

Research article

Mental health of unaccompanied refugee minors in Greece living “in limbo”

Ioanna Giannopoulou, Lida Mourloukou, Vasiliki Efstathiou, Athanassios Douzenis, Panagiotis Ferentinos

Second Department of Psychiatry, National and Kapodistrian University of Athens, Attikon University Hospital, Athens, Greece

ARTICLE HISTORY: Received 8 September 2021/Revised 9 December 2021/Published Online 27 April 2022

ABSTRACT

The closure of the Balkan migration route in 2016, had implications for unaccompanied refugee minors (URMs), given that the vast majority, who perceived Greece as “stopover” for their desired final destination, were forced to remain in the country for an indeterminate period of time. This created for URMs a challenging situation of living “in limbo” uncertain about their future awaiting for a long time the outcome of their asylum application. This cross-sectional study aimed to explore the mental health of URMs, who arrived in Greece in 2016. The sample comprised of 90 URMs (76 boys), aged 13–17 years, consisting of 46 Syrians and 44 originating from other countries. Participants completed socio-demographic information and a range of clinical measures, including Children’s Revised Impact of Events Scale (CRIES), Depression Self-Rating Scale (DSRS), Children’s Post-Traumatic Cognitions Inventory (cPTCI), a measure of trauma exposure and perceived social support. Syrian URMs were significantly more likely than URMs originating from other countries to score within the probable clinical depression range (71.7% versus 47.7% respectively, $p=0.020$), to display probable posttraumatic stress disorder (PTSD), i.e., score within clinically significant range of posttraumatic stress symptoms and negative post-trauma cognitions (87% versus 65.9%, $p=0.018$), and meet the comorbidity PTSD/depression criterion (65.2% versus 40.9%, $p=0.021$). Multiple linear stepwise regression analyses showed that legal status (seeking asylum in Europe through family reunification procedure) significantly predicted higher levels of depressive symptoms ($\beta=0.29$, $p=0.004$), posttraumatic stress symptoms ($\beta=0.21$, $p=0.034$) and negative cognitions ($\beta=0.33$, $p=0.001$). The total number of stressful/traumatic experiences and male gender were found to be significantly related only with posttraumatic symptoms severity score ($\beta=0.29$, $p=0.003$), whereas lower levels of perceived social support were associated with increased levels of depressive symptoms ($\beta=0.24$, $p=0.018$) and negative cognitions and appraisals of the world and the self ($\beta=0.26$, $p=0.008$). These findings highlight the burden of living “in limbo” situation and add weight to the argument for amending restrictive EU asylum policies and accelerating the family reunification procedure under Dublin-III Regulation, as well as the pressing need for improved URMs access to mental health services and psychosocial support.

KEYWORDS: Unaccompanied refugee minors, PTSD, post-trauma negative cognitions, depression, traumatic experiences.

Introduction

Unaccompanied refugee minors (URMs) are a particularly vulnerable group for developing mental health problems, as they face unique challenges. Several studies in the context of 2015–2017 European migrant crisis have documented across national and settlement

contexts high rates of mental health problems, such as post-traumatic stress symptoms (PTSS), post-traumatic stress disorder (PTSD), depression, anxiety, internalizing and externalizing behaviors and somatic complaints among URMs,¹ in keeping with previous research on refugee children resettled in high-income countries.² Most studies were conducted in heterogeneous sam-

ples, including groups of accompanied and unaccompanied minors comparing outcomes between the two but not with respect to country of origin. A cross-sectional study of children in Syria exposed to war-associated daily stresses found that 60.5% met the criteria for at least one psychological disorder.³ Prospective cohort studies indicated that severe exposure to trauma, female gender, older age, being denied asylum and high resettlement and social integration stressors were associated with persistent psychopathology.¹

Greece is one of the major gateway countries for asylum to the EU.⁴ The closure of the Balkan migration route to central and northern Europe, in March 2016 and the development of inhospitable climate in most European countries had implications for URM. Even though most had neither planned nor wished to settle in Greece they were forced to remain in the country for an indefinite period of time.⁴ This created for them a challenging situation of living in a state of prolonged uncertainty and limbo, compounded by enduring stress concerning their future and fear of deportation, in the context of the delays in the asylum procedure including family reunification (Dublin III Regulation) and frequent changes affecting the degree of continuity and life stability.

The present study aimed: (a) to explore for the first time in a standardized way the experience of trauma and levels of psychological distress among URM that have arrived in Greece in the wake of the so-called European migrant crisis, shortly before or after the closure of Balkan migration route, (b) to examine whether URM originating from Syria compared with those originating from other countries differ with respect to mental health outcomes; we hypothesized that URM fleeing war, i.e. Syrians, will display higher rates of PTSD and depression, and (c) to identify sociodemographic characteristics and stressors that predict higher levels of PTSS and depression symptoms, as well as negative cognitions.

Material and Method

Participants

The total sample comprised of 90 URM (76 boys), between 13 and 17 years of age, consisting of 46 Syrians and 44 originating from other countries, housed in nine long-stay residential facilities, so called shelters for URM in Athens, run by a Non-Governmental Organization (NGO).

