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Assessing the psychological distress and mental healthcare needs of unaccompanied refugee minors in the Netherlands

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Summary

This dissertation “Assessing the Psychological Distress and Mental Healthcare Needs of Unaccompanied Refugee Minors in the Netherlands” has systematically documented the assessment of the mental health and mental healthcare needs of URM living in the Netherlands between the years 2002-2004. The main objectives were (a) to validate psychological assessment instruments to be capable of validly and reliably assessing the mental health of URM; (b) to establish the prevalence and nature of the psychosocial distress of URM, (c) their mental healthcare needs, and (d) their psychological adaptation in the Netherlands.

Chapter 1 introduces the topic of the dissertation by presenting the (historical) background information on the URM population in the Netherlands and the methodological problems in conducting research among a culturally diverse population. In addition, the objectives, description of the URM sample and design of the main study are discussed. The main study of this dissertation (URM and the Dutch Mental Healthcare Services) was epidemiological in scale, used multiple informants, and consisted of two assessment periods (follow-up study) with an interval of twelve months. The project took place throughout all the provinces of the country. Questionnaires were administered to URM, their legal guardians, and teachers. A total of 920 unaccompanied refugee minors took part in the first assessment in 2002-2003 which was ten percent of the total URM population residing at that time in the Netherlands. During the second assessment period (2003-2004), 582 URM from the original 920 filled in the questionnaires for a second time. The guardians and teachers of URM also filled in questionnaires twice. The URM that participated had lived in the Netherlands between 4 and the 24 months. Male-female ratio was approximately 70-30%. The average age was 16 years. Angola, China, Siërra Leone and Guinee were the most represented countries in the sample.

Chapter 2 evaluated the practical feasibility of using self-report instruments in assessing the influence of traumatic stress reactions on the mental health of a culturally heterogeneous group of adolescents. This chapter describes how the self-report questionnaires utilized in this study were developed to be “multi-cultural” and “adolescent friendly”. Culturally diverse adolescents participated in their school classrooms during school time. URM consistently reported significantly higher scores on the Reactions of Adolescents to Traumatic Stress questionnaire (RATS) and Stressful Life Events checklist (SLE) than all other groups. Girls reported having more traumatic stress reactions than boys irrespective of the group they belonged to. The number of reported stressful life events was strongly related to the total score on the RATS. It can be concluded on the basis of this chapter that through modifications to the standard layout of psychological instruments, adolescents from a range of backgrounds and cultures can complete self-reports. Furthermore, URM appear to be at significant higher risk for traumatic stress reactions than refugee adolescents living with a family member, immigrants or Dutch native adolescents.

Chapter 3 provides preliminary psychometric properties of the Hopkins Symptom Checklist-37 (HSCL-37A) which was modified for this study. The HSCL-37A is a modification of the well-known HSCL-25 and assesses symptoms of internalizing and externalizing problems that have been associated with reactions to trauma. The confirmative factor analyses, per language version, support the two-factor structure of internalizing and externalizing behavior. The total and subscales show good internal consistency and acceptable test-retest reliability in spite of the heterogeneous sample populations. The construct, content and criterion validity of the HSCL-37A were also examined and found to be good. On the basis of this chapter it can be concluded that the HSCL-37A is a reliable and valid instrument to be used among culturally diverse refugee adolescents to assess emotional distress and maladaptive behaviors.

The preliminary psychometric properties of the Reaction of Adolescents to Traumatic Stress questionnaire (RATS) and of the Stressful Life Events questionnaire (SLE) for refugee adolescents were discussed in Chapter 4. Confirmatory factor analyses of the RATS, per language version, support the three-factor structure of intrusion, avoidance/numbing and hyperarousal. The total and subscales of the RATS show good internal consistency, and good (content, construct, and criterion) validity. It was concluded that the RATS is reliable and a valid instrument for assessing traumatic stress reactions of cultural diverse adolescents.

