, including a whole-of-government[106] or even whole-of-society[107] approach to integration, in the recognition that complex issues require a comprehensive, multisectoral response. The same argument has been made for addressing mental health.[108] And, as this paper argues, a broad response is needed to address both issues together and leverage reinforcing gains in these two interconnected areas. Clinical, specialized mental health care services such as therapeutic interventions remain an important tool for addressing refugee mental health needs. Yet, taking a broader approach that includes—but goes beyond—such supports can bring benefits for a host of reasons. In addition to the theoretical arguments mentioned in the previous section, several practical reasons are explained below.

Capacity Constraints Contribute to Access and Utilization Challenges

Many countries in (and beyond) Europe lack sufficient capacity to meet the mental health care needs of their general populations,[109] with additional hurdles to effectively reaching and serving diverse refugee and migrant populations. Prior to the pandemic, the WHO remarked that larger inflows of migrants in recent years had put pressure on many European mental health systems.[110] Capacity challenges have meant long waits, a lack of specialists, and limited possibilities for interpretation,[111] among other obstacles to service provision. Insufficient capacity means it is difficult, if not impossible, to quickly provide specialized services like psychotherapy to all refugees who may need them.[112] Systems and programs, particularly in areas that are more recently receiving migration inflows or receiving migrants from a multitude of cultural and linguistic backgrounds, may find it especially difficult to provide culturally and linguistically appropriate mental health care on a scale that reflects the demographics of arrivals. In the midst of these challenges, COVID-19 has aggravated stressors, simultaneously highlighting the importance of mental well-being while laying bare the chronic underfunding of mental health services.[113]

It is not just the availability of mental health care services but also their access and utilization that are important to consider, and these issues are connected. A 2019 systematic review found insufficient uptake of mental health and psychosocial support services among refugees and asylum seekers in Europe.[114] A long list of factors can make it less likely that refugees will seek and utilize mental health services even if they are available, including a lack of responsive services, language barriers, a lack of awareness of services, high costs, transportation challenges, unfamiliar systems and bureaucracies, stigma, different or negative conceptions of mental health, help-seeking behaviors, negative attitudes from and about providers, a lack of trust, and competing priorities (such as employment).[115]

The Problem with a Limited Focus

A limited focus in terms of migration phases, mental health stressors and outcomes, and intervention modes can lead important elements to be overlooked. For instance, a focus on pre-migration experiences can result in an incomplete picture of refugee mental health and how to best respond. Illustrating this, the cross-country study of long-settled refugees from the former Yugoslavia found that war-related experiences better explained PTSD differences across destination countries, while post-migration factors

better explained mood and anxiety.[116] In addition to neglecting post-migration stressors and those related to the journey, a focus on pre-migration trauma may also serve to stigmatize refugees.[117] Looking at stressors faced across migration journeys means also considering stressors related to the post-migration context, as well as other factors related to forced displacement experiences like questions of loss and identity.[118] Moreover, a focus on certain potential outcomes of trauma, such as PTSD, can lead practitioners and policymakers to overlook other important aspects of mental health and well-being for forced migrant populations. It is also important to recognize other common challenges, including anxiety and depression,[119] as well as different local ways of expressing distress.[120] And it is clear that settings and sectors beyond clinical mental health services also have a significant part to play.

A Complementary Role for Non-Clinical Support

Given the constraints of clinical services in reaching and addressing the mental health needs of refugee populations and the multiple stressors refugees may face, non-clinical services stand to play an important—and complementary—role.[121] Some people may use psychological interventions right away, while others will need more outreach first, and yet others require different approaches altogether.[122] For example, research conducted with unaccompanied refugee adolescents in Denmark revealed that they preferred alternative activities to traditional therapy, which was viewed as focusing on the "negative and stigmatising" parts of their history and bringing the risk of re-traumatization.[123] Notably, a non-clinical approach is able to reach larger numbers of beneficiaries, which is especially important considering both current gaps and migration trends, in addition to addressing persisting access and utilization barriers.

Non-clinical services can be offered in a variety of settings, thus offering multiple touchpoints for reaching refugee adults and children and enabling a multisectoral response. Given the gap between the need and available resources to respond, a key approach in high-income refugee-receiving countries has been to create a tiered system under which community actors provide non-clinical interventions and refer people as necessary to more specialized support.[124] In lower-income countries, there has been a push to train laypeople to provide mental health interventions, a practice that can also be useful in Europe, including via peer-to-peer programs.[125]

Mental Health and Psychosocial Support (MHPSS)

MHPSS forms a key part of humanitarian interventions and is aimed at protecting and strengthening the mental health and well-being of people affected by emergencies. Guidelines developed by the Inter-Agency Standing Committee (IASC) group MHPSS into four category levels, which form a pyramid (see Fig. 4 below). Forming the base of this pyramid, and thus meant for the largest group of people, is the provision of basic services and safety. This tier is followed by supports for communities and families, which may include activities like family reunification, education and livelihood programming, and awareness-raising about coping strategies. Comprising the third level are supports for those who require more intensive interactions that are focused yet non-specialized. At the top of the pyramid are specialized mental health services for those in need of mental health care.[126]

While the IASC guidelines were developed for humanitarian contexts, this pyramid is a useful framework for European and other destination countries, and has recently been adapted to fit the US refugee resettlement context.[127] *In this conceptualization, the bottom tier consists of meeting basic needs, welcoming new arrivals, and supporting both adjustment and cultural preservation. The second tier is focused on reinforcing positive coping strategies and social networks. Specialized assistance such as*

support groups comprise the third tier, while specialized services including counseling are on the top tier.[128] *This approach is in line with the suggestions of scholars who have posited that basic needs including safety, legal status, employment, and education should be the priority before moving to more specialized mental health interventions,*[129] *or similarly, that daily stressors should be addressed first and followed by specialized services.*[130] *In other words, these pyramids lend support to the idea that integration services form part of—indeed the base of—interventions to promote mental health and well-being.*

FIGURE 4: MHPSS interventions for promoting mental health and well-being

Source: IASC, "IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings."