Procedure

The study was approved by the Ethics Committee of Attikon University Hospital. All shelters were contacted and given detailed information about the study and

agreed to support it. Written permission to carry out the study was obtained from the Prosecutor for Minors, acting as a legal guardian. Participants were recruited between January 2018 and June 2018. Participation in the study was voluntary. The second author set up appointments for those who agreed to take part in the study; the completion of the questionnaires by the participant was carried out in a quiet room within his/her facility, with the presence of the second author and an interpreter. All measures were available in English, Arabic, Dari, and Farsi but the interpreter's help was sought only in case a participant didn't have adequate competency to read the questions or asked for clarifications. Participants were asked to sign a consent form after being informed about the aims of the study, the option to opt out at any point, the anonymity, and the obligation to confidentiality of all involved. In case the young person got distressed by the questions, the researcher was available for immediate psychological support and for giving contact details and appointment at the 2nd Department of Psychiatry of Attikon University Hospital. No case of emergency was documented throughout the study.

Measures

Socio-demographic characteristics

Participants completed a brief questionnaire regarding their age, gender, religion, spoken language, length of schooling, legal status, length of journey and stay in Greece, length of stay in Reception Identification Centre (RIC), contact with family, contact with mental health services, participation in organized leisure and learning language activities.

Exposure to trauma

An event checklist, based on the War Trauma Questionnaire (WTQ)⁵ was adapted for use in the present study. It included 12 events the young person may have witnessed or personally experienced during pre-flight period (7 no/yes questions) and during the flight-journey (5 no/yes questions). The total score (range 0–12) derived from summing the endorsed items gives an indication of the youth's level of trauma exposure.

Depression Self-Rating Scale (DSRS)⁶

This is an 18-item scale designed to measure symptoms of depression. Each item is scored on the direction of the disturbance on a 3-point Likert-type scale ranging from 0 (never) to 2 (most of the time). The item scores are summed to give the severity depression score, which ranges from 0 to 36, with higher scores denoting higher levels of depression; a cutoff score of 15 points and

above is used to indicate probable depression. The DSRS has been used as a screening instrument in different cultural settings, including Palestinian children who were exposed to war,⁷ Iranian adolescents,⁸ as well as Nepali⁹ and Burundi¹⁰ children. The internal consistency of the scale in the present study was found to be adequate (Cronbach's alpha=0.83; for Arabic version 0.78, for Farsi/Dari 0.89 and for Urdu 0.90).

Children's Revised Impact of Events Scale¹¹

This is a 13-item scale adapted from the Impact of Event Scale (IES)¹² that assesses intrusive thoughts and images, avoidance of thoughts or reminders of the event, and the degree of arousal. Participants are asked to rate how frequently each statement was true for them during the past seven days on a 4-point Likert scale scored as 0 (not at all), 1 (rarely), 3 (sometimes), 5 (often). Reliability and validity of the scale has been supported in studies of children and adolescents 8–18 years old exposed to war and conflict,^{11,13,14} as well as natural disasters.¹⁵ However, not all translations have been validated. In the present study we used the eight-item version (CRIES-8), comprising intrusion and avoidance items, and applied a cutoff score ≥ 17 indicating a high probability of suffering PTSD.^{14,16} The item scores are summed to give the post-traumatic stress symptoms (PTSS) severity score, which ranges from 0 to 40, with higher scores denoting higher levels of PTSS. The internal consistency of the CRIES-8 scale in the present study was found to be adequate (Cronbach's alpha = 0.83; for Arabic version 0.78, for Farsi/Dari 0.89 and for Urdu 0.90).

Children's Post-Traumatic Cognitions Inventory (cPTCI)¹⁷

This is a 25-item self-report questionnaire that measures maladaptive or overly negative posttraumatic thoughts and appraisals of the world and the self in young people following exposure to trauma. It comprises of statements describing the trauma-exposed child as a feeble person in a scary world (e.g., "Anybody could hurt me"; "I can't stop bad things from happening to me") and their post-trauma life as disturbing and permanently negatively changed (e.g., "My life has been destroyed by the frightening event"; "Not being able to get over all my fears means that I am a failure"). Children are asked to indicate on a 4-point Likert scale to what extent they agree or disagree with each statement (1=don't agree at all; 2=don't agree a bit; 3=agree a bit; 4=agree a lot). The item scores are summed to give a total cPTCI score, ranging from 25 to 100. A score in the range of 46 to 48 on the cPTCI is indicative of clinically significant negative post-trauma appraisals of the world and the

self, typical of children and adolescents with PTSD. The measure has been used in a psychosocial group intervention study with war-affected children.¹⁸ The internal consistency of the scale in the present study was found to be good (Cronbach's alpha = 0.86; for Arabic version 0.85, for Farsi/Dari 0.84 and for Urdu 0.90).

Social support index

Participants were asked to indicate whether or not (yes/no) they got support from various sources, i.e., recreational, spiritual, educational, close friends, staff, and mates in the accommodation facility. The total score (range 0–5) derived from summing the endorsed items gives an indication of the youth's perceived social support level.

