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

Bean, T.

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Appendix 1

Number of URM arrivals and legal guardianships for the years 1988 to 2005

Year	Number of Arrivals in the Netherlands (source; INS)	Number of legal guardianships (source; Nidos)
1988	Unknown	280
1989	376	427
1990	476	646
1991	727	794
1992	860	1017
1993	1755	1613
1994	2622	2989
1995	1939	3515
1996	1562	3705
1997	2660	4897
1998	3507	6728
1999	5009	9135
2000	6705	11947
2001	5951	12637
2002	3232	10528
2003	1261	7028
2004	452	4625
2005	428	3343

Appendix 2

Hopkins Symptom Checklist 37 for Adolescents (HSCL-37A);
English version

Below is a list of different feelings and behaviors of young people. Please tell us how often you have had these feelings or have acted a certain way today or within the **past month** by filling in the circle which most applies to you.

● = *never* ● = *sometimes* ● = *often* ● = *always*

		●	●	●	●
		never	sometimes	often	always
1	Suddenly scared for no reason	○	○	○	○
2	Feeling restless, can't sit still	○	○	○	○
3	Becoming angry easily	○	○	○	○
4	Drinking alcohol when I go out in the weekend	○	○	○	○
5	Feeling fearful	○	○	○	○
6	Blaming myself for things	○	○	○	○
7	Bullying or threatening others	○	○	○	○
8	Smoking cigarettes	○	○	○	○
9	Faintness, dizziness or weakness	○	○	○	○
10	Crying easily	○	○	○	○
11	Destroying or breaking things that belong to others	○	○	○	○
12	Nervousness or shakiness inside	○	○	○	○
13	Loss of sexual interest	○	○	○	○
14	Starting fights	○	○	○	○
15	Feeling low in energy, slowed down	○	○	○	○
16	Heart pounding or racing	○	○	○	○
17	Poor appetite	○	○	○	○
18	Intentionally hurting someone	○	○	○	○
19	Trembling	○	○	○	○
20	Difficulty falling asleep, staying asleep	○	○	○	○
21	Arguing often	○	○	○	○
22	Feeling tense or keyed up	○	○	○	○
23	Feeling hopeless about the future	○	○	○	○
24	Feeling no interest in things	○	○	○	○
25	Drinking alcohol during the week	○	○	○	○
26	Headaches	○	○	○	○
27	Feeling blue	○	○	○	○
28	Using sleeping pills or sedatives	○	○	○	○
29	Spells of terror or panic	○	○	○	○
30	Feeling lonely	○	○	○	○
31	Thoughts of ending my life	○	○	○	○
32	Feeling of being trapped or caught	○	○	○	○
33	Worrying too much about things	○	○	○	○
34	Stealing things	○	○	○	○
35	Feeling everything is an effort	○	○	○	○
36	Feelings of worthlessness	○	○	○	○
37	Using drugs (hash, XTC, speed, coke, LSD)	○	○	○	○

Appendix 3

Stressful Life Events (SLE);
English version

Instructions Below is a list of very stressful life events that sometimes happen to people. If you have experienced any of these events, please fill-in the circle. If you would like to clarify or add something to the questions, you can do that at the end of the list by 'further comments'. Thank you.

		Yes	No
	Stressful life events concerning the family		
1	Have there been drastic changes in your family <i>during the last year</i> ?	<input type="radio"/>	<input type="radio"/>
2	Have you ever been separated from your family against your will? (By a stranger, police officer, soldier, fleeing your homeland)	<input type="radio"/>	<input type="radio"/>
3	Has someone died in your life that you really cared about?	<input type="radio"/>	<input type="radio"/>
	Experiences with illness, accidents and disasters		
4	Have you had a life threatening medical problem?	<input type="radio"/>	<input type="radio"/>
5	Have you been involved in a serious accident? (for example involving a car)	<input type="radio"/>	<input type="radio"/>
6	Have you ever been involved in a disaster? (For example: flood, hurricane, fire, tornado, avalanche, earthquake, hostage situation, chemical disaster?)	<input type="radio"/>	<input type="radio"/>
	War		
7	Have you ever experienced a war or an armed military conflict going on around you in your country of birth?	<input type="radio"/>	<input type="radio"/>
	Physical and sexual mistreatment		
8	Has someone ever hit, kicked, shot at or some other way tried to physically hurt you?	<input type="radio"/>	<input type="radio"/>
9	Did you ever see it happen to someone else in real life? (Not just on television or in a film)?	<input type="radio"/>	<input type="radio"/>
10	Has someone ever tried to touch your private sexual parts against your will or forced you to have sex?	<input type="radio"/>	<input type="radio"/>
	Other		
11	Did you experience any other very stressful life events where you thought that you were in great danger?	<input type="radio"/>	<input type="radio"/>
12	Did you experience any other very stressful life event where you thought that someone else was in great danger?	<input type="radio"/>	<input type="radio"/>

13. **Not listed above but you found the event very frightening:**

.....

.....

Comments:.....

.....

