Editorial Perspective: Mental health of young asylum seekers and refugees in the context of COVID-19

There is now a considerable literature, mainly from high income countries, on the effects of the COVID-19 pandemic on Children’s and Young People’s psychological adjustment. However, the pandemic and the social consequences have not affected everyone equally, and vulnerable groups have been at greater risk of adverse outcomes. This Editorial perspective aims to highlight some of the effects of the COVID-19 pandemic on the mental health of young asylum seekers and refugees and considers selectively some services and interventions that could promote their mental health.

In many countries, the social restrictions and lockdowns to prevent spread of SARS-CoV-2 with closure of schools, isolation from wider family members and peers, alongside greater financial hardship for many families and poorer parental mental health, contributed to elevated psychological distress in young people (Ford, John, & Gunnell, 2021). Initial surveys have found increased levels of anxiety and depressive symptoms in many young people, although a small sub-group have reported improved well-being, perhaps associated with the cessation of usual social demands such as peer contact and school attendance (Cost et al., 2021). However, the impacts are varied across families and communities depending on the level of economic hardship and deprivation in neighbourhoods. People who have been more affected by COVID-19 had higher previous health problems and lived in poorer neighbourhoods.

Asylum seekers and refugees often experienced past war exposure and losses, harrowing migration experiences, significant legal and linguistic challenges in establishing themselves in resettlement countries, alongside high levels of socio-economic adversities, and unsettled and overcrowded housing (Hodes & Vostanis, 2019). Rates of psychological distress and psychiatric disorder, mainly PTSD and depression, amongst asylum seeking and refugee children, adolescents and adults prior to the COVID-19 pandemic are elevated as compared to non-refugee peers (Blackmore et al., 2020).

The COVID-19 pandemic has posed additional burdens on young asylum seekers and refugees. The preventive measures such as school closure and disruption of peer activities, and strictures to stay inside during lockdown, would amplify the effects of overcrowding and burden parents, many of whom had their own health difficulties even prior to the pandemic. Remote Internet-based home learning would be more challenging without adequate computer availability and language support, especially when living in cramped housing where asylum seekers may be placed. Such living conditions contribute to the rapid spread of the SARS-CoV-2 infection and increased risk of parental illness, and family strain.

From a more international perspective, the war and massive displacement of people in Ukraine, or other countries experiencing conflict, with many people seeking refuge from bombing in overcrowded basements and bomb shelters, will significantly increase the spread of SARS-CoV-2 infection. This is particularly salient as the level of COVID-19 vaccination in Ukraine is relatively low, compared with Western Europe and North American countries.

For refugees and asylum seekers who have arrived in resettlement countries, cultural factors may contribute to increased stress related to the pandemic. For example, government-led public health demands such as social distancing and recommendations for vaccination may be understood quite differently by people who previously experienced abusive or neglectful government regimes. Many refugees come from societies with less widespread acceptance of the biomedical model of disease, and may explain illness and misfortune in religious terms and seek alternative remedies obtained from culturally familiar figures.

The COVID-19 pandemic has had significant impacts on Child and Adolescent Mental Health Services (CAMHS) utilisation and access. During the early months of the pandemic in the United Kingdom, fewer patients than usual came to services. Paediatric and CAMHS were themselves struggling with reorganisations, often relocations, the transition to remote working, and staff sickness. By the end of 2020, demand had rapidly increased, resulting in long waiting lists across the United Kingdom and Republic of Ireland, for general CAMHS as well as specialist services such as eating disorders (Morris & Fisher, 2022). While the effects on young asylum seekers and refugees have generally not been investigated, there are emerging reports that the services are increasingly inadequate for them (Benjamin et al., 2021). Referral may be difficult and delayed because of difficulties in primary care and social services access, which themselves have experienced significant pressures related to staffing, the numbers of people with COVID-19, and elevated rates of other untreated illness. A particular vulnerable group are unaccompanied asylum-seeking children who are looked after by the local authority. While some live in foster families or well-supported accommodation, others live in low support accommodation and during lockdowns would be particularly challenged by isolation, under-stimulation and worry about the safety of family and peers.

A number of socio-economic interventions that would help asylum seeking and refugee children have been prompted by the pandemic. At the universal level, governments in many countries have promised to stimulate the economy and growth, and reduce inequality with a view to improving well-being and a range of outcomes. This would help asylum seeking and refugee communities. Unfortunately this aspiration may not always be achieved. For example the ‘levelling-up’ agenda of the United Kingdom government has been criticised for being too little and inadequately targeting deprived areas, in which many asylum seekers live because of...
cheaper housing costs (Marmot, 2022). Austerity over the decade since 2010 has caused local authority funding cuts that have resulted in the closure of the many children’s centres (formerly Sure Start Centres) that provided significant support to many refugee families. The aforementioned cuts and reductions in charitable donations have had a negative effect on support for refugee ethnic organisations. These voluntary sector organisations and Children’s Centres are important for improving the welfare of children and families.

Community- and school-based services are valuable for refugee children in view of their accessibility and non-stigmatising location (Hodes & Vostanis, 2019). In England, the NHS long-term plan including the aim to provide evidence-based low-level psychological interventions in all schools is an important step (see https://www.england.nhs.uk/mental-health/cyp/). However, the particular characteristics of asylum seeking and refugee children suggest the training and skills of clinicians need to be considered. For example, the curriculum for the Children’s Welfare Practitioners, who deliver the interventions in schools in England, may need to be broadened to help the refugees who have experienced trauma, loss and migration issues. In neighbourhoods and schools with many asylum seeking and refugee children, special support for this group should be provided (Hodes & Vostanis, 2019).

The pandemic has prompted rapid change in the use of the mobiles, Internet and remote delivery of assessments and interventions. This could be a positive change for many asylum seekers and refugees. Mobile phone usage amongst asylum seekers and refugees is very high, as being connected to family and friends is so important (UNHCR, 2016). Practical advantages of remote contact and therapy sessions include reduced need to travel to clinics, difficult for those on very stringent budgets and unfamiliar with travel routes. Of course a major challenge is the potential need for interpreters and the added complexity, which is often more easily addressed with in person meetings with the child and family. For adolescents the widespread acceptance of computers or app based interventions provides opportunities to reach larger numbers of mobile asylum seekers and refugees.

In conclusion, asylum seeking and refugees will have faced additional challenges in view of the lockdown and COVID-19 pandemic. Mental health and social services have been affected by staff shortages and high demand for services. While the levels of COVID-19 are much reduced in many countries, and restrictions reduced or finishing at the time of writing, it is unclear whether new variants will arise that could have significant societal impacts on the young. However, a lot has been learnt, and many initiatives, some of which have been described here, could go some way to mitigate these problems. There has been very limited research into the effects of the pandemic on young asylum seekers and refugees’ mental health and service use and this subject warrants further investigation.

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