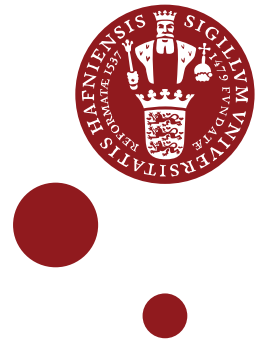


UNIVERSITY OF COPENHAGEN



The Mental health of Asylum-seeking Children in the Nordic Countries

Sofie Hedström

Supervisor: Signe Smith Jervelund

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Abstract

Baggrund: En tredjedel af dem, der søger asyl i de nordiske lande, er børn. De asylsøgende børn er en af de mest sårbare grupper i vores samfund. Selv om litteraturen viser en stor variation af prævalens af dårligt mentalt helbred blandt de asylsøgende børn, er der enighed i konklusionerne omkring, at disse børn har et markant dårligere mentalt helbred sammenlignet med baggrundspopulationer. Formålet med dette review er at skabe et overblik over det mentale helbred samt de faktorer, der påvirker mentalt helbred hos asylsøgende børn i de nordiske lande.

Metode: Der foretoges en systematisk søgning på databaserne Pubmed, Scopus, Embase, PsycInfo and Cochrane . 10 artikler om mentalt helbred, velvære og prædiktorer for dårligt mentalt helbred for asylsøgende børn i de nordiske lande blev inkluderet.

Resultat: Asylsøgende børn i de nordiske lande har en høj prævalens af dårligt mentalt helbred, og børnene opfatter sig selv som havende et markant lavt velbefindende. Psykiske lidelser som PTSD, angst og emotionelle lidelser er frekvent beskrevet i populationerne. Børn, der er blevet udsat for multiple stressende livsbegivenheder før og efter migration, er i højere grad i risiko for dårligt mentalt helbred, såsom udsættelse for direkte og indirekte vold, tilstedeværelse af en langvarig asylperiode og stigende antal omplaceringer i løbet af asylperioden. Specifikke forhold hos børnenes familier er prædiktorer for dårligt mentalt helbred. Børnenes alder og køn har tvetydige associationer med det generelle dårlige mentale helbred, selvom specifikke psykiske lidelser synes at være mere konstant aldersafhængige.

Konklusion: I overensstemmelse med andre højindkomstlande i Europa er asylsøgende børn i de nordiske lande i høj risiko for at udvikle dårligt mentalt helbred sammenlignet med baggrundsbefolkningen. For at vores samfund skal have mulighed for at forebygge og behandle disse børn, er vi nødt til at fordybe vores viden om de børne-, forældre- og miljømæssige risikofaktorer med prædiktation for dårligt mentalt helbred. Fremtidige sammenlignende og longitudinale studier eftersøges, inkluderende inddragelse af særligt udsatte asylsøgende grupper såsom afviste asylsøgende og de ”apatiiske børn”.

Background

More than 60 million people worldwide are today forced to flee their homes and seek safety elsewhere (1). The asylum-seeking children, either unaccompanied or accompanied by their parents or guardian, are some of the most vulnerable groups within this context (2). There are several risk factors identified suggested to contribute to poor mental health among these children. These predictors of poor mental health are associated to factors regarding the child itself, environmental- and parental factors, such as traumatic experiences before-, during- and after their flight to the host country, time taken for asylum status to be determined and mental disorders of the parents (2). Literature on the prevalence of poor mental health among asylum-seeking children is ranging between 20-94 % (2-4). In terms of developing poor mental health, unaccompanied minors are in greater risk compared to accompanied children (5). The great variety of mental difficulties is explained by the differences of study methodology, such as assessments tools, population and time of the study (2-4). Despite the great variety in prevalence, the existing literature consistently indicates that asylum-seeking children have a markedly higher prevalence of poor mental health compared with background populations (6-9).

