

Children and Families Seeking Asylum in Northern Norway: Living Conditions and Mental Health

Abstract

The mental health of children seeking asylum and their families is a somewhat neglected area of research. Research on refugee children and children living with adversities suggests that environmental factors are crucial in preventing mental health problems. This study aims at identifying central environmental conditions that affect the mental health of children living with their families at governmental asylum processing centers in Northern Norway.

This study has a qualitative design, and is based on 11 focus group interviews with the staff at asylum processing centers. The interviews were transcribed verbatim and analyzed focusing on important risk and protective factors for mental health problems presented by the informants.

Results pointed out time spent at asylum centers and the parent's mental health as the most important risk factors. Schooling, activities, general living conditions and poor economy were also seen as crucial. The findings suggest that these children are indeed vulnerable, and in high risk of developing mental health problems. Their rights are however open to local interpretations, and they fall between two stools; their right to proper healthcare, and national and international immigration policies.

Refugee children and mental health

Mental health problems of asylum seekers in exile are a somewhat neglected area of research (Sourander 2003, Fazel & Stein 2003). One reason may be that asylum seekers are less accessible as a group due to their unsure status, than refugees who are settled in a community (Neumayer et al, 2006; Berg et al, 2005). However, the existing research on asylum seekers and mental health confirms that asylum seekers are at higher risk of developing mental health problems.

Research on refugees is similar to findings in the field of asylum seekers. The research points to a high morbidity rate for refugees, and the percentage of refugees suffering from psychological difficulties and stressful situations is high (Berg et al. 2005; Fazel et al 2005;

Fazel & Stein, 2002). Swedish studies suggest that refugees are considered to be a group at high risk of committing suicide (Ferrada-Noli, 2001).

The exact number of children suffering from mental health problems is uncertain. This could partly be explained by the variety in definitions of the term mental health problems, and the severity of such. Psychological reactions to trauma and stressful situations must be considered as adequate, but when reactions affect the child's function over time, it becomes a mental health problem and some problems meet the diagnostic criteria of a mental disorder. Keeping this in mind, existing studies on the subject suggest a high percentage of mental health problems among refugee children, findings vary between 30 and 50 percent (Fazel & Stein, 2002, 2003; Nikapota, 2002; Angel *et al*, 2001). Various mental disorders were also identified, with post traumatic stress disorder (PTSD) as the most common one among children who had experienced trauma.

The studies conducted in Norway have had a limited focus on asylum seeking children with families (Berg *et al*, 2005; Seeberg *et al*, 2006). Unaccompanied minor refugees have in general received more focus in the field of research than minor refugees with parents or guardians, due to their particular vulnerability (Nikapota, 2002). Findings from Sweden suggest that more than half of the unaccompanied minor asylum seekers needed psychiatric help and were suffering from depression and PTSD (Neumayer *et al*, 2006).

Risk and protective factors

The development of psychiatric illnesses in children who have experienced adversities depends on an interaction of individual and environmental factors (Rutter, 1999). Protective individual factors are among others innate resilience, light temperament, a sense of coherence, self-regulation and problem solving, creativity and interests. Protective factors in family and network are good parent - child interaction, structure, rituals and clear boundaries (Waaktaar and Christie, 2000). Rutter and Quinton's (1990) study of children brought up at institutions suggested how good schooling predicted good social functioning in adult life.

Risk and protective factors in exile.

Lauritsen and Berg (1998) summarize the life of refugees in exile as follows: For many of these people, their lives are burdened by a break with their past, a present where waiting is the main characteristic, and uncertainty about what the future will bring.

The combination of past trauma and present hopelessness is believed to influence the mental health of asylum seekers negatively (Sourander 2003, Mjönes 2005, Fazel & Stein 2002, Berg, *et al*. 2005). Fazel and Stein (2002) identified both individual and environmental

risk factors for psychiatric illnesses in refugee children; a caregiver with a psychiatric diagnosis, caregivers feeling helpless, unemployed parents and mother having been exposed to torture. An important protective factor is therefore having parents or caregivers who are capable to protect children both during and after traumatic events (Sourander, 1998). Environmental risk factors are the number of transfers, poverty, time spent waiting to get immigration status settled, cultural isolation, and time spent in the host country (exile), where risk increases with time (Fazel and Stein, 2002).

Norwegian studies have suggested several risk factors for children at Norwegian asylum centers, such as time waiting to get immigration status settled, poverty and crowded living conditions (Neumeyer et al, 2006; Berg et al, 2005; Seeberg 2006).