What Might This Look Like?

In practical terms, given the variety of stressors but also sectors overseeing related policies and programming, a range of actors beyond the health field can support refugee integration and mental health. For instance:

- With **schools** able to access children and families and also to identify symptoms, offer informal interventions, and connect students with mental health services in a setting that children and families consider safe and non-stigmatizing, school-based initiatives can help children deal with challenges related to forced migration.[131] Parenting classes, home visiting programs, and other **early childhood services** can support mental health for refugee families with young children.[132]
- **Community-based organizations** can help boost service uptake, including by raising awareness and tackling stigma. A 2011 systematic review found consistent mental health benefits for refugees from community-based mental health approaches, which can include outreach activities, workshops, and mentoring initiatives in schools, homes, and group settings, as well as train-the-trainer initiatives and hiring of refugees.[133] Other community-run activities, like sewing circles and choirs, may offer mental health benefits even without directly addressing the topic (see below).[134]
- Outside the scope of traditional areas of integration programming, **religious activities** can offer a source of emotional support, helping people to cope, and religiousness may have a buffer effect on trauma.[135] Meanwhile, **sport**, **exercise**, and **leisure** groups and activities can improve inter-group cohesion and sense of belonging and have a positive impact on mental health—potentially even protecting against future mental health challenges.[136] There is also some evidence to support **creative arts** approaches, including art therapy using movement, music, art, and drama.[137] In

addition to bringing such benefits, these programs and actors could assist in raising awareness about mental health and connecting people in need with specialized services, and could partner with mental health professionals.[138]

Moreover, with refugees interacting with a number of service systems, adopting a **trauma-informed approach** across government and non-government agencies can support staff in understanding the impacts and symptoms of trauma as well as the supports available, and work to avoid re-traumatization from their policies and practices.[139] Such a trauma-informed approach must be combined with awareness-raising about refugees' experiences. Last but not least, robust **monitoring and evaluation** would shed further light on the mechanisms impacting the relationship between mental health and integration, informing program improvement and future policies and practices.

Paving the Way for Improved Refugee Integration and Mental Health: Implications for Policy and Practice

The growing body of research on the connections between the forced migration and integration journey and refugee mental health and well-being can inform the design of policy and practice—and reveals several areas for action:

Revisiting Migration Policies and Practices

With a range of migration policies and practices found to impact mental health, these should be revisited with a view to better supporting mental health—and setting the stage for integration. Such considerations include improving the speed and conditions of the asylum procedure (being sure not to undermine its quality), in addition to offering integration programming and granting the right to work early on (including during the asylum procedure). The use of detention should be minimized, with alternatives to detention utilized and the protection of vulnerable groups prioritized. Meanwhile, reception facilities can be designed in ways that reduce stressors and promote mental health and well-being, such as being smaller in size, ensuring proper privacy and security for residents, offering integration programming and chances to interact with locals, providing mental health services, and easing the transition for those exiting the reception system. Policymakers should also consider speeding up family reunification, expanding the definition of family members who can arrive via this channel, and allowing more categories of protection status-holders to bring their families.

Adjusting Integration Policies and Programs

Mental health should be a key component of thinking on and approaches to refugee integration, encompassing a broad and multisectoral range of services. This includes bolstering those dedicated to mental health specifically, as well as those related to the living conditions of refugees more generally, with a view to reducing daily stressors. Research has highlighted the importance of language, employment (and underemployment), and housing as particular policy areas for attention to support refugee well-being and integration. For those not in or not seeking employment, volunteering could help people to build up their networks and take an active role in their communities, and potentially help them find a job down the road.[140] Helping refugees to strengthen their networks can provide a source of social support and help

reduce isolation. Integration policies and programs should be sure to reach refugee groups particularly at risk of mental health challenges, including unaccompanied children, women and girls, older adults, those with particularly severe trauma, and those facing a larger loss of socioeconomic status. While targeted supports can be useful in reaching and serving refugee populations, it is also critical to consider mainstream services, particularly given the need to also provide long-term support five or more years on.

Addressing the General Population

With the level of ease, or difficulty, in settling in helping to shape refugee mental health outcomes, it is not just integration services but also the communities in which refugees live that are important factors. Public attitudes towards refugees affect the post-migration context, and receiving communities thus have an important role to play in creating a welcoming and inclusive environment. Activities and messaging to increase public acceptance and welcoming of refugees and to reduce discrimination and stigmatization can work to support refugee integration and mental health. Positive attitudes towards refugees can also help lay the foundation for network building between refugees and other community members. Additionally, raising awareness among service providers about refugees and their experiences can help to improve interactions and service delivery, which may also have the benefit of increasing refugees' uptake of available services. With an increased focus on refugee mental health, care should be taken not to stigmatize this population in policy and public discourses. In this and other areas, collaboration between mental health professionals and government and community actors is invaluable.