Approximately one third of those seeking asylum in the Nordic countries are children. During 2016, 10 909 people under 18 years old were seeking asylum in Sweden, 2677 in Denmark, 1176 in Norway and 1455 in Finland (10-13). Arriving to the host-country is a massive change for the child. The child is exposed to social-cultural and linguistic challenges, in addition to having to process the past. Mental well-being is essential to be able to advantageously cope during exposure to difficult situations, such as the asylum process (14). Poor mental health originating during the childhood often is often long-lasting. Furthermore, children being born after the migration of their family, have an increased risk of develop mental disorders compared with background populations (14). The Combination of what is previous mentioned and the fact that the majority that receive residence status are staying in the host-country (9), indicate the importance of early interventions of the poor mental health of the asylum-seeking children. Early interventions could increase the probability of being able to take part of the society and to attain economic self-sustainability (15). Today, we have no complete picture of the research-based knowledge of the mental health among asylum-seeking children in the Nordic countries. We are in need of the overall picture of their mental health, in order for society

to be as effective as possible to treat and prevent further mental difficulties of these children. This is of greatest interest, primary for the asylum-seeking child, but also from a societal point of view (16).

Coming of Age in Exile (CAGE) is a collaboration project between the Nordic countries, Denmark, Sweden, Norway and Finland, with the aim to map how health and socioeconomic inequities develop during the formative years in young refugees compared with the background populations. One of the subsidiary focuses is to investigate the mental health among all children in the Nordic countries, including the asylum-seeking children. The objective of this systematic review is to establish an overview of the existing quantitative research of the mental health and well-being as well as factors affecting mental health of asylum-seeking children in the Nordic countries, namely Denmark, Norway, Sweden and Finland.

Methods

Search Strategy

Relevant publications covering the mental health, well-being and predictors of poor mental health of asylum-seeking children in the Nordic countries were found by a systematic search on the databases Pubmed, Scopus, Embase, PsycInfo and Cochrane. Following combination of words were used to find relevant articles [Refugee OR asylum OR asylum seeker OR Exile] AND [child OR adolescents OR infant OR minor OR youth] AND [mental health OR mental disorders OR mental illness OR psychiatric disorder OR psychiatric diagnosis] AND [Scandinavia OR Nordic country OR Denmark OR Danish OR Sweden OR Swedish OR Norway OR Norwegian OR Finland OR Finnish]. In February 2017 this resulted in 207 publications in Pubmed, 128 publications in Embase, 141 publications in Scopus, 31 publications in Cochrane and 16 publications in PsycInfo.

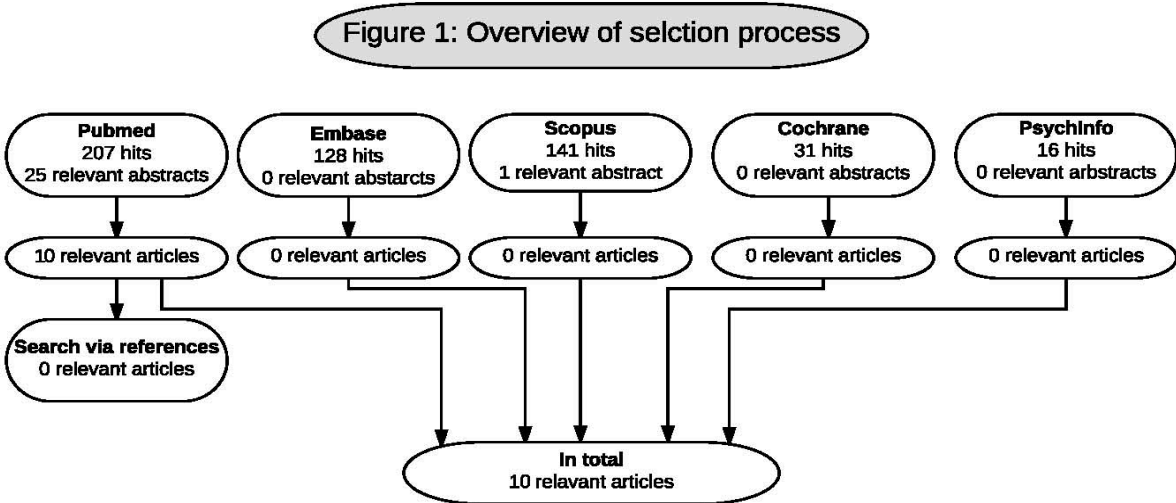
Inclusion and Exclusion Criteria

The studies had to be undertaken in the Nordic countries: Denmark, Sweden, Norway and Finland. Due to a small amount of asylum-seekers, studies undertaken in Iceland, Faroe Island and Greenland were excluded. The publications had to be original quantitative studies. Because of the vulnerable situation of the child both structured- and semi