In Sweden, one sees a range of serious symptoms in asylum seeking children. Children develop serious *failure of functionality* and become apathetic (Bondegård, 2004). Bondegård further asserts that when hopelessness and helplessness are dominant factors in reality, children react to these with serious psychological disturbance. An all-encompassing improvement to the family's living situation, combined with adequate treatment, has proven to have beneficial effects (Bondegård 2004).

An environment providing protective factors in these children's lives is essential for their healthy development, and could prevent the potential effects of traumatic experiences.

Asylum seekers in Norway

Asylum means protection. An asylum seeker is a foreign national seeking the right to reside as a refugee and to be protected in another country. Norway grants protection to persons who have good reasons to fear persecution based on religion, nationality, political opinion or membership in a particular social group, based on the UN Refugee Convention and Norwegian law. The Immigration Authorities have a special focus on the rights of women and children. A new Immigration Act and Immigration Regulations enter into force on 1 January 2010. Certain changes related to the field of immigration will be made in the new Act. Among other, Norway's international commitments regarding asylum will be more prominent, and the legal position of children will be strengthened in general, at the same time as more attention will be given to children's needs in immigration cases.

“An important change in the new Act is that all asylum applicants that have been entitled to protection will be given refugee status. Pursuant to the Act, persons who are currently granted asylum in accordance with the Geneva Convention and persons who are protected from

refoulement according to other conventions will be given the same status as refugees. This means that both groups will be entitled to the same rights that this entails.

The new Act also entails several conceptual changes. For example, the word asylum is replaced by the word protection, which is used in international refugee law.”

<http://www.udi.no/Norwegian-Directorate-of-Immigration/Oversiktsider/The-new-Immigration-Act-and-Immigration-Regulations>)

Out of a total of 6989 asylum seekers applying for asylum in Norway in 2007, 1957 were children. In the northern region, there were 316 children; 20 of these were unaccompanied minors, and the rest were children with caregivers (www.udi.no). Since then however, the number of asylum seekers in Norway has increased dramatically. In 2008 there were 14.431 asylum seekers coming to Norway, and the estimates for 2009 are even higher (ref...). The asylum seekers origin from countries all over the world, but the main group in 2009 seems to be from Afghanistan, Eritrea, Somalia and Iraq.

Immigration law and policy

The asylum application system in Norway is relatively new (Berg & Sveaass, 2005). Up until the mid 1980's there were relatively few seeking in Norway, and they were taken care of by local communities throughout the country. However, in 1986 the number of asylum seekers abruptly increased, which led to the establishment of the present system in 1987.

All foreigners have the right to apply for an asylum in Norway, which is regulated by the Norwegian Immigration Legislation. After registration with, the police, asylum seekers are offered accommodation in a transit reception center. During transit, there are interviews, forms to fill out and identification issues to be addressed. The reason for applying asylum in Norway must be clear if the application is to be taken seriously. The Norwegian Immigration Authorities (UDI) then process the application, which may take 10 days to several months, for some, even years. While the processing takes place, the asylum seeker is offered housing at asylum centers throughout the country. Today there are 123 centers (doubled since 2007) spread on 109 municipalities, and in Northern Norway there are now 38 asylum centers as opposed to 10 two years ago. Most of them are situated in rural areas or small villages, and are run by local municipalities, non-governmental organizations and private companies contracted by the Norwegian Directorate of Immigration (UDI). Norwegian asylum centers are not institutions or detention centers; they are simple residential centers where the asylum

seekers live while they await the processing of their applications for asylum. There are no formal educational or professional standards required to work at the centers. Since the centers are merely offers of housing, there are few established daily routines. None of the centers have for instance cafeterias; residents are expected to cook their own food. There are no obligatory daily routines; the residents are mostly left to themselves during the time of their residency.

Asylum seekers receive some financial support while waiting for their applications to be processed; a family consisting of two adults and two children gets approximately 500 Euro per month from the government, money they administrate themselves. The Norwegian institute of Consumption Research (SIFO) estimates that to maintain an acceptable living standard in Norway, an income of approximately 1500 Euro is needed (Seeberg, 2006). Compared to Norwegian standards, asylum seekers are therefore a poor and marginalized group in Norwegian society.

Aims of the study

Refugee children are at an increased risk of developing mental health problems. Properties of the child's environment and living conditions play an important role in the development and prevention of mental health problems.

Studies conducted in Norway have had a limited focus on children in families. The scarce research on children in families and the lack of research on this topic in the northern part of Norway therefore form the rationale behind this study. Based on the presented research, one might assume that the risk of developing mental health problems is high also for children with parents or caregivers. One might also assume that other risk and protective factors are of major relevance than for instance in the case of unaccompanied minors.