Reducing Barriers to Services

Reducing barriers to accessing services is also essential for increasing their actual utilization by refugee populations. And, as already mentioned, there are many to be addressed. In addition to reducing stigma, increasing outreach and improving the cultural and linguistic responsiveness of programs to refugee communities can contribute to this goal. So can increasing non-clinical programming at schools and community-based organizations, as well as in the areas of sport, arts, culture, and religion. Of course, it is clear that more services (both clinical and non-clinical) must also be made available, as limited capacity remains a key obstacle to access and uptake.

Conducting Further Research

While we now have a better understanding of refugee mental health and its connections with integration, further research is needed to tease out the different causes and effects and to evaluate the efficacy of different interventions that are meant to address them, including multisectoral ones. More research is also needed to build the knowledge base on less-researched populations, including older adults, refugees arriving in Europe via resettlement, and beneficiaries of temporary protection, as well as to further explore resilience. Robust and longitudinal studies are particularly important for shedding light on the nature of the mental health-integration nexus and how to best intervene.

Conclusion

With research a) acknowledging the impact of post-migration stressors on mental health, b) suggesting a bidirectional relationship between refugee integration and mental health, and c) pointing to the utility of a multisectoral approach to supporting refugee integration and mental health, looking and working more broadly can equip policymakers and practitioners with a more comprehensive understanding of refugees' mental health and well-being and integration journeys that can inform a more supportive response. Given Europe's growing refugee population, as well as the importance and potential persistence of mental health issues, it is increasingly imperative that refugees are taken into account in mental health strategies and interventions. Consideration of refugees' integration contexts and individual trajectories must be integral parts of conversations about refugee mental health. At the same time, supporting refugee mental health and well-being should be seen as an important component and objective of integration programming. The twin goals of supporting refugee mental health and refugee integration are important policy goals in their own right, and they complement one another.

Moreover, supporting these areas can be seen not just as improving individual well-being, but also bringing about broader societal impacts through boosting social and economic inclusion and participation, which in turn can help foster overall social cohesion. Here, the pandemic presents not just a challenge but also an opportunity to destigmatize mental health and inject much-needed funding into a multisectoral approach that also encompasses integration-related services. A proactive and comprehensive approach to these issues, with increased investments and attention, is needed to "build back better"—for refugees, too.

---

* The author thanks Leila Hadj Abdou, Ronald Gomez-Suarez, and Justyna Segeš Frelak for reviewing this paper and providing valuable comments.

[1] Elena Sánchez Nicolás, "WHO: Covid Will Be a 'Dual Pandemic'–Physical and Mental," interview with Natasha Azzopardi-Muscat, *EUobserver*, October 1, 2021; Sarah Holder, "Mental Health Is a Matter of Public Health, Too," Bloomberg CityLab, March 3, 2021; David M. Glick et al., *Building Back Better: 2021 Menino Survey of Mayors* (Boston: Boston University Initiative on Cities, 2021).

[2] World Health Organization, Substantial Investment Needed to Avert Mental Health Crisis, news release, May 14, 2020.

[3] Jasmijn Slootjes, *Healing the Gap: Building Inclusive Public-Health and Migrant Integration Systems in Europe* (Brussels: Migration Policy Institute Europe, 2021).

[4] Robin Finlay, Peter Hopkins, and Matt Benwell, "'It's Like Rubbing Salt on the Wound': The Impacts of Covid-19 and Lockdown on Asylum Seekers and Refugees, (Newcastle upon Tyne, UK: Newcastle University, 2021).

[5] See, for instance, European Commission, *Special Eurobarometer 469: Integration of Immigrants in the European Union* (Brussels: European Commission, 2018).

[6] United Nations, "The War Has Caused the Fastest and Largest Displacement of People in Europe Since World War II," statement by Osnat Lubrani, UN Resident and Humanitarian Coordinator in Ukraine, March 24, 2022; UNHCR, "Operational Data Portal: Ukraine Refugee Situation," updated June 29, 2022.

[7] In this paper, the term *refugee* encompasses individuals granted a range of temporary and permanent EU and national statuses, including refugee protection, subsidiary protection, humanitarian protection, temporary protection, and other permission to stay. This reflects some similarities in experiences, and also the fact that several research studies do not distinguish among these populations. At times, *asylum seeker* will be used to refer specifically to people who have yet to or are in the process of undergoing the asylum procedure.

[8] For recommendations regarding mental health care for refugees and migrants in Europe, see for instance, World Health Organization, "Mental Health Promotion and Mental Health Care in Refugees and Migrants: Policy Brief" (Copenhagen: WHO Regional Office for Europe, 2018).

[9] Source: World Health Organization, Mental health: strengthening our response, Factsheet, 2018.

[10] Beth Farmer and Sasha Verbillis-Kolp, "Trauma-Informed Care: Movement towards Practice," webinar, Switchboard, January 15, 2020.