Statistical analysis

All analyses were carried out with SPSS 26.0.¹⁹ Prevalence rates were calculated on the basis of available cut off scores for each measure. For group comparisons we used independent samples t-test for continuous and chi-square for categorical variables. Multiple linear stepwise regression analyses were carried out to identify significant predictors of mental health outcome measures, i.e., CRIES, DSRS and cPTCI (dependent variables). Independent predictor variables included in the analysis were demographic data (gender; legal status, i.e., asylum seeking in Europe vs asylum seeking in Greece), trauma exposure (i.e., the total number of traumatic experiences during pre-flight and flight journey), the length of stay in Greece and perceived social support index. Age was not used due to restricted age range.

Results

Participant characteristics

Demographic information is reported in table 1. Regarding the country of origin, most were from Syria (n=46, 47.8%); followed by Afghanistan (n=13, 14.4%), Pakistan (n=9, 10%), Iran (n=7, 7.8%), Iraq (n=5, 5.6%), North African (n=7, 7.8%), and African countries (n=3, 3.3%). With regards to spoken language, 62.2% (n=56) used Arabic, 26.7% (n=24) Farsi/Dari, 10% (n=9) Urdu, and 1.1% (n=1) Lingala. Most entered Greece via the Aegean islands (n=75, 83.3%). Compared to URM from other countries, Syrians URM were more likely to have applied for asylum in central or northern European country through family reunification procedure (Dublin III Regulation), were less likely to attend leisure, Greek language and foreign language activities. The two groups of URM did not differ with respect to further socio-demographic characteristics.

Table 1. Socio-demographic characteristics of the sample.

	URMs from Syria (N=46)	URMs from other countries (N=44)	Total Sample (N=90)	p*
Age in years, M(SD)	16.1 (1.2)	16.2 (1.2)	16.2 (1.2)	0.637 ^a
Gender				0.098 ^c
Male, n (%)	36 (78.3)	40 (90.9)	76 (84.4)	
Female, n (%)	10 (21.7)	4 (9.1)	14 (15.6)	
Religion				0.001 ^c
Islamic faith, n (%)	46 (100)	33 (75)	79 (87.8)	
Other, n (%)	0	11 (25)	11 (12.2)	
Legal status				0.019 ^c
Seeking asylum in Europe, n (%)	27 (58.7)	15 (34.1)	42 (46.7)	
Seeking asylum in Greece, n (%)	19 (41.3)	29 (65.9)	48 (53.3)	
Years of schooling, Median (Q1, Q3)	7 (4.8, 8)	7 (5, 8)	7 (5, 8)	0.678 ^b
Months of journey to Greece, Median (Q1, Q3)	2 (1, 3)	2 (1, 3)	2 (1, 3)	0.535 ^b
Months of stay in RIC, M(SD)	2.5 (0.7)	2.4 (0.8)	2.4 (0.8)	0.665 ^a
Months of stay in Greece, Median(Q1, Q3)	15 (10, 19)	18 (12.5, 25)	15.5 (12, 22)	0.051 ^b
Contact with the family, n (%)	44 (95.7)	39 (88.6)	83 (92.2)	0.396 ^c
Mental Health services contact since arrival, n (%)	17 (37)	11 (25)	28 (31.1)	0.319 ^c
Attending Greek lessons, n (%)	2 (4.3)	15 (34.1)	17 (18.9)	0.001 ^c
Attending foreign lessons, n (%)	9 (19.6)	19 (43.2)	28 (31.1)	0.028 ^c
Participating in organized activities by the shelter, n (%)	10 (21.7)	24 (54.4)	34 (37.8)	0.003 ^c

Abbreviations: URMs: Unaccompanied Refugee Minors; RIC: Reception and Identification Center

Percentages calculated for columns

* comparison between URMs from Syria and URMs from other countries

a t-test; b Mann-Whitney U test; c chi-square test

bold, $p < 0.05$

Trauma exposure

Table 2 displays the trauma-related experiences encountered by URMs. Comparison between URMs from Syria and URMs originating from other countries revealed significantly higher trauma exposure scores among Syrians, $t(88)=3.25$, $p=0.002$, ($M=5.89$, $SD=2.22$ vs. $M=4.44$, $SD=2.03$, respectively); significant difference between the groups in pre-flight trauma exposure, $t(88)=3.49$, $p=.001$, ($M=3.89$, $SD=1.65$ for Syrians vs. $M=2.68$, $SD=1.64$ for others); no significant group difference in trauma exposure during the journey ($M=2.00$, $SD=1.19$ for Syrians vs. $M=1.70$, $SD=0.90$ for others); $t(88)=1.32$, $p=0.190$.

Gender differences in mental health outcomes

Boys scored significantly higher than girls on CRIES-8 ($M=27.26$, $SD=9.77$ vs. $M=18.71$, $SD=7.89$, respectively), $t(88)=3.09$, $p=0.003$, but no significant gender differences were found in the average levels of neg-

ative post-trauma cognitions ($M=62.56$, $SD=13.85$ vs. $M=64.36$, $SD=9.91$, respectively), $t(88)=-0.47$, $p=0.643$, neither in the mean depression score ($M=16.84$, $SD=6.34$ for boys vs. $M=19.14$, $SD=4.04$ for girls), $t(26.535)=-1.77$, $p=0.088$.