The aim of this study is to identify central environmental conditions affecting the mental health of children living at governmental asylum processing centers in Northern Norway, focusing on children in families. Identifying important environmental risk-factors of the development of mental health problems would help in providing a health-promoting environment for children who seek asylum.

Methods

Data source

This paper is based on data from a one-year preliminary project on asylum seekers in the northern part of Norway, focusing on children in families. The project was directed by RBUP North, on the request of the Norwegian Directorate of Health and Social Affairs. RBUP North is a Center for child and adolescent mental health, and is located at the University of Tromsø, Norway. The purpose of the center is to contribute to the improvement of the quality of mental health services for children throughout the region.

Design

This study used a qualitative design, which is more suited to explore a relatively “unexplored” field of research than a quantitative approach. This choice gave the chance to explore and to open up, instead of limiting both the informants and the authors. Fieldwork was chosen as a method. Data collected in a field study can be very comprehensive and the material consists of the “total package” one brings back from the field; observations, the interview itself, informal conversations, a field journal and the researcher’s own experiences. Fieldwork implies a presence and participation in the social context one wishes to study (Wadel 1991, Hammersley and Atkinson 2004).

A form of group interviews, focus groups, was chosen to collect data. The informants in the study worked as staff members at the asylum centers or with the asylum seekers in other ways and had different professional backgrounds. By using focus groups, we were able to catch the variability of different opinions and perspectives among these informants. The use of focus groups emphasizes communication between research participants in order to generate data. People were encouraged to talk to one another, to ask questions, and to comment on each other’s experiences and points of view. This approach is also much like everyday conversation, and probably a familiar and therefore a more relaxing situation for most people (Kitzinger, 1995).

Recruitment and subjects

All 10 asylum centers in the three northernmost counties in Norway received a description of the project by mail, in which they were also encouraged to participate. The informants were 34 people working in relation to the centers, such as staff members or healthcare professionals. A request was sent out to each center in advance, asking as many people working in relation to the centers as possible to participate. 10 of the informants were

directors at the asylum centers, 10 were nurses, 7 child and youth workers, one headmaster, one school inspector, and 2 were child welfare workers and 3 social consultants.

The center directors primarily had the administrative responsibility for the asylum centers. The sample included 24 women and 10 men. Each focus group consisted of 3 to 5 informants.

The interviews and the interview guide

Data were gathered using a semi-structured interview guide. The initial questions focused on the children's backgrounds, followed by questions addressing what the informants thought was important in providing a health-promoting environment for the children. This section was followed by questions about the children's daily life at the center, family, school, activities and time spent waiting for residence in Norway. Finally there was a section concerning mental health problems and the availability of and cooperation with proper healthcare professionals and social services.

The interviews were flexible, despite the guide, to allow informants to raise issues which were important and relevant to them, and to permit the researcher to develop questions and themes not anticipated at the outset.

Procedure

Both authors traveled around northern Norway, and visited all the asylum centers in the region. Informants received written information about the project in advance, and gave informed consent. The informants were also told about the overarching goal of the project before the interviews, so that the children's mental health was an early focus in the conversations. Both authors conducted the interviews together during the last two months of 2006. They each lasted about 60 minutes and were audio-taped and transcribed.

Data analysis

The audio-taped interviews were transcribed verbatim by one of the authors. Then the other author read through the transcription while listening to the audiotapes to make sure that everything was included in the transcription. The transcribed interviews were read in their entirety to identify topics. During this process, some main topics emerged. Topics were chosen based on an understanding of what the informants wished to tell us. Topics were considered to be important when the informants repeated certain issues, either across interviews or in the same interview, or when they explicitly emphasized something as

especially important. Both authors explored the data separately, with repeated comparison of emerging ideas for both main topics and subordinate topics within the dataset. Then every interview was read through for re-evaluation of themes and generation of possible new topics. The transcribed material was manually and systematically categorized into three main topics, with their corresponding subordinate topics. (Järvinen, & Mik-Meyer, 2005)

Results

The first main topic, *life at the asylum center*, presents different aspects of the children's closest environment, and how it affects the children and their mental health. Subordinate topics are *time, parent's helplessness, parent's health, competence, housing standards, schooling and activities*.

The second main topic, *the center and the community*, points out important characteristics of the society surrounding the reception center, on which the children's everyday life and their healthy mental development depend. Subordinate topics are *isolation, segregation and poverty*.