[11] M. R. Campbell et al., "Social Determinants of Emotional Well-Being in New Refugees in the UK," *Public Health*, no. 164 (2018): 72.
[12] UNHCR, "Strengthening Mental Health and Psychosocial Support in 2021," (Geneva: UNHCR, 2021), 1.
[13] D. Giacco and S. Priebe, "Mental Health Care for Adult Refugees in High-Income Countries," *Epidemiology and Psychiatric Sciences* 27 (2018): 109–116; Stefan Priebe, Domenico Giacco, and Rawda El-Nagib, "Public Health Aspects of Mental Health among Migrants and Refugees: A Review of the Evidence on Mental Health Care for Refugees, Asylum Seekers and Irregular Migrants in the WHO European Region" (Copenhagen: WHO Regional Office for Europe, 2016); Marija Bogic et al., "Factors Associated with Mental Disorders in Long-Settled War Refugees: Refugees from the Former Yugoslavia in Germany, Italy and the UK," *British Journal of Psychiatry*, no. 200 (2012): 216–223.
[14] Priebe, Giacco, and El-Nagib, Public Health Aspects of Mental Health, 7.
[15] Giacco and Priebe, "Mental Health Care"; Bukola Salami et al., "Migration and Social Determinants of Mental Health: Results from the Canadian Health Measures Survey," *Canadian Journal of Public Health* 108, no. 4 (2017): e362–e367.
[16] WHO Regional Office for Europe, "Mental Health Promotion and Mental Health Care in Refugees and Migrants: Technical Guidance" (Copenhagen: WHO Regional Office for Europe, 2018), 7.
[17] Konstantina Davaki, "The Traumas Endured by Refugee Women and Their Consequences for Integration and Participation in the EU Host Country" (Brussels: European Parliament, 2021), 25–26.
[18] Dzenana Kartal, Nathan Alkemade, and Litza Kiropoulos, "Trauma and Mental Health in Resettled Refugees: Mediating Effect of Host Language Acquisition on Posttraumatic Stress Disorder, Depressive and Anxiety Symptoms," *Transcultural Psychiatry* 56, no. 1 (2018): 14.
[19] Tine K. Jensen et al., "Long-Term Mental Health in Unaccompanied Refugee Minors: Pre- and Post-Flight Predictors," *European Child and Adolescent Psychiatry*, no. 28 (2019): 1671–82; Irene Mateos Rodriguez and Veronika Dobler, "Survivors of Hell: Resilience amongst Unaccompanied Minor Refugees and Implications for Treatment—A Narrative Review," *Journal of Child and Adolescent Trauma* (2021); Susan Sierau et al., "Alone, but Protected? Effects of Social Support on Mental Health of Unaccompanied Refugee Minors," *European Child and Adolescent Psychiatry*, no. 28 (2019): 769.
[20] Eurostat, "13,600 Unaccompanied Minors Seeking Asylum in the EU in 2020," April 23, 2021; Eurostat, Table: Asylum applicants considered to be unaccompanied minors by citizenship, age and sex - annual data (rounded), updated July 1, 2022. 2021 data are provisional.
[21] Mina Fazel, et al., "Mental Health of Displaced and Refugee Children Resettled in High-Income Countries: Risk and Protective Factors," *Lancet* 379 (2012): 266.
[22] Rebecca A. Tyrer and Mina Fazel, "School and Community-Based Interventions for Refugee and Asylum Seeking Children: A Systematic Review," *PLOS ONE* 9, no. 2 (2014), 2; Usama El-Awad et al., "Promoting Mental Health in Unaccompanied Refugee Minors: Recommendations for Primary Support Programs," *Brain Sciences*, concept paper, (2017).
[23] Sierau et al., "Alone, but Protected?"; WHO Regional Office for Europe, *Report on the Health of Refugees and Migrants in the WHO European Region* (Copenhagen: WHO Regional Office for Europe, 2018), x.
[24] Jordan Bamford, Mark Fletcher, and Gerard Leavey, "Mental Health Outcomes of Unaccompanied Refugee Minors: A Rapid Review of Recent Research," *Current Psychiatry Reports* 23 (2021), 1.
[25] Jensen et al., "Long-Term Mental Health," 1671; Rodriguez and Dobler, "Survivors of Hell," 7; Sierau et al., "Alone, but Protected?," 769.
[26] Jensen et al., "Long-Term Mental Health."
[27] Michaela Hynie, "The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review," *The Canadian Journal of Psychiatry* 63, no. 5 (2018): 297–303.
[28] Marija Bogic, Anthony Njoku, and Stefan Priebe, "Long-Term Mental Health of War-Refugees: A Systematic Literature Review," *BMC International Health and Human Rights* (2015) 15–29; Fazel et al., "Mental Health of Displaced and Refugee Children; Maki Park and Caitlin Katsiaficas, "Mitigating the Effects of Trauma among Young Children of Immigrants and Refugees: The Role of Early Childhood Programs" (Washington, DC: Migration Policy Institute [MPI], 2019), 5; Seyda Eruyar, John Maltby, and Panos Vostanis, "Mental Health Problems of Syrian Refugee Children: The Role of Parental Factors," *European Child and Adolescent Psychiatry* 27, no. 4 (2018): 401–409.
[29] Chesmal Siriwardhana, Shirwa Sheik Ali, Bayard Roberts, and Robert Stewart, "A Systematic Review of Resilience and Mental Health Outcomes of Conflict-Driven Adult Forced Migrants," *Conflict and Health* 8, (2014).