Group differences in mental health outcomes

Table 3 provides an overview of mental health outcome measures for URMs participating in the study. Syrians URMs scored significantly higher than URMs from other countries on depression symptoms severity scores ($p=0.016$), but no differences were found in mean PTSS ($p=0.344$) and negative post-trauma cognitions ($p=0.125$) scores.

Applying clinical cutoffs on DSRS, Syrian URMs were more likely, than their counterparts from other countries of origin, to score within the likely clinical depression range, $\chi^2(1, N=90)=5.40$, $p=0.02$, but not within the likely clinical PTSD range, $\chi^2(1, N=90)=0.49$, $p=0.48$. However,

Table 2. Experience of trauma amongst URM from Syria and other countries.

	URMs from Syria N (%)	URMs from other countries N (%)	Total Sample N (%)	p*
Pre-flight period				
Displacement/change of residence and/or school	38 (82.6)	23 (52.3)	61 (67.8)	0.002
Separated from parents	41 (89.1)	31 (70.5)	72 (80.0)	0.027
Witnessed violent acts	35 (76.5)	24 (54.5)	59 (65.6)	0.032
Being victim of violent acts	20 (43.5)	18 (40.9)	38 (42.2)	0.805
Death of a close family member (mother, father, sibling)	15 (32.6)	15 (34.1)	30 (33.3)	0.881
Death of significant loved one (e.g., friend, neighbor, teacher)	21 (45.7)	6 (13.6)	27 (30.0)	0.001
Suffered serious physical injury	9 (19.6)	4 (9.1)	13 (14.4)	0.158
Flight period, i.e., journey to Greece				
Experienced kidnapping, robbery or being cheated	32 (69.6)	31 (70.5)	63 (70.0)	0.927
Witnessed drowning in the sea	10 (21.7)	11 (25.0)	21 (23.3)	0.715
Death of a loved one	16 (34.8)	2 (4.5)	18 (20.0)	<0.001
Experienced ambiguous loss (e.g. not knowing the fate of a loved one)	7 (15.2)	8 (18.2)	15 (16.7)	0.706
Other stressful events	27 (58.7)	22 (50.0)	49 (54.4)	0.408

Abbreviations: URM: Unaccompanied Refugee Minors

Percentages calculated for columns; comparisons were performed with chi-square tests

* comparison between URM from Syria and URM from other countries

bold, $p < 0.05$

when applying more stringent criteria for identifying probable PTSD cases (i.e., scoring above the clinical cut offs on both CRIES-8 and cPTCI), Syrian URM (87%) were significantly more likely, than URM from other countries of origin (65.9%), to score within the clinically significant range of PTSD and negative post-trauma cognitions, $\chi^2(1, N=90) = 5.57, p = 0.018$.

Comorbid probable PTSD/depression diagnosis, determined by the participant scoring above threshold values on all mental health outcome measures, i.e., CRIES-8, cPTCI and DSRS, was found in 48 URM (53.3%); of those, 20 (41.7%) had contact with mental health services. Syrian URM (N=30, 65.2%) were more likely than URM from other countries of origin (N=18, 40.9%) to meet the comorbidity of probable PTSD/depression criterion, $\chi^2(1, N=90) = 5.34, p = 0.021$.

Predictors of self-report mental health outcomes

Table 4 provides the results of the linear stepwise regressions analyses. With regards to trauma-related mental health outcomes, the regression analysis demonstrated that the total number of traumatic experiences, male gender, and seeking asylum in Europe significantly predicted the CRIES severity score, accounting for 22% of variance in PTSS scores. The le-

gal status (seeking asylum in Europe through family reunification procedure) was the strongest predictor of post-trauma negative cognitions followed by lower levels of social support accounting all together for 16% of variation in cPTCI scores.

In terms of depression, the regression analysis demonstrated that the legal status (seeking asylum in Europe) and lower levels of social support predicted the depression severity score, accounting together for 12% of variance in DSRS scores.

Discussion

The present study examined the rates of traumatic experiences and levels of psychological distress, including PTSS, depression and negative cognitions in a sample of 90 URM who arrived in Greece shortly before or after the closure of the Balkan migration route in March 2016. As expected, the results indicate high levels of war/violence-related trauma among URM, including death of a family member or significant others (66.3%) and/or ambiguous loss, i.e., not knowing the fate of significant others (16.7%). Substantial proportion (70%) experienced being kidnapped, robbed or cheated and having witnessed drowning of another person in the Aegean Sea (23.3%) during the flight pe-

Table 3. Mental health outcome measures by URM groups

	URMs from Syria (N=46)	URMs from other countries (N=44)	Total (N=90)	p*
DSRS, M (SD)	18.70 (5.35)	15.64 (6.44)	17.20 (6.07)	0.016 ^a
CRIES-8, M (SD)	24.96 (8.79)	26.95 (11.06)	25.93 (9.96)	0.344 ^a
cPTCI, M (SD)	64.93 (12.96)	60.64 (13.40)	62.83 (13.28)	0.125 ^a
DSRS ≥15, n (%)	33 (71.7)	21 (47.7)	54 (60)	0.020 ^b
CRIES ≥ 17, n (%)	41 (89.1)	37 (84.1)	78 (81.8)	0.482 ^b
cPTCI ≥ 48, n (%)	42 (91.3)	34 (77.3)	76 (84.4)	0.066 ^b