The third topic, *global perspectives*, focuses on important overarching guidelines for treating refugees and on attitudes towards refugees and asylum seekers that affect the conditions of their lives in exile, which in turn affect their possibilities for a healthy development. The themes handled here are *international policies and events, national policies and events and basic rights*.

The following section presents the themes which emerged during the analysis in depth, starting with the factors which the developing individual is directly in touch with, and continuing with more indirect factors.

Life at the asylum center

This theme deals with which factors in the daily life at the center affect the children's mental health.

The contrasts can be overwhelming, coming from almost any other part of the world and being placed in Northern Norway. Most asylum centers in the region are placed in rural, scarcely populated areas. There are long distances to neighbors, shops and schools. The climate is challenging; summers are short, seldom above 10-12 degrees Celsius, often rainy and cloudy weather. Winters are long, bringing snow, low temperatures and rain. During the winter, the sun disappears for approximately 2 months, due to the location within the Arctic

Circle. The opposite phenomenon occurs during summers, when the region has 24 hours of daylight, known as the midnight sun.

One of the most central issues in this section is the time the children spend waiting for the Norwegian authorities to respond to their asylum application.

Time. The overall consensus of the informants was that the time spent at the centers is the factor causing the greatest strain for the asylum seekers. Extensive waiting pervades all aspects of life, intensifying and increasing the strain. The informants regard reducing the time asylum seekers live at the centers as the most important way to prevent the development of mental health problems.

Ten out of eleven reception centers had families living there who had arrived more than three years ago. One of the centers had ten families who had lived there for more than three years. The most extreme cases were families that had lived at asylum centers for 6 and 7 years.

Informant 28:

"The intention was originally that reception centers were meant to be lived in only for a short period of time, between 6 and 9 months. This has never been the case! We're built to be something different than reality represents."

The longer a family waits for its application to be answered and its future prospects to be clarified, the larger the risk is concerning the development of mental health problems. A reception center is supposed to be a short term solution; in time living in this limited situation becomes unbearable. This way of life is unpredictable and uncertain, and the asylum seekers have to put their lives on hold.

Parents' helplessness. The informants stressed the fact that children's mental health problems cannot be isolated from their parents' mental health. Many informants believed that there had been an increase in mental problems among asylum seekers during the last few years, especially among the grown-ups. The informants stressed how important it was for the children's psychosocial development that the parents were able to retain their parenting role, especially in exile, which is an especially challenging life situation.

Children living at asylum centers go to school or kindergarten, and some of them take part in different activities in their spare time. The parents, however, do not have anything to do during the days as they are not allowed to take up work. Their everyday life in Norway is therefore characterized by endless waiting for residence and work permits.

A lack of Norwegian lessons is one of the main contributors to the parents' helplessness, according to the informants. Obligatory Norwegian lessons did not exist at the time this study was carried out. The children get to know the language and culture "for free", but their parents neither work nor learn the language. Due to the lack of Norwegian lessons, some informants had observed a change in roles between children and grown-ups, where the children take over some of the responsibilities their parents should have.

Informant 2:

"Unless we do something about the situation for the grown-ups when it comes to mental health issues, we can hardly help the children. Give us back the obligatory Norwegian classes! This was the only meaningful, predictable, qualitative and reasonable offer we had for them, which was taken away a while ago. And after the Norwegian classes disappeared we have noticed a great increase in mental health problems, which is transmitted to the children."

Parents' health. Many of the children at the asylum centers were so young during escape or war that they do not remember much from it, or their parents protected them from potentially traumatic impressions. However, the informants experienced that the parents often suffered from symptoms from traumatic experiences.

According to the informants, the parents were in general able to maintain their parenting functions. However, in those families where either one or both parents had mental problems, this affected crucial parenting functions like their ability to care and show empathy and their threshold for stress, or they became mentally absent or showed signs of depression. Children growing up under these circumstances are at a significant risk of developing mental problems. They are also more likely to take on a caregiver role, which is unfortunate for children's healthy development.

Informant 6:

"Hardly any of the families I've known about for some time has had a mother without mental strain, because they have to wait for a very long time before their future situation is made clear (...) The children very often, when their mother is ill, protect the parent and take on an adult role in the family, in the same way as we see in other situations of neglect."

Having a family around you during the asylum seeking period is presumably a resilience factor, but if the family is dysfunctional or if someone in the family is ill, this will affect the whole family, and of course also the children's adequate development.