[30] Øivind Solberg et al., "Coping in Limbo? The Moderating Role of Coping Strategies in the Relationship between Post-Migration Stress and Well-Being during the Asylum-Seeking Process," *International Journal of Environmental Research and Public Health*, no. 18 (2021).
[31] Campbell et al., "Social Determinants of Emotional Well-Being," 73; Poppy James, Aarti Iyer, and Thomas L. Webb, "The Impact of Post-Migration Stressors on Refugees' Emotional Distress and Health: A Longitudinal Analysis," *European Journal of Social Psychology* 49, no. 7 (2019): 1359–67, 1360; Hynie, "The Social Determinants."
[32] Refugee resettlement is one of the three traditional durable solutions for refugees, along with voluntary repatriation to their countries of origin and local integration in first countries of asylum.
[33] See, for example, United Nations Support Mission in Libya, Office of the High Commissioner for Human Rights, "Desperate and Dangerous: Report on the Human Rights Situation of Migrants and Refugees in Libya" (Tripoli: United Nations Support Mission in Libya, 2018); Simone Christ et al., "Figurations of Displacement in and beyond Germany: Empirical Findings and Reflections on Mobility and Translocal Connections of Refugees Living in Germany" (Bonn: Bonn International Centre for Conflict Studies, 2021), 39–41.
[34] Caitlin Katsiaficas, Camilla Fogli, Martin Wagner, and Benjamin Etzold, "Creating a Way out of the Maze: Supporting Sustainable Futures for Displaced Persons," (Bonn: Bonn International Centre for Conflict Studies, 2022); Caitlin Katsiaficas and Justyna Segeš Frelak, "Integration of Ukrainian Refugees: The Road Ahead," International Centre for Migration Policy Development (ICMPD), 2022.
[35] Also referred to in the literature as daily stressors, daily hassles, or post-migration living difficulties.
[36] Jessica R. Goodkind et al., "Reducing Refugee Mental Health Disparities: A Community-Based Intervention to Address Postmigration Stressors with African Adults," *Psychological Services* 11, no. 3 (2014): 333–346, see esp. 334; Hynie, "The Social Determinants"; Kenneth E. Miller and Andrew Rasmussen, "War Exposure, Daily Stressors, and Mental Health in Conflict and Post-Conflict Settings: Bridging the Divide between Trauma-Focused and Psychosocial Frameworks," *Social Science and Medicine* 70, no. 1 (2010): 7–16; Lena Walther et al., "Living Conditions and the Mental Health and Well-Being of Refugees: Evidence from a Large-Scale German Survey," *Journal of Immigrant and Minority Health*, no. 22 (2020) 903–913.
[37] Maria Niemi et al., "A Scoping Review and Conceptual Model of Social Participation and Mental Health among Refugees and Asylum Seekers," *International Journal of Environmental Research and Public Health*, no. 16 (2019), 2.
[38] Hynie, "The Social Determinants," 297.
[39] Panos Vostanis, "Meeting the Mental Health Needs of Refugees and Asylum Seekers," *British Journal of Psychiatry* 204 (2014): 176–177.
[40] Pia Juul Bjertrupa et al., "A Life in Waiting: Refugees' Mental Health and Narratives of Social Suffering after European Union Border Closures in March 2016," *Social Science and Medicine*, no. 215 (2018): 56, 58; Øivind Solberg et al., "Coping in Limbo?"
[41] Cornelis J. Laban et al., "Impact of a Long Asylum Procedure on the Prevalence of Psychiatric Disorders in Iraqi Asylum Seekers in the Netherlands," *Journal of Nervous and Mental Disease* 192, no. 12 (2004): 843–851; Camilla Hvidtfeldt, Jørgen Holm Petersen, and Marie Norredam, "Prolonged Periods of Waiting for an Asylum Decision and the Risk of Psychiatric Diagnoses: A 22-Year Longitudinal Cohort Study from Denmark," *International Journal of Epidemiology* (2020): 400–409.
[42] Christina Gleeson et al., "Post-Migration Factors and Mental Health Outcomes in Asylum-Seeking and Refugee Populations: A Systematic Review," *European Journal of Psychotraumatology*, vol. 11, no. 1 (2020): 1–13.
[43] Jens Hainmueller, Dominik Hangartner, and Duncan Lawrence, "When Lives Are Put on Hold: Lengthy Asylum Processes Decrease Employment among Refugees," *Science Advances* 2, no. 8 (2016); Miriam Orcutt et al., "EU Migration Policies Drive Health Crisis on Greek Islands," *Lancet*, vol. 395, no. 10225: 668–670; Miller and Rasmussen, "War Exposure"; Katherine Whitehouse et al., "A Qualitative Exploration of Post-Migration Stressors and Psychosocial Well-Being in Two Asylum Reception Centres in Belgium," *International Journal of Migration, Health and Social Care* (2021); Davaki, "Traumas Endured by Refugee Women," 34.
[44] Linda Bakker, Jaco Dagevos, and Godfried Engbersen, "The Importance of Resources and Security in the Socio-Economic Integration of Refugees: A Study on the Impact of Length of Stay in Asylum Accommodation and Residence Status on Socio-Economic Integration for the Four Largest Refugee Groups in the Netherlands," *International Migration and Integration* no. 15 (2014): 431–448.
[45] Bakker, Dagevos, and Engbersen, "Importance of Resources."
[46] Willemine van de Wiel et al., "Mental Health Consequences of Long-Term Stays in Refugee Camps: Preliminary Evidence from Moria," *BMC Public Health*, no. 21 (2021).