Abbreviations: URM: Unaccompanied Refugee Minors; DSRS: Depression Self-Rating Scale; CRIES: The Children's Revised Impact of Events Scale; cPTCI: The Children's Post-Traumatic Cognitions Inventory

* comparison between URM from Syria and URM from other countries

a t-test; b chi-square test

bold, p<0.05

Table 4. Linear stepwise regression analysis for variables predicting CRIES, cPTCI and DSRS outcome measures

	B (SE)	β	p
CRIES-8 (F=9.25, df=3, 86, p<0.001, adj. R ² =0.218)			
Trauma exposure	1.269 (0.425)	.286	0.004
Gender (Male=0, Female=1)	-7.827 (2.598)	-.286	0.003
Asylum seeking (in Europe=0, in Greece=1)	-4.127 (1.920)	-.208	0.034
cPTCI (F=9.26, df=2, 87, p<0.001, adj. R ² =0.157)			
Asylum seeking (in Europe=0, in Greece=1)	-8.809 (2.578)	-.333	0.001
Social support	-2.028 (0.748)	-.264	0.008
DSRS (F=7.02, df=2, 87, p<0.001, adj. R ² =0.119)			
Asylum seeking (in Europe=0, in Greece=1)	-3.544 (1.205)	-.293	0.004
Social support	-0.840 (0.350)	-.239	0.018

Abbreviations: URM: Unaccompanied Refugee Minors; DSRS: Depression Self-Rating Scale; CRIES: The Children's Revised Impact of Events Scale; cPTCI: The Children's Post-Traumatic Cognitions Inventory

riod, confirming the high level of challenges and risks URM face during their migration journey. As expected, Syrians fleeing from war experienced more traumatic events than youth from other countries, which were accounted for by higher levels of trauma exposure during the pre-flight period.

The rate of PTSS above the clinical threshold (86.7%) in our sample was higher than the reported in recent review by Kien et al²⁰ who found the point prevalence for PTSD between 19.0 and 52.7%. However, adapting a cut off indicative of clinically significant negative cognitions and appraisals of the world and the self that are typical of children and adolescents with PTSD and combining it with the clinical threshold of PTSS, led to a drop in the prevalence rate of probable PTSD diagnosis, which nevertheless still remained high (75.6%). As expected, Syrian URM (84.8%) were

more likely, than URM from other countries of origin (65.9%), to score above the clinical cut-off for PTSS and post-traumatic negative cognitions. This may be explainable in terms of combination of the effects of mass uprooting conditions from the area from which they come and living "in limbo", which contributes to the accumulation of stressful and traumatic experiences. Similarly to the PTSD, depression rate in the present sample (67.4%) was in the upper range of most studies concerning URM.²¹ The rate of probable comorbid PTSD and depression (53.3%) found in the present study, comparable to the reported (57%) in URM previously held in British detention centers,²² most likely underscores the ongoing uncertainty regarding decision on their asylum status and the enduring fear of deportation. This high rate of comorbidity warrants attention, given that individuals who suffer from both

PTSD and depression usually display greater psychological burden, lower levels of global functioning and a more chronic course of impairment.²³ Furthermore, it is of concern that only 41.7% of URM with comorbid PTSD/depression were in some contact with mental health services. The higher rates of probable PTSD and depression in our study, as compared to recent ones from central and northern European countries, might be due to different measures employed across studies, but also to different sample composition. It is important to stress that our sample comprised URM whose living situation differs from those who have reached the final destination country. Living “in limbo” conceivably affects URM emotionally, interfering with many aspects of their daily life (e.g., learning the language, participation in leisure activities, school activities, establishing social networks and new connections). Indeed, only about third of our sample participated in any organized leisure and learning foreign language activities, whereas only less than a fifth of the sample was learning Greek.

In terms of different factors possibly associated with the mental health of URM, demographic data (gender, legal status), the total number of traumatic experiences, the length of stay in Greece, and social support were analyzed as predictors for the mental health outcome measures. Consistent with findings from other studies,²¹ the total number of traumatic experiences was found to be a significant predictor for PTSS and depression symptoms severity score. The legal status (seeking asylum in Europe through family reunification procedure under the Dublin III Regulation) significantly predicted all self-reported mental health outcomes, a finding that draw attention to the detrimental effects of delaying or denying children’s rights to family reunion. For these traumatized young people, it is much more important to reunite with their loved ones (safe haven), since any other context cannot adequately meet their basic psychological needs. Mental health impacts of stresses related to a decision regarding the residence permit or refugee status have been highlighted in previous studies.^{24,25} Lower levels of perceived social support predicted increased levels of depression symptoms and negative cognitions and appraisals of the self and the world. Post-migration social-environmental factors, such as long wait for outcome of asylum application, poor social support, poor language proficiency of host country, experience of discrimination and experience of daily hassles, precarious living conditions have been shown to impact URM mental health outcomes and capacity to focus on school and learning the language, making integration difficult.^{1,26,27}