The competence of the center workers. Another pervasive issue in the data material is the competence of the center workers, and how to increase it to deal with the various challenges they meet. Center workers included health workers, teachers and employees at the centers. Some of the informants report that they often find themselves in difficult situations due to a lack of competence.

As an example of this, one of the informants talked about mental health problems relative to culture. She said that in some cultures, the symptoms of mental health problems are regarded as a religious problem, a problem with the spirits. Her approach to the same symptoms as a health worker was initially made difficult by her lack of understanding, and she described her work with struggling Somali women as a lot more difficult until she understood the differences. This suggests that education is very important when it comes to asylum seekers and the people they encounter, in order to organize life at the centers in a way that can prevent mental health problems from increasing. The nurses also commented on the cultural differences in the stigma of mental health, and in admitting to a health problem at all.

Informant 3:

”Because they have a very different understanding of health and disease, they often need more time to get the courage to seek help. It isn’t easy for them to contact their local doctor and talk about their problems for 15 minutes. Many people do not like to have an interpreter present in these situations. Let me give you one example. I had four consultations with a man until he managed to tell me that his actual problem was bleeding hemorrhoids. They often go to the doctor and present a problem, but the truth is that the actual problem in many cases is too difficult for them to talk about.”

Competence is one important issue; another is the shortage of staff. Most of the informants experienced that their work tasks were mostly administrative. There were few employees at the centers, and they did not have enough time to get to know the residents, or attend to their needs. The lack of opportunity to discover and help the residents with mental health problems can have disastrous consequences. Many of the informants reported that the nurses connected to the asylum centers played a crucial part in discovering mental health issues among the residents. Accessibility to a nurse, however, varied a lot from center to center. One of the informants described the differences:

Informant 32:

”I would like to have a fixed standard when it comes to the question of nurse resources connected to the reception center, because the truth is that it is up to

the local council what resources go to the asylum seekers. We have fought to maintain a 50% position connected to the asylum seekers, and this was when we had more than 200 people living at the center; additionally we had to care for all the refugees living in the local community after having been granted a residence permit. At the busiest times, we have had to cover approximately 400 people and their big or small issues with only a 40-50% present nurse. This has been the offer we've had, but when it comes to the prevention of mental health issues the need is much greater!"

This situation implicates that the help the asylum seekers get is totally arbitrary, and in the hands of the local communities and their current policies. This suggests an extreme instability and unpredictability for an already vulnerable group of people.

Housing standards. The living conditions at Norwegian asylum centers depend on various factors, one being the housing quality standard. The wear and tear of the quarters is enormous. One of the informants told us that they had made some improvements and renovations after a visit from the Norwegian Board of Health. One year later, a follow-up visit was made, and the center was completely worn down again. Another informant told us about difficulties getting the centers insured, because of the well known and extensive wear. This may have consequences for the security at the centers. Additionally, criminology theories document the connection between slummed areas and increasing crime. This theory points to the connection between slumming of an area and crime in the same area (Hauge 2001, in Lauritzen 2005). There is reason to believe that there are consequences for the quality of the environment young asylum seekers grow up in caused by the low housing quality, because the wear and tear of the centers often relates to other kinds of problems such as violence and damages to property. The low material standard of living may therefore be seen as a risk factor related to crime and violence.

Safety was also discussed throughout the interviews, i.e. safety for both residents and workers. When we asked employees if they felt safe at the centers, regarding the risk of being the victims of violence, the answers varied. Even though most employees reported that they felt safe at work, most of them also told us different stories about situations in which they had felt scared and threatened. These were especially situations where residents had been denied residence and work permits by the authorities. Nevertheless, some informants reported an increase in stress and said they felt less secure at work than they initially had felt, due to longer waiting times, less funding and a poorer situation altogether for asylum seekers in

Norway. An environment like this, with a risk of not being or feeling safe, is a risk for the healthy development of both children and grown-ups.

Schooling and activities. The informants were asked to identify the most important resilience factors connected to the prevention of mental health problems in children living at the asylum centers. Most of the informants emphasized the importance of going to school or kindergarten, to meet other children and have a break from life at the reception centers. Activities were also considered important resilience factors. Some of the centers had facilities for youths, with access to computers, games and television.

Some centers chose not to have any facilities available, in order to encourage youths to be active in the local community. Having the option to hang out at the centers was seen as a threat to integration and as undermining the opportunity to be resourceful and learn how to interact with local peers. Not being included in the local community represents a risk factor for asylum seekers, causing isolation and stigmatization. Additionally, keeping the refugees excluded from the local community increases the trauma of adapting to a new culture and may contribute to segregation and racism between locals and residents.