Appendix 4

Reactions of Adolescents to Traumatic Stress (RATS);
English version

Instructions: Sometimes young people have certain problems after experiencing stressful life events. The following questions are about these problems. Please read the questions carefully. Read every sentence and think if you have been bothered during **the past four weeks** by this problem. Then fill-in the circle that applies to you.

● = **not** ● = **a little** ● = **much** ● = **very much**

		●	●	●	●
		not	a little	much	very much
1	I think often of the event(s) even if I do not want to. (for example; pictures of the event(s) pop into your head)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	I have bad dreams or nightmares about the event(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	I have the feeling that the event(s) is happening all over again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I feel afraid or sad (upset) if I think about the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	I find myself sometimes acting as I did at the time of the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	When I think about the event(s), I have strong feelings in my body (headaches, stomachaches, heart beating fast).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	I try to not to think or to talk about the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	I try to push away my feelings about the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	I try to stay away from people, places, or things that remind me of the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	I have forgotten important things about the event(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	I feel all alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	I do not feel close to the people around me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	I have trouble expressing my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	I am not interested in things like sports, friends, school, and family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	I do not think positively about my future. (that I will find a partner, get a good job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	I have trouble falling asleep.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	I have trouble staying asleep or I wake up too early.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	I have trouble concentrating or paying attention. (At school or at home).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	I am alert (always watching out or on guard for things that I am afraid of).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	I startle easily when I hear a loud sound or when something surprises me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	I often have arguments with others (family, friends, and teachers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	I have angry outbursts. (So angry that I throw things, hit, kick, or scream.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





Appendix 5

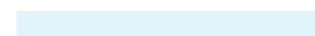
The Adaptation and Attitude Questionnaire (A & A);
English version

I

In this questionnaire you will find questions about life in the Netherlands. There are a few questions about your future. Please fill in the circle that fits you or write down your answer.

You can write any comments you have at the end of the questionnaire by 'comments'

					
		Yes	Some-times	No	I don't know
Nederland					
1	I want to learn to speak Dutch.	0	0	0	0
2	I like living in the Netherlands.	0	0	0	0
3	I think that living in the Netherlands is difficult.	0	0	0	0
4	I want to live in the Netherlands.	0	0	0	0
5	I want to go back to my own country.	0	0	0	0
6	I want to move to a different country. Which one? _____	0	0	0	0
7	I think that I will be able to stay in the Netherlands.	0	0	0	0
8	I am afraid that I will be sent back to my own country.	0	0	0	0
Safety					
9	I feel safe where I am living (in my house, in the AZC-reception center).	0	0	0	0
10	I feel safe at school.	0	0	0	0
11	I feel safe when I am walking around outside.	0	0	0	0
Reception					
12	I am satisfied with the way AMA's are cared for in the Netherlands.	0	0	0	0
13	I am satisfied with the way I am cared for in the Netherlands.	0	0	0	0
Education/Work					
14	I want to work in the Netherlands.	0	0	0	0
15	I already have a job in the Netherlands.	0	0	0	0
16	I am learning a trade/going to school in the Netherlands	0	0	0	0
17	I want to get an education. Which education?: _____	0	0	0	0
18	I want to learn a trade. Which trade?: _____	0	0	0	0
19	I think that I am going to learn a trade. Which trade?: _____	0	0	0	0
Other					
20	I would leave my country again if I knew that I would end up in the same situation.	0	0	0	0
21	I would come to the Netherlands again if I knew that I would end up in the same situation.	0	0	0	0
22	Imagine that you could make three wishes. What would you wish for?				
	1.				
	2.				
	3.				
23	How do you think that your life will be after the next 10 years?				
24	Comments:				



Appendix 6

Mental Healthcare Questionnaire;
English version

You have just filled in a questionnaire over your possible symptoms, or difficult experiences that you have had in your life. When we say the word symptom (problem) we are talking about how you feel emotionally (for example; always sad) how you physically feel (for example; not sleeping well, having nightmares) and what you think (for example; always thinking bad things, worrying a lot). When people have a lot of these kinds of problems or have experienced difficult things, they sometimes would like to have help.

When we talk about help, we are talking about giving advice, care, medicine or others things that could help you to feel better. This interview is meant to find out if you would like help or not and if you have gotten help already.

If you have already gotten help, we would like to know what you thought about it. Then we can learn how improve helping young people.

Just like explained before, you don't have to answer the questions. It is voluntary. If you would like to stop during the study, just say so. All of the information that you tell us will only be used in this study.