The findings of this study should be interpreted in light of a number of limitations in its design. First, the sample comprised of URM living in long-stay accommodation facilities run by one NGO, which limits the generalizability of findings to URM living in Greece. Further research on representative samples should be carried out, allowing for comparisons between different types of care facilities. Precarious living conditions in camps, for example, may further exacerbate mental health difficulties. Second, estimates of PTSD and depression are based on cut-off values on the self-report questionnaires, therefore are subject to recall bias. Studies based on clinical interviews have shown lower levels of PTSD and depression than those based on self-report questionnaires. However, none of the previous studies, using self-report measures, assessed negative trauma-related cognitions and appraisals of the self and the world, which are part of DSM-5 criteria for diagnosing PTSD. Combining clinical cut offs on both CRIES and cPTCI measures allowed for applying a more stringent criterion for calculating the prevalence rates of probable PTSD. Third, the cross-sectional nature of data does not allow for causal assertions. Longitudinal study design would allow for examining the course of symptoms among URM over time and how mediating and moderating factors contribute through their effect to mental health outcomes for those who are granted a refugee status and attempt to rebuild their life in Greece or reunite with their families in another European country.

Although our results may be subject to sampling and recall bias, the unexpectedly high rates of PTSD and depression warrant an urgent call to action. The delays and high rate of rejected applications seem to have detrimental consequences of shrinking the right to family reunification, family life, children’s rights and other individual rights.²⁸ Our findings provide evidence on the detrimental consequences for URM’s mental health and need for provision of mental health and psychosocial support services. Clinicians need to be aware of post-trauma negative cognitions and appraisals of the self and the world as a result of traumatic experiences that URM encounter, as they often are linked to the development and maintenance of trauma-related disorders and display of behavior problems. EU politicians need to be aware that the uncertainty about the future of URM living “in limbo” situation, might not only have a debilitating impact on their mental health and compromise the chance of future young people’s psychosocial adjustment in host countries, but also violates substantial welfare principles, such as the family unity and the best interest of the child.