structured interviews were accepted if they were statistically presented. Articles using the same population but different outcome measure were all included. Children were defined as a person under the age of 18 years. Studies including asylum-seeking children and adults, but which did not specifically address the mental health of the children were excluded. The same principle was applicable for studies including asylum-seeking and refugee children and follow up studies that did not distinguish between the mental health of asylum-seekers and children already granted asylum. Studies using the term “newly arrived” instead of asylum-seeker were included if it was evidently understood elsewhere that the children actually were asylum-seekers. Rejected asylum-seeking children were included in this study since they are assumed to be exposed to a great amount of mental stress and therefore of interest to further survey their mental health. Studies based on access and utilisation of mental or somatic healthcare were excluded, as it in this context not was considered an appropriate measure of mental health.

Selection Process

A description of the selection process is presented in Figure 1. The relevancy of the publications was at first valued by reading their abstract in Pubmed and subsequently in Scopus, Embase, PsycInfo and Cochrane. This resulted in 25 potential relevant articles in Pubmed, one potential relevant in Scopus and no relevant articles in the other databases. The full text of these articles were read and resulted in 10 relevant articles found in Pubmed. No further relevant articles were found when scanning the reference list of the included articles.



Results

Description of the Included Publications

A description of the included studies is presented in Table 1. The majority of the publications covered topics regarding mental disorders (7/10), followed by predictors of mental disorders (3/10) and well-being (1/10). The studies were focusing on accompanied children (6/10) and unaccompanied children (4/10), whereas no study focused solely on rejected asylum-seekers. All studies included both children (2-12 years) and adolescents (13-18) of varying age range, except one focusing specifically on adolescents of 15-18 years old. No study examined the mental health of infants (0-23 month). The children's length of stay as asylum-seekers at the time when the children were assessed ranged between 0-91 month from arrival. 4/10 articles collected their data within the first year of the children' arrival as asylum-seekers and one article after more than a year, while half of the studies did not comment or specify the children' length of stay at time of data collection. The number of asylum-seeking children included varied between 46-311 participants. About half of the articles included less than two hundred participants (6/10). All articles identified their participant's origin by the child or parents' country of birth, except one that did not include this information. Most studies were performed in Denmark (4/10), followed by Sweden (3/10), Norway (2/10) and Finland (1/10). A cross-sectional study design was used by all studies except for one that used a longitudinal design. The most used data source was surveys (9/10) and one study used surveys with linkage to a diagnostic investigation. Most studies covered a national representative study population (7/10) and the rest were local. The type of informants was evenly distributed between the child itself, parent and a combination of several informants and one publication used physicians as data informant. Most studies were adjusted for socio-demographic factors such as age and gender. One study further adjusted for socioeconomic factors and eight studies adjusted for other factors such as duration of flight and religion. Only one study did not include any adjustments.

Mental Health among Accompanied Asylum-Seeking Children

An overview of included studies is presented in Table 2. The studies of accompanied children indicate that 35-60% suffers from mental disorders, which is approximately three times higher when comparing with background populations (17-19). Similar tendencies