Almost all the reception centers contributed in some way to enabling kids to take part in activities, e.g. through financial support to pay for memberships at the local sports club, lending out football shoes or helping to find transportation to participate in excursions.

Informant 2:

"Of course, there is little we can do about the family situation that the child is in, but having activities to do is sort of the core of well-being. The more activities, the less time there is to ponder on misery and the difficult situation they're in."

However, this offer is limited to the children, and the adult asylum seekers have little access to activities. This was believed by the informants to be one of the reasons why the adults became passive and restrained. Their everyday life has no structure, and they express that they feel they have no reason to get out of bed in the morning.

The center and the community

This section points out important characteristics of the society surrounding the reception center, on which the children's everyday life and their healthy development depend. Feeling included and being part of a community is one important example. For children and youth, being part of something is especially important for a healthy development of identity

and self-integrity. The relationship between the asylum seekers and the local community is regarded by the informants as crucial when it comes to avoiding social exclusion.

Isolation. Many of the informants mention that one of the great challenges is to establish contact between the children in the local communities and the children at the asylum centers. This problem could be caused by the insecurity about for how long the children and families seeking asylum are staying in Norway. Children have experienced losing friends suddenly without warning, and without getting the chance to say goodbye. This brings up the lack of stability and predictability that the families experience. Other informants pointed out that the use of separate classes in schools with only refugee or asylum-seeking children contributes to the alienation of the children. Many of the centers are also situated far from neighbors or the community center, so that it is difficult to participate and be a part of the local community.

Some of the centers had activities where they invited the local community, or they had volunteer organizations that organized activities. Other centers had regular forums where the residents could meet the locals. However, this kind of activities depended on involved staff who wanted to do something “extra” for integration and the well-being of the residents.

Segregation. Some of the informants reported increasing problems related to racism and the interaction between locals and residents, while others claimed that the interaction between center residents and the local community is good. The more established an asylum center is in a community, the less trouble is reported by our informants. Reluctance towards having reception centers in local communities is seemingly stronger with newly established centers as opposed to those that have existed for a while. However, this does not apply to all the centers in this study. Some informants claim that there is increasing animosity and skepticism towards asylum seekers. The national media play an important role here. When the media focus on the increased number of asylum seekers, and on tragic happenings at the asylum centers, the fear and skepticism increase. Several informants stressed the importance of increasing the information to people about the situation of the asylum seekers, and their stories and struggles.

Despite this, segregation among the residents seemed to be a bigger problem. In nine out of the eleven interviews, segregation among the residents at the centers was pointed out as significant. There seems to be segregation among the asylum seekers, as they are reported to classify each other based upon ethnic group, clan and skin color. This pattern was also observed among the children, and determined who could play together and what status children were given among peers. This situation can be seen as a risk factor for conflicts

between ethnic groups, and may affect the children's healthy development and feeling of safety.

Poverty is seen as an important risk factor by the informants. Compared to other children in Norway and in other western countries, children at asylum centers are very poor. This means that asylum seekers do not have access to fundamental goods, such as healthy food.

All our informants focused on the social consequences of poverty. For the children living at the reception centers, being poor also means that they do not have access to the material things their Norwegian peers have, which again leads to social exclusion. The informants especially observed this among teenagers, because the expectation to conform is bigger within this group compared to younger children. One of the child and youth workers reflected upon this topic:

Informant 2:

“It doesn't take a lot more than being pushed out in order for a youngster to develop mental problems. The signal they receive says: You are not even close to our league, you are nothing compared to us. One example is this kid in high school who we bought a pair of trainers and a new backpack, who totally recovered!”

Being poor is an additional load in an already difficult situation, as well as adding yet another stigma. Poverty represents yet another risk factor for the development of mental problems.

Global perspectives

This section focuses on important overarching guidelines for treating refugees and on attitudes towards refugees and asylum seekers that affect the premises for their lives in exile, which in turn affect their chances for healthy development.

International policies and events. Even in Norway, the effects of the terrorist attack on New York on September 11, 2001 are significant. Many of our informants talk about an increasing skepticism toward Moslems after this incident, which again has had an impact on the goodwill towards and welcome of refugees in western communities. The informants talk about significant changes in attitudes among native Norwegians and increasing expressions of hatred and fear towards Moslems. Events like this in turn affect national migration policies and goodwill in welcoming refugees and asylum seekers.

National policies and events. Changes in Norwegian government and immigration policies affected the decision of removing the obligatory Norwegian lessons for asylum seekers. This decision had disastrous consequences. As mentioned above, this has led to parents feeling helpless, and has in turn been extremely unfortunate for the children.

