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DEPARTMENT OF SOCIAL WORK

Title: Impacts of The Asylum-Seeking Process on The Mental Health of The Unaccompanied Minors in Gothenburg, Sweden.

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Author: Patience Vongai Mushonga

Supervisor: Adrian Groglopo

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Patience Vongai Mushonga
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ABSTRACT

Title: Impacts of the Asylum-seeking Process on the Mental Health of Unaccompanied Minors in Gothenburg, Sweden.

Author: Patience Vongai Mushonga

Key words: Unaccompanied asylum-seeking minors, mental health/well-being

The aim of the study was to investigate factors associated with mental health among unaccompanied asylum-seeking minors in Gothenburg, Sweden. It is a qualitative study based on semi-structured interviews with one nurse, a manager of one of the homes for unaccompanied minors (UAM) and five unaccompanied asylum-seeking minors coming from Kenya (1), Afghanistan (3) and Iran (1). It is hoped that the findings from this research will help policy developers in advocating for policies that are aimed at the enhancement of the mental well-being of unaccompanied asylum-seeking minors coming to Sweden. The findings show that the asylum-seeking process does have an impact on the mental health of the unaccompanied asylum-seeking minors and that it does not only affect their mental well-being, but it also affects other aspects of their lives. These minors are faced with mental issues such as depression and anxiety that in some cases lead to self-harm and suicide thoughts among this vulnerable group.

DEDICATION

*This thesis is dedicated to my loving parents, Simbai and Munyaradzi Mushonga,
For their never-ending love, encouragement and support.*

ABBREVIATIONS

CRC	Convention on the Rights of the Child
CASW	Canadian Association of Social Workers
EU	European Union
HHS	Health and Human Services
NASW	National Association of Social Workers
OECD	Organisation for Economic Co-operation and Development
PTSD	Post-traumatic stress disorder
PIE	Person in Environment
SOC	Sense of Coherence
UAM	Unaccompanied Minor

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CHAPTER 1: INTRODUCTION

Focusing on the lived experiences of unaccompanied asylum-seeking minors in the 21st century, the study seeks to explore the extent to which the asylum process affects the mental health of unaccompanied minors in Gothenburg, Sweden, at least from the Social work perspective. The plight of unaccompanied minors in Sweden is placed within the recent European migrant crisis. To give context to this study, this chapter will focus on the background of the study, the problem statement, the aim of the study, research questions and the disposition of the research.

1.1 Background to the study

As destination countries face a higher influx of asylum seekers, there is a growing trend toward more restrictive asylum policies, including increased periods of mandatory detention, extended processing times, and the implementation of temporary (rather than permanent) visas for refugees. Research has indicated that the process of seeking asylum substantially contributes to elevated mental health symptoms (Li, Liddell and Nickerson, 2016, p.82).

Unaccompanied asylum-seeking minors are not a new phenomenon in the European Region. Over the years, Europe has had quite a number of refugees and asylum seekers coming to the continent and among these are unaccompanied minors as well. Jakobsen et al (2017) shows that in 2015 Europe was faced with some large numbers of refugees and asylum seekers and that more than 88 700 unaccompanied minors fled to Europe in 2015. This large flow of unaccompanied minors left a lot of pressure on receiving countries to provide necessary care and resources needed by this vulnerable group.

Unaccompanied minors have been coming in greater numbers to Sweden to seek asylum than to other countries in Europe. It has been observed that the number of unaccompanied minors seeking asylum in countries around the world has been increasing drastically year after year and that from 2010, Sweden has been one of the countries that received the most asylum applications from unaccompanied minors that came to Europe. (Eurostats 2015 cited in Celikaksoy and Wadensjö (2017)), including the year 2015. In 2013, Sweden received 3,852 asylum claims by unaccompanied minors, and for 2014, the figure was 7,050, for 2015, it was 35, 250, and for 2016 it was 2,190 (Eurostats 2015 cited in Celikaksoy and Wadensjö (2017)). The decline in 2016 was mainly due to the restrictions that were brought about at the end of 2015 and the beginning of 2016 in terms of entering the European Union and freedom of movement within the European Union as well as several restrictions such as strict border controls in Sweden. The large flow of unaccompanied minors into the county forced Sweden to put some restrictions to its immigration laws.

1.2 Statement of the problem

Over the years Sweden has been receiving a vast number of migrants and among these were large numbers of unaccompanied asylum-seeking minors. This is partly because Sweden has been renowned for its great immigration policies and a generous welfare system. Due to the large numbers of unaccompanied minors coming into the country seeking asylum, there have been several studies centred on this vulnerable group. Though a lot of studies have been conducted on unaccompanied minors, there has been little studied on the asylum process and the mental health of unaccompanied minors. Most studies carried out in Sweden regarding the unaccompanied minors mainly focus on their integration process into the Swedish Society and challenges that these minors face when they try to integrate (Gnatenko, 2016). The new policies (ibid.p.8) that the country has introduced make it difficult to be granted asylum and for the minors to be reunited with their families. As a result, according to Bilefsky (2016)), this may cause long term effects on the wellbeing of a child.