Table 1		
Description of the included studies (N=10)	Number of studies	Percent
Topic		
Mental disorder	7/10	70 %
Wellbeing	1/10	10 %
Predictors of poor of poor mental health	3/10	30 %
Status of asylum-seeker		
Accompanied	6/10	60 %
Unaccompanied	4/10	40 %
Rejected	0/10	0 %
Life phase		
2-15	2/10	20 %
3-15	3/10	30 %
4-16	1/10	10 %
6-17	1/10	10 %
10-16	1/10	10 %
12-17	1/10	10 %
15-18	1/10	10 %
Mean time from arriving to the host country to first contact with study		
<1 month	0/10	0 %
<1 year	4/10	40 %
>1 year	1/10	10 %
No information/unspecified	5/10	50 %
Study population		
Number of asylum-seekers included		
<200	6/10	60 %
>200	4/10	40 %
Identification method of origin		
Own and/or Parent's country of birth	9/10	90 %
No information	1/10	10 %
Country of investigation		
Denmark	4/11	40 %
Norway	2/10	20 %
Sweden	3/10	30 %
Finland	1/10	10 %
Methodological characteristics		
Study design		
Cross-sectional	9/10	90 %
Baseline + Follow up.	1/10	10 %
Data source		
Survey	9/10	90 %
Survey linked to diagnostic investigation	1/10	10 %
Representativeness of study population		
National	7/10	70 %
Local	3/10	30 %
Informant		
Child	2/10	20 %
Parent	3/10	30 %
Multiple informant (physicians not included)	4/10	40 %
Physician	1/10	10 %
Adjustment		
Sociodemographic	9/10	90 %
Socioeconomic	1/10	10 %
Other	9/10	90 %
None/not specified	1/10	10 %

seem to be prevailing for the well-being of the child (17, 18). One study revealed that 30 % suffered from sleeping disturbances (18). Significant more accompanied asylum-seeking children graded their quality of life as the worst possible (44%) compared with the host country population (3%) and half of the study population perceived themselves as generally burdened by their problems (17). When further investigating the mental disorder occurring among the children, the most frequent mental disorders were anxiety (60%), depression and posttraumatic stress disorder (PTSD) (18, 20), although the prevalence was not documented for all disorders.

Mental Health among Unaccompanied Asylum-Seeking Children

Unaccompanied children had estimated two times higher prevalence of mental disorders (48%) compared with background populations (21). The studies revealed that unaccompanied children had a high frequency of depression (20-44%), anxiety (30-38%) and PTSD (52-54%) (5, 21, 22). Neurotic disorders, exhibited self-harm and suicidal behaviour were more common among unaccompanied asylum-seeking children admitted to clinical inpatient care compared with other patients (23).

Factors Affecting Mental Health

Sociodemographic factors

The association between the age of the asylum-seeking children and their mental health status showed contradicting results. Nielsen et al. found that age was not associated with the overall outcome of poor mental health of 4-16 years old accompanied children (17). Vervliet et al. showed similar results among 14-18 years old unaccompanied children (22), whereas another study of unaccompanied children found a total poorer mental health among 6-14 years old compared with 15-17 years olds (21). Another study showed that accompanied 7-15 years old had poorer mental health compared with 2-6 years old (19). The association between age and specific mental disorders and behaviours were more consistent among the studies (17, 20, 21). Attention deficit, hyperkinetic disorders and lack of social strength were more common among younger children compared with older children, regardless of being accompanied or not (17, 21). Emotional disorders were more common among accompanied 11-16 years compared to 4-10 years old (17). Accompanied children aged 7-11 years were more likely to have symptoms of PTSD compared with children of either younger or older age (20).

The association between gender and mental health differed between accompanied and unaccompanied children. Gender did not influence the results of the mental health of unaccompanied asylum-seeking children (5, 21, 23), whereas studies of accompanied children showed contradicting results. One study indicated that 4-16 years old boys had more severe overall poor mental health compared with girls (17), whereas another study revealed that 2-15 years old girls had poorer mental health compared with boys of the same age (19).

Exposure to Violence and Stressful Life Events

Being victim to direct or/and indirect pre-migration violence were a consistent predictor of PTSD, anxiety, depression and sleep disturbances, regardless of being accompanied or not (5, 18-22, 24, 25). Two studies of unaccompanied children revealed that the number of traumatic life events experienced by the child were associated with more symptoms of poor mental health (5, 22). Children aged 2-6 years who had been exposed to persecutions had a greater tendency of present behaviour of dependency compared with 7-15 years old, whereas 7-15 years old did frequently have more concentration difficulties (25).