[47] See, for instance, International Rescue Committee, "One Year on from the Moria Fire: 96% Refugees Supported by IRC in Lesvos, Greece Continue to Experience Depression," press release, September 9, 2021; Médecins Sans Frontières, "Alarming Mental Health Distress among Asylum Seekers on Greek Islands," December 17, 2020.
[48] Roxy Elisabeth Christina Damen, Jaco Dagevos, and Willem Huijnk, "Refugee Reception Re-Examined: A Quantitative Study on the Impact of the Reception Period for Mental Health and Host Country Language Proficiency Among Syrian Refugees in the Netherlands," *Journal of International Migration and Integration* (2021).
[49] European Commission, Reception Conditions, n.d.
[50] European Asylum Support Office (EASO), *EASO Asylum Report 2021: Annual Report on the Situation of Asylum in the European Union* (Valletta: EASO, 2021).
[51] EASO, *EASO Asylum Report 2020: Annual Report on the Situation of Asylum in the European Union* (Valletta: EASO, 2020); EASO, *Annual Report on the Situation of Asylum in the European Union 2018* (Valletta: EASO, 2019).
[52] Irina Verhülsdonk, Mona Shahab, and Marc Molendijk, "Prevalence of Psychiatric Disorders among Refugees and Migrants in Immigration Detention: Systematic Review with Meta-Analysis," in *BJPsych Open* 7, No. 6, 2021. See also Mary Bosworth, "The Impact of Immigration Detention on Mental Health: A Literature Review," available at Social Science Research Network (SSRN) (2016).
[53] Bakker, Dagevos, and Engbersen, "The Importance of Resources," 435.
[54] Bogic et al., "Factors Associated with Mental Disorders," 216.
[55] Shakeh Momartin et al., "A Comparison of the Mental Health of Refugees with Temporary versus Permanent Protection Visas," *Medical Journal of Australia* 185, no. 7 (2006): 357–361.
[56] Walther et al., "Living Conditions."
[57] Caroline Rometsch-Ogioun El Sount et al., "Psychological Burden in Female, Iraqi Refugees Who Suffered Extreme Violence by the 'Islamic State': The Perspective of Care Providers," *Frontiers in Psychiatry*, no. 9 (November 2018), 1.
[58] National Child Traumatic Stress Network, "About Refugees" page, accessed December 1, 2019; James, Iyer, and Webb, "Impact of Post-Migration Stressors," 1359; Niemi et al., "Scoping Review," 2.
[59] Hynie, "The Social Determinants," 298; Anthony Heath and Lindsay Richards, "How Do Europeans Differ in Their Attitudes to Immigration? Findings from the European Social Survey 2002/03–2016/17" (Paris: Organisation for Economic Co-operation and Development, 2019).
[60] Bogic et al., "Factors Associated with Mental Disorders," 216.
[61] Martin Wagner and Caitlin Katsiaficas, "Refuge in the Time of Corona," International Centre for Migration Policy Development (ICMPD), 2020.
[62] Caitlin Katsiaficas, "COVID-19 Shines Spotlight on Need for Strengthened Mental Health Response for Asylum Seekers," *Identities* COVID-19 Blog Series, 2020.
[63] See for example Veronika Bilger, Paul Baumgartner, and Meike Palinkas, " 'Too Important to Be Neglected': Refugees in Europe Are Now Essential to Keep Societies Afloat, ICMPD, 2020.
[64] Dillon Thomas Browne, Jackson Andrew Smith, and Jean de Dieu Basabose, "Refugee Children and Families During the COVID-19 Crisis: A Resilience Framework for Mental Health," *Journal of Refugee Studies* vol. 34, no. 1 (2021); Justo Pinzón-Espinosa et al., "The COVID-19 Pandemic and Mental Health of Refugees, Asylum Seekers, and Migrants," *Journal of Affective Disorders*, no. 280 (2021): 407–408; Finlay, Hopkins, and Benwell, "'It's Like Rubbing Salt on the Wound'," 4.
[65] Finlay, Hopkins, and Benwell, "'It's Like Rubbing Salt on the Wound'," 2–3.
[66] Organisation for Economic Co-operation and Development (OECD), "What Is the Impact of the COVID-19 Pandemic on Immigrants and Their Children?" (Paris: OECD, 2020), 15, 19.
[67] Slootjes, *Healing the Gap*, 20.
[68] Miller and Rasmussen, "War Exposure."
[69] Centre for Addiction and Mental Health (CAMH), "Building Capacity to Support the Mental Health of Immigrants and Refugees: A Toolkit for Settlement, Social and Health Service Providers" (Toronto: CAMH, n.d.), 10.
[70] Whitehouse et al., "Qualitative Exploration," 4.
[71] Browne, Smith, and Basabose, "Refugee Children and Families," 6.
[72] Rocío Naranjo Sandalio, "Life After Trauma: The Mental-Health Needs of Asylum Seekers in Europe," Migration Information Source, Migration Policy Institute (MPI), 2018.
[73] Matthis Schick et al., "Challenging Future, Challenging Past: The Relationship of Social Integration and Psychological Impairment in Traumatized Refugees," *European Journal of Psychotraumatology*, no. 7 (2016).
[74] Priebe, Giacco, and El-Nagib, "Public Health Aspects of Mental Health," xi.