Mental health issues are a problem for the society at large. Mental health issues in children impact on their general well-being as future adults. If mental health issues are not diagnosed and taken care of at an early stage, they can have an impact on the individuals' future. According to Cuellar (2015 p. 112)

Studies show that child mental health problems have long-term negative consequences, including lower educational attainment, lower wages, lower likelihood of employment, and more crime. Moreover, the negative impact of early mental health problems persists even if mental health later improves. Thus, we should be strongly motivated to prevent, identify, and treat mental health conditions as early as possible.

Previous studies have tended to ignore the fact that the asylum process itself can impact on the lives of the unaccompanied asylum-seeking minors. This study therefore seeks to find out what happens when unaccompanied asylum-seeking minors wait on the asylum process. The question is: how does the asylum processes impact on the mental wellbeing and other aspects of these asylum-seeking minors as they wait for the decision about their application to stay in Sweden? The framework of this thesis is therefore to try and find answers to these questions, raise awareness on the mental health issues of unaccompanied asylum-seeking minors and contribute to the already existing literature by filling the gaps in the literature regarding the asylum process and its impacts on the mental well-being of unaccompanied asylum-seeking minors in Sweden. The study can help in influencing the development of better and stronger intervention and prevention policies that could help remedy the mental health issues of this young group.

1.3 Research Aim and Questions

The aim of this study is to understand some of the factors associated with mental health among unaccompanied asylum-seeking minors.

To meet this research aim, the following research questions were posed:

- What are the indicators of mental health issues among unaccompanied asylum-seeking minors in Gothenburg, Sweden?
- How do the minors deal with such mental challenges or what are the minors' coping strategies?
- How does the asylum-seeking process in Sweden affect other aspects of the well-being of these minors?

1.4 Limitations to the study

Every research has its limitations. The main limitation of this study was that it only focused on few aspects of mental health that do not need clinical assessments. Therefore, the study did not do any clinical assessments of the participants. This could be a limitation because clinical assessments would have guaranteed more satisfying results. However, this does not mean that the results generated from this study are inaccurate or inappropriate. They are still capable of contributing to policy changes and raise awareness of mental health issues among unaccompanied asylum-seeking minors. The other limitation could be that this study raised the hopes of the unaccompanied asylum-seeking minors to a point where they agreed to the interviews in the hope that I could be of help to them in their issues with the Migration Board. This is because at the end of the interviews they asked me if I could help them with their cases. One other limitation to my study is that it is not balanced in terms of gender as no girls were interviewed. It would have been interesting to generate results that compared whether the asylum process affected both sexes in the same way. Language was also one big limitation. For example, the first two participants willing to take part in the study could not speak Swedish, neither could they speak English. So, in the end I could not interview them as I did not know their language or anyone who could assist with translation. As a result my sample remained limited to those few who could speak English.

1.5 Relevance of study to social work

This study is of paramount importance to the field of Social work and human rights. Its significance is reflected in the National Association of Social Work (NASW) (2014, p. 7) which calls upon social workers to “continue to be on the front line in fighting for the best interest of each child and ensuring that their legal rights are protected at every stage of the migration/refugee process.” This

is because the plight of these children touches upon nearly all areas of the social work profession - child welfare, health and behavioural health disparities, access to safe housing, social justice and human rights. The rights of every child are guaranteed in the United Nations Convention of the Rights of the Child (CRC), a universal human rights tool adopted in most countries. In the CRC, mental health is addressed from a broad perspective ranging from emotional well-being to mental illness and disorder (World Health Organization, 2005). There is no doubt that human rights issues are intertwined with the mission and vision of social work practice. Social workers are expected to step up actions aimed at dealing with all forms of violation of the fundamental rights of each person and setting up action plans aimed at upholding the rights of every individual. They are also expected to advocate for an equitable distribution of resources and above all, they are also to be at the forefront in developing policies of intervention and prevention of mental health issues among unaccompanied minors. This study is of importance to the social work practice as it can help policy makers appreciate shortcoming of policies that have already been put forward in dealing with unaccompanied asylum-seeking minors and help in developing newer and stronger policies.