The Norwegian Directorate of Immigration (UDI), responsible for treating the asylum applications, is bureaucratic, which has in many cases led to families waiting at the centers for many years, according to the informants. When families appeal negative resolutions on their applications, the government reduces their financial support, which again victimizes the children. The informants discussed whether this was the government's or the parent's fault. Either way, appealing is a person's right in a country under the rule of law. The conflict between basic human rights and Norwegian immigration policy was extremely evident in all the interviews, and raises important dilemmas.

Basic rights. The final topic we want to focus on in this study is basic rights. The data collected in this project suggest that children living at asylum centers in Norway do not have access to the basic rights they are supposed to be guaranteed through Norwegian legislation and the UN Convention on the Rights of the Child. Health workers, especially in the specialist health care, seemed inconsistent in the requests to help asylum-seeking children. The greatest challenge expressed by the informants was what to do when the health care system says no. There were examples both of communities with an including healthcare policy, and of the opposite. This great variation is alarming, since it seems arbitrary who receives help, and who does not.

Informant 6:

"My experience is that the cooperation with other departments is great! We do not have many complaints on that matter."

Informant 13:

"There are five children the nurse has reported to the child psychiatry clinic, where the message we got from them was that they did not intend to do anything. We find it extremely frustrating that our kids are being rejected simply because they are asylum seekers, and they may be out of the country in two weeks. They DO NOT get the help they are entitled to."

The informants reported that the need for health services was perceived as very high, in mental health issues as well as with somatic health problems.

Six out of nine reception center managers report that the children living at the centers are struggling with problems related to mental health. All the interviewed nurses and child

and youth workers supported this statement. School representatives also reported that this group of children had a need for more help dealing with various problems. They report that a high percentage of these children are referred by the schools to psychiatric evaluation or psychologists. One of the informants estimated that around fifty per cent of the children living at the asylum center received some sort of help from the child welfare authorities. This indicates that mental health problems are extensive in this group of children.

Discussion/analysis

There is scarce research on children living at asylum centers and their mental health and development (Sourander, 2003, Fazel & Stein, 2003). However, the existing research on asylum seekers and mental health problems concludes that asylum seekers are at risk of developing mental health problems. Research on children growing up with different adversities suggests that important factors include the child's environment and the characteristics of the adversities. A number of factors in the child's environment affecting mental health are identified (Rutter, 1999; Fazel & Stein, 2002). The aim of this study was to describe central environmental risk factors for the mental health of children living at governmental refugee processing centers in Norway. The main findings of this study are discussed below, connected to existing research.

Main findings

Life at the asylum centers deals with how factors in the asylum seekers' daily lives affect the children's mental health. Central issues in this section were *waiting time at the asylum center, parents' helplessness, parents' health, the competence of the center workers, housing standards, and schooling and activities*. The most crucial risk factor, according to all of our informants, was the amount of time asylum seekers had to spend at the reception centers while waiting for their applications to be processed. Excessive waiting at the asylum reception center as a significant risk factor for the development of psychological problems is supported for instance by the report by Berg and coworkers from 2005. Extensive stays at asylum centers increase the strains we have identified, and have significant ripple effects on several aspects of the lives of asylum seekers.

The informants also stressed the importance of recreational activities in the prevention of mental health problems. All reception centers had a significant focus on the children. Schools and kindergartens were also emphasized as essential in preventing mental health

problems. These settings normalize life, bring structure, and have an important integrative function for the children. Rutter et al (1990) confirmed in their study of children brought up in institutions that schooling makes good adulthood probable. When the family's economy was an obstacle to the children's participation in leisure activities, the reception center often provided financial support. This illustrates that children are a priority at reception centers in the northern part of Norway.

The informants had observed that parents' dealing with their own strains, psychological as well as somatic, could often be stressful for the children. These were strains caused by the parents' traumatic experiences from war, but also strains connected to being an asylum seeker in exile. Mentally ill parents constitute a known risk factor for the development of psychological problems in children, and this has been confirmed in earlier research, both among refugees and among non-refugees (Fazel & Stein 2002).

The fact that parents often had nothing meaningful to do while living at the reception centers was expressed by the informants as affecting the children. In Norwegian society, people are easily excluded from the community if they do not work. Language problems due to lack of Norwegian instruction for parents mean that they have difficulties in involving themselves in their children's education, communicating in public offices and taking care of everyday activities such as shopping at the local supermarket. The children are used as interpreters, and many children take on tasks that are considered the responsibility of the adults, which is unfortunate for the children's natural development. The informants generally agreed that unless something was done to improve the situation for the parents, there was little that could be done for the children.