References

- Bamford J, Fletcher M, Leavey G. Mental Health Outcomes of Unaccompanied Refugee Minors: a Rapid Review of Recent Research. *Curr Psychiatry Rep* 2021, 23:46, doi: 10.1007/s11920-021-01262-8
- Fazel M, Reed RV, Panter-Brick C, Stein A. Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *Lancet* 2012, 379:266–282, doi: 10.1016/s0140-6736(11)60051-2
- Perkins JD, Ajeeb M, Fadel L, Saleh G. Mental health in Syrian children with a focus on post-traumatic stress: a cross-sectional study from Syrian schools. *Soc Psychiatry Psychiatr Epidemiol* 2018, 53:1231–1239, doi: 10.1007/s00127-018-1573-3
- Hodes M, Anagnostopoulos D, Skokauskas N. Challenges and opportunities in refugee mental health: clinical, service, and research considerations. *Eur Child Adolesc Psychiatry* 2018, 27:385–388, doi: 10.1007/s00787-018-1115-2
- Macksoud MS. Assessing war trauma in children: A case study of Lebanese children. *J Refug Stud* 1992, 5:1–15, doi: 10.1093/jrs/5.1.1
- Birleson P, Hudson I, Buchanan DG, Wolff S. Clinical evaluation of a self-rating scale for depressive disorder in childhood (Depression Self-Rating Scale). *J Child Psychol Psychiatry* 1987, 28:43–60, doi: 10.1111/j.1469-7610.1987.tb00651.x
- Sanchez-Cao E, Kramer T, Hodes M. Psychological distress and mental health service contact of unaccompanied asylum-seeking children. *Child Care Health Dev* 2013, 39:651–659, doi: 10.1111/j.1365-2214.2012.01406.x
- Taghavi MR. Factor structure of the Depression Self-Rating Scale in an Iranian adolescent sample. *Psychol Rep* 2006, 99:709–716, doi: 10.2466/pr0.99.3.709-716
- Kohrt BA, Jordans MJ, Tol WA, Luitel NP, Maharjan SM, Upadhaya N. Validation of cross-cultural child mental health and psychosocial research instruments: adapting the Depression Self-Rating Scale and Child PTSD Symptom Scale in Nepal. *BMC Psychiatry* 2011, 11:127, doi: 10.1186/1471-244x-11-127
- Ventevogel P, Komprou IH, Jordans MJ, Feo P, De Jong JT. Validation of the Kirundi versions of brief self-rating scales for common mental disorders among children in Burundi. *BMC Psychiatry* 2014, 14:36, doi: 10.1186/1471-244x-14-36
- Smith P, Perrin S, Dyregrov A, Yule W. Principal components analysis of the impact of event scale with children in war. *Pers Individ Dif* 2003, 34:315–322, doi: 10.1016/S0191-8869(02)00047-8
- Horowitz M, Wilner N, Alvarez W. Impact of Event Scale: a measure of subjective stress. *Psychosom Med* 1979, 41:209–218, doi: 10.1097/00006842-197905000-00004
- Barron IG, Abdallah G, Smith P. Randomized control trial of a CBT trauma recovery program in Palestinian schools. *J Loss Trauma* 2013, 18:306–321, doi: 10.1080/15325024.2012.688712
- Perrin S, Meiser-Stedman R, Smith P. The Children's Revised Impact of Event Scale (CRIES): Validity as a screening instrument for PTSD. *Behav Cogn Psychother* 2005, 33:487–498, doi: 10.1017/S1352465805002419
- Giannopoulou I, Strouthos M, Smith P, Dikaikou A, Galanopoulou V, Yule W. Post-traumatic stress reactions of children and adolescents exposed to the Athens 1999 earthquake. *Eur Psychiatry* 2006, 21:160–166, doi: 10.1016/j.eurpsy.2005.09.005
- Stallard P, Velleman R, Baldwin S. Psychological screening of children for post-traumatic stress disorder. *J Child Psychol Psychiatry* 1999, 40:1075–1082, PMID: 10576537
- Meiser-Stedman R, Smith P, Bryant R, Salmon K, Yule W, Dalgleish T, et al. Development and validation of the Child Post-Traumatic Cognitions Inventory (CPTCI). *J Child Psychol Psychiatry* 2009, 50:432–440, doi: 10.1111/j.1469-7610.2008.01995.x
- Kangaslampi S, Punamaki RL, Qouta S, Diab M, Peltonen K. Psychosocial Group Intervention Among War-Affected Children: An Analysis of Changes in Posttraumatic Cognitions. *J Trauma Stress* 2016, 29:546–555, doi: 10.1002/jts.22149
- IBM Corp. IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp. 2019.
- Kien C, Sommer I, Faustmann A, Gibson L, Schneider M, Krczal E, et al. Prevalence of mental disorders in young refugees and asylum seekers in European Countries: a systematic review. *Eur Child Adolesc Psychiatry* 2019, 28:1295–1310, doi: 10.1007/s00787-018-1215-z
- El Baba R, Colucci E. Post-traumatic stress disorders, depression, and anxiety in unaccompanied refugee minors exposed to war-related trauma: a systematic review. *Int J Cult Ment Health* 2018, 11:194–207, doi: 10.1080/17542863.2017.1355929
- Ehnholt KA, Trickey D, Harris Hendriks J, Chambers H, Scott M, Yule W. Mental health of unaccompanied asylum-seeking adolescents previously held in British detention centres. *Clin Child Psychol Psychiatry* 2018, 23:238–257, doi: 10.1177/1359104518758839
- Angelakis S, Nixon RDV. The Comorbidity of PTSD and MDD: Implications for Clinical Practice and Future Research. *Behaviour Change* 2015, 32:1–25, doi: 10.1017/bec.2014.26
- Smid GE, Lensvelt-Mulders GJ, Knipscheer JW, Gersons BP, Kleber RJ. Late-onset PTSD in unaccompanied refugee minors: exploring the predictive utility of depression and anxiety symptoms. *J Clin Child Adolesc Psychol* 2011, 40:742–755, doi: 10.1080/15374416.2011.597083
- Müller LRF, Gossmann K, Hartmann F, Büter KP, Rosner R, Unterhitzberger J. 1-year follow-up of the mental health and stress factors in asylum-seeking children and adolescents resettled in Germany. *BMC Public Health* 2019, 19:908, doi: 10.1186/s12889-019-7263-6
- Höhne E, van der Meer AS, Kamp-Becker I, Christiansen H. A systematic review of risk and protective factors of mental health in unaccompanied minor refugees. *Eur Child Adolesc Psychiatry* 2020, Epub ahead of print, doi: 10.1007/s00787-020-01678-2
- Jensen TK, Skar AS, Andersson ES, Birkeland MS. Long-term mental health in unaccompanied refugee minors: pre- and post-flight predictors. *Eur Child Adolesc Psychiatry* 2019, 28:1671–1682, doi: 10.1007/s00787-019-01340-6
- Refugee Support Aegean (RSA)-PRO ASYL: The systematic rejections of family reunifications requests from Greece by Germany and their detrimental impact upon the right to family life and the best interest of the child. Available from <https://rsaegean.org/en/refugee-families-torn-apart> (2019)

Ερευνητική εργασία

Ψυχική υγεία των ασυνόδευτων ανηλίκων προσφύγων στην Ελλάδα που διαβιούν σε «κατάσταση αβεβαιότητας»

Ιωάννα Γιαννοπούλου, Λήδα Μουρλούκου, Βασιλική Ευσταθίου, Αθανάσιος Δουζένης, Παναγιώτης Φερεντίνος

Β΄ Ψυχιατρική Κλινική, Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αττικών Νοσοκομείο, Αθήνα

ΙΣΤΟΡΙΚΟ ΑΡΘΡΟΥ: Παραλήφθηκε 8 Σεπτεμβρίου 2021/Αναθεωρήθηκε 9 Δεκεμβρίου 2021/Δημοσιεύθηκε Διαδικτυακά 27 Απριλίου 2022