The well-known Child Behavioral Checklist (CBCL - Chapter 5) and Teacher's report form (TRF - Chapter 6) were utilized respectively with the legal guardians and teachers of URM residing in the Netherlands to measure the psychological distress of URM. The psychometric properties of these two questionnaires were thoroughly evaluated for use with URM. The guardians filled in and returned 478 CBCL's during the first assessment period. The teachers filled in and returned 486 TRF's during the first assessment period. The results of the hierarchical confirmative factor analyses for both the CBCL and TRF support a one-factor and a two-factor structure of externalizing and internalizing scales equally well. However, the Thought problems subscale of the TRF could not be verified suggesting that some of the problem behavior reported by teachers of unaccompanied minors differs from that of parent reports or that the item constellation of the TRF is different for teachers of unaccompanied minors. Moreover, the fit of the original individual eight first order factor models of the a priori CBCL and TRF subscales was found to be moderate. The total, internalizing, and externalizing scales show good internal consistency. The construct and concurrent validity of the CBCL and TRF were also examined and found to be moderate to good. The CBCL and TRF appear in this dissertation to be both reliable and valid measures for use by, respectively, guardians or teachers to assess the maladaptive emotional and behavior problems of unaccompanied refugee minors.

In Chapter 7, comparisons are made of the severity of the psychological distress, behavioral problems and traumatic stress reactions, and trauma experiences of Unaccompanied Refugee Minors (URM) with Immigrant/Refugee (I/R) and Dutch (Natives) adolescents with parental caregivers. URM consistently reported significantly higher scores for internalizing problems, traumatic stress reactions, and stressful life events than all other groups. Gender appears to play an important role in the Native Dutch adolescents and immigrant/refugee samples in reporting psychological distress, behavioral problems, and traumatic stress reactions, girls reporting more psychological distress and traumatic stress reactions and boys reporting more externalizing behavior. Older age was significantly related to higher scores only in the URM sample. Natives scored higher on externalizing problems than the other samples. URM reported to have experienced twice as many stressful life events than I/R and Natives. It is concluded in this chapter that URM are at a significantly higher risk for the development of psychopathology than refugee adolescents living with a family member, immigrants or Dutch adolescents.

The focus of Chapter 8 was on the one year follow-up investigation which specifically addresses the course, and predictors of the psychological distress and maladaptive behaviors of URM living in the Netherlands. Reports of guardians, teachers and URM were all used in this chapter. The self-reported psychological distress of URM is severe, has a chronic nature, and was confirmed by reports from the legal guardians and teachers. A dose-response relationship was also found here between the number of experienced life events and the level of psychological distress. The predictive strength of psychopathology at baseline was evident in the regression analyses for psychological distress at follow-up as reported by each informant. Concordance in reports between the multiple informants was poor; however this rate of discordance does not deviate from previous studies. This chapter is the heart of the dissertation and further enhances and enlarges the knowledge of mental health among refugee adolescents. The discussion in this chapter explores how appropriate mental healthcare could be arranged for URM living in the Netherlands.

Chapter 9 is the first study to address the need for mental healthcare (MHC) and the patterns of utilization of MHC services among Unaccompanied Refugee Minors (URM). Information concerning the well being, mental healthcare need, and utilization of services of URM was collected from three informants, the minors themselves, their legal guardians, and their teachers ($n = 496$). The well-being, need and utilization of MHC services of URM was compared with those of a representative Dutch adolescent sample ($n = 1059$). The findings of

this study indicated that URM that report a mental healthcare need (58%) also report higher levels of emotional distress than Dutch adolescents who report a similar need for MHC (8%). In addition, guardians and teachers detect emotional distress and mental healthcare needs in only a small percentage (30%) of URM. The referral of URM to mental healthcare services does not appear to be driven by the reported needs of the URM, but by the need and emotional distress as observed and perceived by guardians. This resulted in the fact that 48.7% of the URM total sample reported that their need for mental healthcare was unmet.

Chapter 10 is the last chapter of the results section (Part 2) of the dissertation and centers on a twofold objective. The first aim is to examine to what extent the cumulative trauma that recently immigrated adolescent URM have experienced influences their adaptation and attitudes in their host country and second to investigate the emotional or behavioral expression of their traumatic stress reactions. The results described in this chapter indicate that in spite of overwhelming adversity and high levels of psychological distress, the majority of adolescent URM are working on age appropriate developmental tasks such as planning their futures and receiving an education. However, 57% of the URM (at T1 and or T2) were classified as possibly fulfilling the diagnostic criteria for a PTSD diagnosis of which 57% also reported comorbid externalizing maladaptive behaviors and/or internalizing distress. Moreover, comorbid psychopathology appears to be associated with the negative adaptation and attitudes of URM living in the Netherlands.