Factors Other than Sociodemographic- and Exposure to Stressful Life Events

A few studies included other possible predictors of mental disorders such as family situation and environmental factors during the asylum-phase (17, 20, 24). One study revealed that PTSD was associated with exposure to specific predictors of social background such as the parent's occupational situation and current interaction of the family such as being a child cuddled more often, compared with those who was not exposed (20). Another study concluded that children accompanied by both parents had reduced risk of sleep disturbances compared with being accompanied by only one parent (24).

Only one study investigated the association of mental health with current environmental conditions during the asylum-phase (17, 26). Children seeking asylum for more than a year had an increased risk of having mental difficulties compared with seeking asylum for less than a year. Children being relocated from asylum centres four or more times also increased the risk of poor mental health compared with those relocated lesser than four relocations (17).

Discussion

This review indicates that asylum-seeking children in the Nordic countries, regardless of being accompanied or unaccompanied, have a higher prevalence of an overall poor mental health and perceive themselves with markedly lower quality of life compared with background populations. Mental disorders such as PTSD, anxiety and emotional disorders did frequently occur. A number of factors were found to predict poor mental health among these children. Being exposed to direct or/and indirect premigrational violence and the number of traumatic life events experienced were consistent predictors of poor mental health. Environmental factors such as a prolonged asylum period and an increasing number of relocations did impair mental health, as well as predictors associated with the parents of the child, such as the occupational situation and specific behaviour with regard to current family interaction. Age and gender have ambiguous associations with the overall poor mental health, although specific mental disorders appear to be more constant age-dependant.

Mental Health

The prevalence of overall poor mental health and specific disorders, such as PTSD, anxiety and emotional disorders found in this review is in accordance with what is found for both children and adult asylum-seekers in other European countries (6-9, 27). It was not possible to compare the findings of prevalence of specific mental disorders for accompanied asylum-seeking children in the existing literature, due to the absence of prevalence for accompanied children in the Nordic studies. Although there is no apparent reason to assume that the prevalence of mental disorders among accompanied children in the Nordic countries would considerably differ from what is previously found.

The presence of being in a prolonged unfavourable well-being and psychosocial condition increases the risk to develop mental disorders (9). To get the complete picture of the mental health of asylum-seeking children, it is suggested that the mental health not only should be described by the presence or absence of mental disorders, but also by a reflection of level of mental well-being and psychosocial problems (9). The strikingly low well-being found among asylum-seekers (17) highlight and confirm the previous statement, namely the importance that future studies not solely are focusing on mental disorders and instead use a broader perspective when assessing the mental health of asylum-seeking children.

In contrary to existing literature which indicating that unaccompanied children are more vulnerable to develop poor mental health than other asylum-seeking groups (6, 27), the present study did not found these tendencies. Although the results of the comparison of accompanied and unaccompanied children found in this review should be interpreted with care, due to the small numbers of publications, differences in methodology and the fact that no article specifically addressed this comparison. It would be relevant that future studies should strive to increase the understanding of potential differences in mental health between accompanied and unaccompanied children in the Nordic countries, in order to a greater extent be able to tailor the special needs of these groups.

None of the included studies, except one, did compare their data with a proper study background population. The width of the large difference in mental health between asylum-seeking children and background populations found in this study is uncertain due to comparing found data to already existing data, without taking into account the difference in methodology. More future comparative studies are requested, to assure a more accurate measure of the mental health of asylum-seeking children.