[75] Niemi et al., "Scoping Review," 2.
[76] Niemi et al., "Scoping Review," 19.
[77] Walther et al., "Living Conditions," 910; Jennifer L. Steel et al., "The Psychological Consequences of Pre-Emigration Trauma and Post-Migration Stress in Refugees and Immigrants from Africa," *Journal of Immigrant Minority Health*, no. 19 (2017): 531.
[78] Matthis Schick et al., "Changes in Post-Migration Living Difficulties Predict Treatment Outcome in Traumatized Refugees," *Frontiers in Psychiatry*, no. 9 (2018), 6.
[79] WHO Regional Office for Europe, *Report on the Health of Refugees and Migrants,* x.
[80] Campbell et al., "Social Determinants of Emotional Well-Being."
[81] Jonathan Bridekirk, Michaela Hynie, and SyRIA.lth, "The Impact of Education and Employment Quality on Self-Rated Mental Health among Syrian Refugees in Canada," *Journal of Immigrant and Minority Health*, no. 23 (2021): 290–297. It should be mentioned that underemployment is also related to level of income.
[82] Jensen et al., "Long-Term Mental Health," 1671.
[83] Niemi et al., "Scoping Review," 1.
[84] As noted in Jessica E. Murphy et al., "Relationships between English Language Proficiency, Health Literacy, and Health Outcomes in Somali Refugees," *Journal of Immigrant and Minority Health*, no. 21 (2019): 451–460, although this US-based study found that higher English skills were connected to worse mental health in Somali males.
[85] Kartal, Alkemade, and Kiropoulos, "Trauma and Mental Health."
[86] Jessica R. Goodkind et al., "Reducing Refugee Mental Health Disparities," 333–346.
[87] Sierau et al., "Alone, but Protected?," 770.
[88] Jensen et al., Long-Term Mental Health," 1680.
[89] El-Awad et al., "Promoting Mental Health."
[90] WHO, "Mental Health Promotion and Mental Health Care in Refugees and Migrants: Policy Brief," 1.
[91] Steel et al., "Psychological Consequences," 524.
[92] Hai-Anh H. Dang, Trong-Anh Trinh, and Paolo Verme, "Do Refugees with Better Mental Health Better Integrate [?] Evidence from the Building a New Life in Australia Longitudinal Survey," Policy Research Working Paper 10083 (Washington, DC: World Bank, 2022).
[93] Mina Fazel, Jo Garcia, and Alan Stein, "The Right Location? Experiences of Refugee Adolescents Seen by School-Based Mental Health Services," *Clinical Child Psychology and Psychiatry* 21, no. 3 (2016): 368–380.
[94] Damen, Dagevos, and Huijnk, "Refugee Reception Re-examined."
[95] Patricio V. Marquez, "Mental Health among Displaced People and Refugees: Making the Case for Action at the World Bank Group" (Washington, DC: World Bank, 2017), 5.
[96] WHO Regional Office for Europe, "Mental Health Promotion and Mental Health Care in Refugees and Migrants: Technical Guidance," 8.
[97] Steel et al., "Psychological Consequences," 531.
[98] Morton Beiser and Feng Hou, "Language Acquisition, Unemployment and Depressive Disorder among Southeast Asian Refugees: A 10-Year Study," *Social Science and Medicine*, no. 53 (2001) 1321–34.
[99] Beiser and Hou, "Language Acquisition."
[100] See Sarah C. Olesen, Peter Butterworth, Liana S. Leach, Margaret Kelaher, and Jane Pirkis, "Mental Health Affects Future Employment as Job Loss Affects Mental Health: Findings from a Longitudinal Population Study," *BMC Psychiatry* 13, (Toronto: Institute for Work and Health, 2013); Institute for Work and Health (IWH), "Unemployment and Mental Health," issue briefing (2009).
[101] Jessica Allen et al., "Social Determinants of Mental Health," *International Review of Psychiatry* 26, no. 4 (2014): 392–407.
[102] Hynie, "The Social Determinants," 299.
[103] Hynie, "The Social Determinants."
[104] Kenneth E. Miller and Andrew Rasmussen, "The Mental Health of Civilians Displaced by Armed Conflict: An Ecological Model of Refugee Distress," *Epidemiology and Psychiatric Sciences* 26, (2017): 129–138.
[105] Seyda Eruyar, Julia Huemer, and Panos Vostanis, "Review: How Should Child Mental Health Services Respond to the Refugee Crisis?," *Child and Adolescent Mental Health* 23, no. 4 (2018): 303–312.
[106] Government of Ireland, Department of Children, Equality, Disability, Integration and Youth, Migrant Integration Strategy, 2021.