ΠΕΡΙΛΗΨΗ

Το κλείσιμο της μεταναστευτικής διαδρομής των Βαλκανίων το 2016, είχε ως αποτέλεσμα ένας σημαντικός αριθμός ασυνόδευτων ανηλίκων (ΑΑ) προσφύγων, που θεωρούσε την Ελλάδα ως «πέρασμα» για τον τελικό επιθυμητό προορισμό τους, να «εγκλωβιστεί» για απροσδιόριστο χρονικό διάστημα στη χώρα. Κατά συνέπεια δημιουργήθηκε για τους ΑΑ μία δύσκολη συνθήκη διαβίωσης “in limbo”, χαρακτηριζόμενη από αβεβαιότητα γύρω από το μέλλον τους, στο πλαίσιο της μακράς αναμονής για την έκβαση της αίτησής τους για χορήγηση ασύλου. Σκοπός της παρούσας συγχρονικής μελέτης ήταν να διερευνήσει την ψυχική υγεία των ΑΑ που έφθασαν στην Ελλάδα μετά το 2016 και τους προβλεπτικούς παράγοντες της βαρύτητας των καταθλιπτικών συμπτωμάτων, των συμπτωμάτων μετατραυματικού στρες και των αρνητικών γνωσιών τους. Το δείγμα αποτέλεσαν 90 ΑΑ (76 αγόρια), ηλικίας 13-17 χρονών, εκ των οποίων οι 46 ήταν Σύριοι και οι 44 διαφορετικής εθνικής καταγωγής. Οι συμμετέχοντες συμπλήρωσαν στη μητρική τους γλώσσα τις κλίμακες: Children’s Revised Impact of Events Scale (CRIES-8), Depression Self-Rating Scale (DSRS), Children’s Post-Traumatic Cognitions Inventory (cPTCI). Επιπλέον, συλλέχθηκαν πληροφορίες σχετικές με τα κοινωνικο-δημογραφικά χαρακτηριστικά, τις στρεσογόνες και τραυματικές εμπειρίες που βίωσαν και την κοινωνική στήριξη. Οι Σύριοι ΑΑ είχαν πολύ μεγαλύτερη πιθανότητα από τους ΑΑ άλλων εθνικοτήτων να εμφανίσουν κλινική κατάθλιψη (71,7% έναντι 47,7%, αντίστοιχα, $p=0,020$), να παρουσιάσουν συμπτώματα διαταραχής μετατραυματικού στρες (ΔΜΣ), δηλαδή βαθμολογία εντός κλινικά σημαντικού εύρους συμπτωμάτων μετατραυματικού στρες και αρνητικών μετατραυματικών γνωσιών (87% έναντι 65,9% αντίστοιχα, $p=0,018$) και συννοσηρότητας ΔΜΣ/κατάθλιψης (65,2% έναντι 40,9% αντίστοιχα, $p=0,021$). Οι αναλύσεις πολλαπλής γραμμικής παλινδρόμησης με τη μέθοδο βηματικής απαλοιφής έδειξαν ότι το νομικό καθεστώς (αιτούντες άσυλο-οικογενειακή επανένωση στην Ευρώπη) αποτελεί προβλεπτικό παράγοντα αυξημένων επιπέδων καταθλιπτικής συμπτωματολογίας ($\beta=0,29$, $p=0,004$), συμπτωμάτων μετατραυματικού στρες ($\beta=0,21$, $p=0,034$) καθώς και αρνητικών γνωσιών ($\beta=0,33$, $p=0,001$). Ο συνολικός αριθμός στρεσογόνων/τραυματικών εμπειριών και το άρρεν φύλο ($\beta=0,29$, $p=0,004$) βρέθηκε να σχετίζονται σημαντικά μόνο με τη βαρύτητα των συμπτωμάτων μετατραυματικού στρες, ενώ χαμηλότερα επίπεδα αντιλαμβανόμενης κοινωνικής στήριξης συσχετίζονταν με αυξημένα επίπεδα συμπτωμάτων κατάθλιψης ($\beta=0,24$, $p=0,018$) και αρνητικών γνωσιών ($\beta=0,26$, $p=0,008$). Τα ευρήματα υπογραμμίζουν την ψυχική επιβάρυνση των ΑΑ που ζουν σε συνθήκη “in limbo” και ενισχύουν το επιχείρημα για την τροποποίηση των περιοριστικών πολιτικών ασύλου της Ευρωπαϊκής Ένωσης και την επιτάχυνση των διαδικασιών οικογενειακής επανένωσης σύμφωνα με τον Κανονισμό του Δουβλίνου. Επίσης, επισημαίνουν την άμεση ανάγκη για βελτίωση της πρόσβασης των ΑΑ σε υπηρεσίες ψυχικής υγείας και ψυχοκοινωνικής υποστήριξης.

ΛΕΞΕΙΣ ΕΥΡΕΤΗΡΙΟΥ: Ασυνόδευτοι ανήλικοι πρόσφυγες, διαταραχή μετατραυματικού στρες, μετατραυματικές αρνητικές γνωσίες, κατάθλιψη, τραυματικές εμπειρίες.