The majority of the included studies in this review were based on responses from the child or other informants, such as parents or staff members at the asylum centres. The asylum-seeking children graded their mental health and well-being generally lower than their parents, which is in concordance with a previous study on self- and parent assessment of mental health in young refugees by Montgomery (28). This methodology is causing a number of uncertainties that possibly could influence to an under- or over reporting of symptoms, such as poor parental mental health and the general vulnerable situation during the asylum-seeking process (28). Montgomery emphasizes the importance of understanding the origin of the low agreement between child- and parental responses, and concludes that the two rating scales possibly are of two qualitative different constructs and not just a result of inter-informant disagreement (28). Derluyn et al. found that social workers detected more externalizing problems, while the children found themselves with more internalizing problems compared with what the social workers found (27). The literature seems to point towards that multiple informants provide different valid information of the mental health of the child, as some informants possibly are better to detect specific disorders of the child compared with others (28). It I suggested that future

studies should further examine the importance of multiple informants when assessing the mental health of the asylum-seeking children. Furthermore, only one study did quantify the outcome measure of mental disorders through an actual individual psychiatric investigation (23). To increase the validity in future studies using questionnaires as screening tool for mental disorders, it is suggested that children distinguished with a high risk of poor mental health undergoes actual individual clinical assessments.

Factors Affecting Mental Health

The ambiguous results regarding the association between gender and age with poor mental health in this review is similar to what is found in European literature (14, 29). WHO state that the mental health of adolescents in Europe is declining regardless of gender, although girls perceive themselves with poorer mental health compared with what boys perceive themselves with (30). This is in accordance to asylum-seeking girls, where some literature suggests that girls have higher risk of developing poor mental health, because of their exposure to more threats before- and during the asylum-phase compared with boys (14, 23, 27). These tendencies could not be concluded in this study, but the results should be interpreted with caution due to a skewed gender distribution. Boys did account for 74-95% of the unaccompanied study population (5, 21-23). It could be of interest to further examine if a similar relationship is prevailing for girls in the context of the Nordic countries.

Specific mental disorders among asylum-seeking children in the Nordic countries appear to be more age-dependent compared with the overall poor mental health, but due to the variation of age span of the included populations it was not possible to conclude any specific ages associated with respective disorder. Existing studies propose that younger asylum-seeking children are more vulnerable of being in physical and mentally difficult situations, explained by that older children are more likely to be provided with internal coping resources (21). On the other hand, adolescent's asylum-seekers are in a more vulnerable situation as they live with the uncertainty of what will happen with their application of asylum when they no longer account for being a child (5). Simultaneously as the adolescent asylum-seekers are trying to cope with the current circumstances, they are in greater extent confronted with their process of identity formation compared with younger children (27). Obstacles in personal development could possibly develop to poor well-being and mental difficulties. To be able to provide the right effort to treat and

prevent poor mental health, it is of interest to further investigate the actual impact of being an asylum-seeking child during specific age-spans.

Existing studies indicate that being exposed to direct or/and indirect premigrational violence and the number of traumatic life events experienced by the asylum-seeking child, negatively affects the mental health (14, 27), which is in accordance with what is found in the present study. Montgomery concluded in a follow-up study of refugees, that those being exposed to high levels of traumatic experiences before arrival to the host country were more vulnerable to stressful events after arrival, resulting in a tendency to a traumatized condition, instead of adapting to the current context (29). The poor mental health was in addition to war-related traumas associated with other stressful events, such as abuse and violence (5). In summary, these facts highlight the importance of a broader perspective when investigating the influence of stressful events on poor mental health.

There are contradicting results when comparing the mental health of refugees with background populations (29), although longitudinal studies show that the mental health of asylum-seeking children proceeding to have refugee status are relatively unanimous and indicate an improvement of mental health over time (14, 29, 31). Montgomery concluded that stress after arrival to the host-country, in a greater extent contributes to poor mental health compared with exposure to traumatic experience before arrival (29). A better understanding of risk- and protective factors during the asylum-phase would make it easier to control their impact on mental health, and potentially create a significantly better starting point for these children. A study examining environmental factors during the asylum-phase in the Netherlands, found that asylum-seeking children being relocated more than one time during a year had a poorer mental health (32). This conclusion is in concordance with what was found for Danish asylum-seeking children, namely that a prolonged asylum-phase and an increasing number of relocations impaired mental health (17). Future longitudinal studies are sought to further map the influence of the asylum-phase on mental health of refugee children in the Nordic countries.