[107] Demetrios G. Papademetriou and Meghan Benton, *Towards a Whole-of-Society Approach to Receiving and Settling Newcomers in Europe* (Washington, DC: MPI, 2016).
[108] OECD, *Tackling the mental health impact of the COVID-19 crisis: An integrated, whole-of-society response* (Paris: OECD, 2021); WHO Regional Office for Europe, *Multisectoral action for mental health* (Copenhagen: WHO Regional Office for Europe, 2019).
[109] Angelo Barbato et al., *Access to Mental Health Care in Europe: Consensus Paper*, presented at 1st EU Compass for Action on Mental Health and Well-Being Forum, Luxembourg, October 6–7, 2016.
[110] Priebe, Giacco, and El-Nagib, "Public Health Aspects of Mental Health," 1.
[111] Emily Satinsky, Theodoros A. Filippou, and Antonis A. Kousoulis, "Multiculturalism and Compassion: Responding to Mental Health Needs among Refugees and Asylum Seekers," Comment on "A Crisis of Humanitarianism: Refugees at the Gates of Europe", *International Journal of Health Policy Management* 8, no. 12 (2019): 734–736.
[112] Cécile Rousseau, "Addressing Mental Health Needs of Refugees," *Canadian Journal of Psychiatry* 63, no. 5 (2018): 287–289, 288.
[113] United Nations, "Policy Brief: COVID-19 and the Need for Action on Mental Health" (United Nations Sustainable Development Group, 2020).
[114] Emily Satinsky et al., "Mental Health Care Utilisation and Access among Refugees and Asylum Seekers in Europe: A Systematic Review," *Health Policy*, no. 123 (2019): 851–863.
[115] Goodkind et al., "Reducing Refugee Mental Health Disparities," 334; National Child Traumatic Stress Network, "Understanding Refugee Trauma: For Mental Health Professionals" (Los Angeles, CA and Durham, NC: NCTSN, 2018); Priebe, Giacco, and El-Nagib, "Public Health Aspects of Mental Health"; Satinsky et al., "Mental Health Care Utilisation."
[116] Bogic et al., "Factors Associated with Mental Disorders," 216.
[117] Hynie, "The Social Determinants," 301.
[118] Hynie, "The Social Determinants," 301.
[119] Pieter Ventevogel, interview by Tim Gaynor, Q & A: "Before the pandemic, refugee mental health was severely overlooked. Now it's a full-blown crisis," UNHCR, October 10, 2020.
[120] Miller and Rasmussen, "War exposure."
[121] See, for example, J. Lawrence Aber, "Violence, Trauma and Child Development: The Potentially Transformative Role of ECEC Services for Young Refugee Children," presentation at the Transatlantic Forum on Inclusive Early Years, Berlin, September 11, 2017.
[122] Vostanis, "Meeting the Mental Health Needs of Refugees," 177.
[123] Frederikke Jarlby et al., "What Can we Learn from Unaccompanied Refugee Adolescents' Perspectives on Mental Health Care in Exile?," *European Journal of Pediatrics*, no. 177 (2018): 1767.
[124] Matthew Hodes, "New Developments in the Mental Health of Refugee Children and Adolescents," *Evidence Based Mental Health*, no. 22 (2019): 74.
[125] Hodes, "New Developments"; WHO, "Mental Health Promotion," 15, 22.
[126] Inter-Agency Standing Committee (IASC), *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva: IASC, 2007).
[127] Switchboard, "Guide: A Trauma-Informed Understanding of Mental Health and Psychosocial Support (MHPSS)," webinar, August 16, 2021; Hyojin Im, Cecily Rodriguez, and Jill M. Grumbine, "A Multitier Model of Refugee Mental Health and Psychosocial Support in Resettlement: Toward Trauma-Informed and Culture-Informed Systems of Care," *Psychological Services* 18, no. 3 (2021): 345–364.
[128] Switchboard, *Trauma-Informed Understanding.*
[129] Rousseau, "Addressing Mental Health Needs of Refugees."
[130] Miller and Rasmussen, "War Exposure."
[131] Tyrer and Fazel, "School and Community-Based Interventions"; Mina Fazel, Jo Garcia, and Alan Stein, "The Right Location?"; Switchboard, *Evidence Summary: What Works to Improve Mental Health of Refugee Children and Adults?*, 2020.
[132] Switchboard, "Evidence Summary: What Works to Improve Mental Health of Refugee Children and Adults?"; Aimee Hilado, Christine Leow, and Yinmei Yang, The Baby TALK – RefugeeOne Study: A Randomized Controlled Trial Examining Home Visiting Services with Refugees and Immigrants, (Decatur, IL: Baby TALK, 2018); Park and Katsiaficas, "Mitigating the Effects of Trauma."

[133] Meagan E. Williams and Sandra C. Thompson, "The Use of Community-Based Interventions in Reducing Morbidity from the Psychological Impact of Conflict-Related Trauma among Refugee Populations: A Systematic Review of the Literature," *Journal of Immigrant and Minority Health*, no. 13 (2011): 780–794.
[134] Switchboard, "Trauma-Informed Understanding."
[135] Niemi et al., "A Scoping Review," 15; Mulki Mölsä et al., "Mental Health among Older Refugees: The Role of Trauma, Discrimination, and Religiousness," *Aging and Mental Health* 21, no. 8 (2017); Diana Rayes et al., "Faith-Based Coping among Arabic-Speaking Refugees Seeking Mental Health Services in Berlin, Germany: An Exploratory Qualitative Study," *Frontiers in Psychiatry*, no. 12 (2021).
[136] Niemi et al., "A Scoping Review"; Clemens Ley, María Rato Barrio, and Andreas Koch, "'In the Sport I Am Here': Therapeutic Processes and Health Effects of Sport and Exercise on PTSD," *Qualitative Health Research* 28, no. 3 (2018): 491–507; Simon Rosenbaum et al., "Physical Activity, Mental Health and Psychosocial Support," *Forced Migration Review* 66, (2021): 34.
[137] Tyrer and Fazel, "School and Community-Based Interventions"; Nilay Ugurlu, Leyla Akca, and Ceren Acarturk, "An Art Therapy Intervention for Symptoms of Post-Traumatic Stress, Depression, and Anxiety among Syrian Refugee Children," *Vulnerable Children and Youth Studies* 11, no. 2 (2016): 89–102; Rebekka Dieterich-Hartwell and Sabine C. Koch, "Creative Arts Therapies as Temporary Home for Refugees: Insights from Literature and Practice," *Behavioral Sciences* vol. 7, (2017).
[138] Diana Rayes, "Faith and Mental Health Help Shape the Integration of Muslim Refugees in Germany," Migration Information Source, Migration Policy Institute, January 7, 2021.
[139] See, for example, Jessica Dym Bartlett et al., "5 Ways Trauma-Informed Care Supports Children's Development, Child Trends," April 19, 2016.
[140] See Natalia Banulescu-Bogdan, "Beyond Work: Reducing Social Isolation for Refugee Women and Other Marginalized Newcomers" (Washington, DC: Migration Policy Institute, 2020).