1. Do you think that you have problems that you need help for?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

2. Do you know that there are people that can help you if you have symptoms (problems)?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

3. Would you like to contact someone that could help you?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

4. Have you already told someone that you have symptoms (problems)?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

- 4a. If you have talked to someone, who was it?

a. Mentor	h. Family member
b. Foster parents	i. Lawyer
c. Teacher	j. Someone from your country
d. Guardian (Nidos person)	k. Vluchtelingwerk
e. Doctor	l. Someone else
f. Friend	
g. Someone from the church, mosque, other religion	

5. Do you know what is meant in Dutch with the words 'health professional'?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

6. How do you think you can problems can be stopped?

a. Go to the doctor	e. Other _____
b. Take medicine	f. I do not know
c. Talk to someone about their problems	g. I do not understand the question
d. Do not think about your problems	

7. What do you think that a 'health professional' does in the Netherlands?

a. Talk	d. I do not know
b. Give Medicine	e. I do not understand the question
c. Make drawings	f. other ideas _____

8. Do you know that you do not have to pay for the help that you would get for your symptoms (problems) from an health professional?
 - a. Yes
 - b. No
 - c. I do not know
 - d. I do not understand the question

9. Has someone asked you or told you to go to a 'health professional'?

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

9a. If they did, who was it?

- a. Mentor
- b. Foster parent
- c. Teacher
- d. Guardian (Nidos person)
- e. Doctor
- f. Friend
- g. Someone from the church, mosque, other religion
- h. Family member
- i. Lawyer
- j. Someone from your country
- k. Vluchtelingwerk
- l. Someone else

10. Would you like to go with someone to a 'health professional'?

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

10a. If yes, why?

- a. Support
- b. Because I am not understood there
- c. Because I do not know how to go there
- d. Other _____
- e. I do not know

10b. If yes, who would you like to go with?

- a. Mentor
- b. Foster parent
- c. Teacher
- d. Guardian (Nidosperson)
- e. Doctor
- f. Friend
- g. Someone from the church, mosque, other religion
- h. Family member
- i. Lawyer
- j. Someone from your country
- k. Vluchtelingwerk
- l. Someone else

11. Have you already been to a 'health professional'?

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

12. What kind of 'health professional' have you gone to?

- a. School psychologist
- b. Hospital
- c. Doctor
- d. RIAGG
- e. ABRI
- f. AMOG
- g. Phoenix
- h. De Vonk
- i. Pharos
- j. Social work
- k. Other _____
- l. I do not know

13. Did you think that the help you got was good (did the help that you got end your problems?)

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

14. Do you feel at ease with your 'health professional'?

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

15. Are you satisfied with the help that you got?

- a. Yes
- b. No, I wanted _____
- c. I do not know
- d. I do not understand the question

16. Would you like a different 'health professional'?

- a. Yes
- b. No
- c. I do not know
- d. I do not understand the question

- 16a. If yes, why?
- | | |
|-------------------------|--|
| a. Different sex | d. Different religion (mosque, church) |
| b. Different skin color | e. Other reasons_____ |
| c. Different culture | |
17. How often have you been to the 'health professional'? _____
18. Have you always talked to the same 'health professional'?
- Yes
 - No- I have talked to several different people
 - I do not know
19. How many people have you talk to about your problems at the same place? ____
20. Was a translator present?
- | | |
|--------|-------------------------------------|
| a. Yes | c. I do not know |
| b. No | d. I do not understand the question |
- 20a. If yes, did you think that the translator translated well (could you communicate well with the translator)?
- | | |
|--------|-------------------------------------|
| a. Yes | c. I do not know |
| b. No | d. I do not understand the question |
21. Did you stop going to the 'health professional'?
- | | |
|--------|-------------------------------------|
| a. Yes | c. I do not know |
| b. No | d. I do not understand the question |
- 21a. If yes, why did you do that?
- | | |
|--|------------------------------|
| a. I have less problems/ I feel better | d. I did not feel at easy |
| b. I thought that others would think I was crazy | e. I did not think it helped |
| c. I did not have time | f. I do not know |
| g. Other reasons_____ | |
22. Did you tell others (friends, family) that you go to a 'health professional'?
- | | |
|--------|-------------------------------------|
| a. Yes | c. I do not know |
| b. No | d. I do not understand the question |
- 22a. If no, why not?
- | | |
|--|--------------------------|
| a. I just do not want to | c. I do not trust others |
| b. I think my friends-family would think I was 'crazy' | d. I do not know |
| | e. other reasons_____ |
- 22b. If yes, why (reasons)_____
23. What do you think about the accessibility of the location of the 'health professional'?
- | | |
|---|-------------------------------------|
| a. Is easy to find | d. takes a lot of time |
| b. Is difficult to find | e. Do not know |
| c. Difficult with public transportation | f. I do not understand the question |
24. Does family live in the Netherlands?
- | | |
|--------|-------|
| a. Yes | b. No |
|--------|-------|

24a. If yes, who?

- a. sister
- b. brother
- c. father
- d. mother
- e. aunt
- f. uncle
- g. niece/cousin
- h. nephew/cousin
- i. other _____

25. How many years have you gone to school?

- | | |
|------------|------------------------|
| a. 0 years | h. 7 years |
| b. 1 year | i. 8 years |
| c. 2 years | j. 9 years |
| d. 3 years | k. 10 years |
| e. 4 years | l. 11 years |
| f. 5 years | m. 12 years |
| g. 6 years | n. older than 12 years |