Sourander (1998) found that refugee children who are with their parents show less emotional discomfort and are better fit than children who survive the refugee process alone. The findings stresses the importance of giving that parents are given proper attention and that efforts are made to support them, being the protectors of the family. If parents do not function, their problems could be an unfortunate burden for the children. Not having something meaningful to do, in addition not being able to understand the language their children are learning in school and consequently not being able to master everyday challenges over a long period of time, breaks down parental competence. The focus on children should therefore to a greater extent include the parents. It is the parents who will be responsible for the children when they leave the reception center, and they will be in their children's lives whether they are in Norway or not.

The center and the community points out important characteristics of the surrounding society which affect life at the reception center and on which the children's healthy development depends. Important characteristics that were mentioned by the informants were *isolation, segregation and poverty*.

Poor economy and low socio-economic status have been confirmed by several studies as important risk factors for psychiatric problems (Fazel & Stein, 2002; Shortt et al, 2006; Neumeyer et al, 2006; Berg et al, 2005). This applies to a great extent to life at asylum reception centers.

A global perspective suggests factors important at a higher level that affect these children. Important issues were *international policies and events, national policies and events* and *basic rights*.

An example of international events affecting immigration policies and the general attitude to refugees is the terrorist attack on New York on September 11. This event caused an increase in fear and skepticism among people worldwide, and led to refugees being treated as potential terrorists to a greater extent than before.

How Norwegian immigration policies affect the treatment of asylum applications was discussed in the interviews. International events as mentioned above and changes in Norwegian government affect the national immigration policy. Changes in Norwegian government and immigration policies affected the decision to remove obligatory Norwegian lessons for asylum seekers. This decision had disastrous consequences.

The informants said that asylum seekers' access to basic rights within the health care services varied from one local community to another. Some informants experienced much goodwill and good service from the health care services. Others report that asylum seekers did not get the help they needed. Most informants said that help from the health care services depended on local policies and interpretation of the Patient Rights Act. Unclear guidelines within the health care services regarding the treatment of asylum seekers seemed to be the explanation for this. Other reasons may be a lack of cultural competence, or that health care workers are reluctant to provide treatment when asylum seekers are in the country for an indefinite period of time. The fact that asylum seekers get limited treatment is also shown in Berg and colleagues (2005). This raises the question of whether the health care service for asylum seekers is good enough, and what rights they actually have. The question also arises of whether human rights and the UN Convention on the Rights of the Child are not satisfactorily fulfilled, e.g. in the different interpretations of the Patients Rights Act. The constant conflict between immigration policies and basic human rights raises many dilemmas.

The results of this study correspond with existing research on the topic. Children living at asylum centers in Norway do not have the same prospects of a protective, health-promoting environment to grow up in, compared to other children in Norway. Bigger efforts to reduce waiting and to increase the parents' feeling of competence and mastering are crucial.

Limitations and implications for further research

The broadly defined concept of mental illness was not measured in any way among asylum seekers. The informants' understanding was the focus of this study. Interviewing the children and their families directly would provide a more complete picture of the asylum seekers' situation. Firsthand informants can add a dimension to the data that the second hand informants do not have access to, in being the ones who experience everything directly, and by contributing to a more neutral cultural view on the situation. Additionally, we recognize the fact that cultural variations make direct assessment of mental health problems among this group quite challenging.

The use of focus groups in this study might have contributed to an unbalanced impression of the situation. The risk of different group effects and of some of the informants feeling inhibited in a group situation is present. Several informants also had a double role, in having the administrative and economic responsibility handed down by the government, and at the same time, seeing the human perspective. Some informants actually said explicitly that they were afraid of being shut down if they criticized the system too much.

Implications. This study is not suited for analyzing the cumulative effects both risk and protective factors have on psychological problems. It is more an indication of which factors could be helpful to explore further and act on. Other research methods of a more quantitative kind would be recommendable.

Another interesting area for further research is both the staff at the center and health care professionals, with a focus on secondary traumatic stress. Many informants seemed deeply involved in the situation of the asylum seekers, and they often struggled with the discrepancy between what they should do and what they could actually do.

The results of this project are intended as a part of a larger discussion about what kind of efforts for the prevention of mental health problems among young asylum seekers should be initiated. The development of knowledge about asylum seekers and their mental health and living conditions should therefore not end with this study.

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