The discussion of the dissertation in Chapter 11 reiterates the unique character of this study. The infrastructure that exists in the Netherlands - one foundation, Nidos, which provides legal guardianship - made it possible to carry out such a large scale study among URM. In other countries, this infrastructure does not exist making it impossible to gather information on the mental health of URM from so many informants. The reliability and validity of all of the measures that were utilized in this study were thoroughly examined and found to be good. The chronic and high level of psychological distress that the URM reported was verified by their guardians and teachers on two separate occasions. The severity level of the psychological distress of the URM is strongly related to the number of experienced stressful life events and the need for professional help.

Furthermore the discussion emphasizes that URM, appear to be inclined to ask for mental healthcare when they experience high levels of psychological distress. The URM who reported needing professional mental healthcare (60%) reported higher levels of psychological distress than the Dutch adolescents who had also reported that they needed professional help for their problems (8%). Finally, in spite of overwhelming adversity and high levels of psychological distress, the majority of adolescent URM appear to be adapting well to their situation in the Netherlands by working on age appropriate developmental tasks, however they do so under great emotional suffering as approximately 60% could be classified during the first or second assessment as fulfilling the diagnostic criteria for the DSM-IV Post Traumatic Stress Disorder.

This dissertation has brought to light the psychological distress and mental health needs of URM living in the Netherlands. Moreover, the nature of the psychological distress (internalizing) of URM can form a serious impediment in the daily functioning of these young people and in their development, both on the short and long term. It is important that URM receive long-term psychosocial supervision and guidance for their psychological distress. This is necessary, because URM have no parents who can teach them positive and active ways to manage their anxiety, grief, feelings of uncertainty, and painful memories. They must therefore be taught by other significant adults which psychological tools will help them to deal with their anxiety, help them deal with their intrusive (traumatic) memories, and learn to manage stress that will occur in life. Through this training, these young people will be helped to develop positive adaptation strategies and use them appropriately. They must also be allowed to live in an environment where there is stability and continuity, competent residential staff workers, and physical safety. It is not constructive for their mental health that they are continuously transferred to new living arrangements.

Finally, the implications of the results for the current situation in the Netherlands are addressed. Diverse implications form the foundation of the recommendations which are guiding principles for the protection and promotion of the mental health of URM in the Netherlands. The recommendations are described briefly in a "stepped care" model, underlining that the intensity of the mental healthcare must correspond with the severity level

of psychological distress and the needs of individual URM. The thesis ends with some suggestions for further research necessary to expand and deepen our knowledge on the mental health and mental healthcare needs of refugee adolescents.

The most important policy recommendations described in this dissertation are:

1. Creating an environment that is secure and stable in each type of residential setting for URM. The chance that an intervention will have any impact on the high levels of emotional distress is limited as long as these young people have no relief and rest in their daily lives.
2. Letting URM have educational opportunities to finish their training/education is crucial. They will then be capable of caring and providing for themselves in the future. The emotional security of knowing they will be allowed to complete their education/trade can reduce anxiety.
3. Giving URM psychological “tools” so that they will learn how to deal with the painful memories, traumatic events, stress and fear that they must live with. They do not have the privilege of having parents raising them who can teach them these skills. After acquiring these basic skills URM will then be able to develop (and eventually use) active and positive adaptation and emotional regulation strategies.
4. Monitoring and early screening (on a regular basis) of the psychological distress of URM to evaluate their well-being and to be able to adequately address their psychosocial needs.
5. Develop and research treatment methods (techniques) which are effective for reducing psychological distress and traumatic stress reactions among URM.

In conclusion, the findings of this dissertation call specific attention to the capability of assessing the psychological distress of a cultural heterogeneous adolescent sample, validly and reliably. Moreover, this dissertation has confirmed that URM which have experienced many sequential (cumulative) stressful life events as a result report high chronic severity levels of psychosocial problems (predominantly anxiety, depression, and traumatic stress reactions). The reports from their guardians and teachers confirm the reports of the URM. Chronic maladaptive social and emotional adaptation skills can develop as a consequence of inadequate supervision and guidance. Through adequate supervision, URM would have the opportunity be able to learn to manage the great amount of overwhelming emotional distress they experience and must daily confront in their lives. It is of the utmost importance for their mental health that URM are not denied their right to adequate and effective mental healthcare services which is imperative to allow them to develop into socially and emotionally competent adults who are capable of being self-sufficient.