Strengths and Limitations

The methodological strengths of this study include systematic search on several relevant databases. The references of the included publications were scanned for potential additional articles. Currently there are no known reviews covering the mental health of

asylum-seeking children in the Nordic countries. The subject of this review could be considered as a strength as it is most relevant to increase our knowledge of these children. There are several methodological limitations of this review. It is possible that potential relevant data has been overhauled due to exclusion of sources such as reports etc. The choice not to limit the publication time interval could be either considered as a disadvantage or an advantage. It is possible that the inclusions of older articles no longer are relevant in the current societal context, although the prevalence of poor mental health among the included studies is pretty unambiguous, and the absence of limited time-interval could rather be seen as strength of the study.

This review includes a small amount of studies, which makes it hard to draw any definitive conclusions of the results. The generally small study populations and the varying use of methodology further enhance this.

A number of specific vulnerable groups were not represented among the included studies. No study included children being under two years old. Furthermore no studies did specifically address the mental health of rejected asylum-seeking children in the Nordic countries. This group is very likely to be one of the most vulnerable groups within this context (33) and therefore it is of highest interest to further survey their mental health. The present review highlights the need of more studies concerning this group.

In Sweden during the 2000s a large amount of children seeking asylum developed a severe apathetic state of mind. This condition proceeded to a severe withdrawal of behaviour and the children lost contact with the surrounding world (34). No relevant articles matched the establish inclusion criterions on the topic “apathetic asylum-seeking children”. It is possible that the inclusion criterion in the present study was of too narrow to reach this topic. Further studies on this matter are requested.

Conclusion

Asylum-seeking children in the Nordic countries are in high risk of developing poor mental health compared with background populations. The children perceived themselves with a markedly low well-being and mental disorders such as anxiety, PTSD and emotional disorders did frequently occur. A number of factors known to predict poor mental health of asylum-seeking children were in accordance to what is found in the Nordic countries. Children being exposed to numerous stressful life events before and after migration were in higher risk of poor mental health, such as exposure to direct- and

indirect violence and being in a prolonged asylum period and a increasing number of relocations during the asylum period. In accordance to previous studies, this study indicates the importance of an overview of the family of the child, in order to get the whole picture in accordance to understand the mental health of the child. Age and gender have ambiguous associations with the overall poor mental health. Specific mental disorders appear to be more constant age-dependant, but this study was not able to conclude any specific ages associated to respective disorders. When taking to account the methodological limitations of this study, the tendencies of poor mental health and the factors affecting its outcome seen among asylum-seeking children in high-income countries in Europe, seems to be in accordance with the Nordic countries.

Implications

UNHCR states that the amount of people in need of protection today are huge and probably even bigger than ever (13). One third of the people seeking asylum in the Nordic countries are children, and they are one of the most vulnerable groups in our society. This review confirms what we already suspected, namely that the asylum-seeking children are severely affected by poor mental health compared with the rest of our society. In order to be able to treat and prevent poor mental health, we need immerse our knowledge of child, parental and environmental risk factors of developing poor mental health (2). First, it is of high priority to develop mental health screenings tools even more tailored to catch children being in risk of poor mental health, e.g. by to a greater extent take into account the mental health of the parents when assessing the child. Secondly, it is essential that people working with this group of children and their families are aware and well informed of what to react on, to be able to prevent and treat poor mental health. Thirdly, the host country has a responsibility to provide the best possible environment to prevent further development of poor mental health, such as minimizing the duration of the asylum-phase and offer access to the health system. Some of these factors are known to be modifiable and further progression in direction to favour the mental health of this group partly lies in the hands of immigration- social and health policies. Our knowledge of the mental health asylum-seeking children is still limited and by increasing our understanding of this group, we will increase the possibility to treat and prevent further mental difficulties among this group. The present study indicates the need of future comparative longitudinal studies, to get a more accurate picture of the prevalence of poor mental health and to better understand the

effect of specific predictors of poor mental health. Future studies should include specifically vulnerable groups, such as rejected asylum-seekers and “apathetic children”.

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