1.6 Study disposition

Chapter 1 of the thesis is made up of the introduction to the study, a brief study background, justification and problem statement, the aim and research questions, limitations of the study, relevance of the study to Social Work, relevance of study to society and the disposition of the study. Chapter 2 deals with the social and political context of unaccompanied minors in Sweden. It is also part of the literature review which is dealt with in detail in Chapter 3. Chapter 3 deals with definition of key terms, migration flows to Europe and Sweden, the European Union and unaccompanied minors, and international studies vis-à-vis the mental health of unaccompanied minors and asylum seekers in general. Chapter 4 constitutes of the theoretical framework. The chapter gives brief discussion of the concepts and theories chosen for the analysis of the data in this study. Chapter 5 talks about the methodology used in conducting this research and shows that this is a qualitative study. It spells out the research method used and why it was found to be appropriate for this study. It also deals with issues of ethical considerations. Chapter 6 deals with the findings of the study based on the data collected from the participants. Finally, Chapter 7 discusses the findings in relation to theories. It also concludes the study and makes suggestions for further research.

CHAPTER 2: SOCIAL AND POLITICAL CONTEXT OF UNACCOMPANIED MINORS IN SWEDEN

2.1 Rights of a Child

At international level Sweden has both signed and ratified the United Nation Convention on the Rights of a Child. There are 54 Articles in the Convention on the Rights of the Child, and 41 of them speak about rights. “Children” refers to both young children and adolescents – everyone up to age 18. According to Migrationsverket (2017), in Sweden you are a child until you are 18. The UN CRC (in Swedish barnkonventionen), contains the rights that all children should have. All rights are equally important but the convention stresses on four core rights found in Articles 2, 3, 6 and 12. Article 2 specifies that unaccompanied minors have the same rights as other children. It also states that unaccompanied minors must be protected from all forms of discrimination. Article 3 stresses on the best interest of the child. This basically means that all parties involved with unaccompanied minors and all asylum processes should make decisions that protect the best interest of the unaccompanied minor. Article 6 talks about the child’s right to live and develop. This means that when it comes to unaccompanied minors, state parties involved with a minor must ensure that the minor is not killed and has access to health and everything that it needs to develop. Article 12 states that children have the right to voice their opinions and adults are supposed to listen to them especially when making decision about the child’s life. Though the Convention stresses more on these four, it does not mean that the other rights must be ignored as they are just as important (Hammarberg & Falk, 2015).

2.2 Judicial, Political and Social

Swedish laws are generally consistent with international standards. Sweden treats unaccompanied asylum-seeking minors with dignity unlike in some other countries where minors can be detained. In Sweden, just like any child, unaccompanied asylum-seeking minors are entitled to equal access to education. In Sweden, Municipalities are responsible for providing housing, health care as well as a guardian to look after the child’s best interests. The Migration Agency appoints every asylum-seeking child a lawyer (Human Rights Watch, 2016).

Historically, Sweden has been known for having an open migration policy and has welcomed asylum seekers. It provides basic health care and education to all migrants regardless of status. It also offers social security and other welfare benefits to all migrants who are asylum seekers or refugees. It has a comprehensive reception and accommodation system for incoming asylum seekers. While waiting for decisions on their applications, asylum seekers are enrolled in reception units, provided with accommodation while their daily need are taken care of during the waiting period, including daily cash allowances if they cannot support themselves (International Federation of Red Cross (2016).

When unaccompanied asylum-seeking minors first arrive in Sweden, the Migration Board makes sure the minor is placed in a selected reception Municipality. These municipalities are located near the major entry cities which are Stockholm, Goteborg and Malmo. The Migration Board is responsible for ensuring that the minor is referred to a municipality as soon as possible. Migration Board is therefore responsible for financially compensating the municipality for any cost in connection with the unaccompanied asylum-seeking minor. Until housing is found for the minor, he or she must remain in the municipality where he/she first made his or her need known to authorities. In short, municipalities are responsible for providing housing, care and the welfare of the unaccompanied asylum-seeking minor. A guardian to the minor is appointed. He or she will look after the rights of this unaccompanied minor. Schooling and other development activities are extremely important regardless of whether the minor is allowed to stay in Sweden or not. Nevertheless, attending school is not compulsory for asylum-seeking children as it is meant for children who are going to remain in the country. Once granted permission to stay in Sweden, municipalities are responsible for arranging foster family or other suitable housing for the minor (European Migration Network, 2009).

The goal of Sweden's integration policies is to basically guarantee equal rights and opportunities for all regardless of where one comes from. Since the new rules on labour migration came into force in the year 2008, Sweden's migration policy has been known to be among the most open and liberal in the OECD countries (OECD, 2011 cited in Andersson and Weimar (2014)). It was also known as a country with a generous asylum system compared to other EU countries. Unlike in some European countries, unaccompanied minors have usually been granted asylum in Sweden. The reception system for unaccompanied minors in Sweden is elaborate. The minors are distributed among local authorities for care and the municipalities that they are placed under are responsible for placing them into homes and into schools (Wilken, 2016). However, the generosity of the migration policies seem to be putting a strain on the Swedish welfare system and also attracted large numbers of unaccompanied minors over the years. This seems to have pushed the government to put a restriction on its migration policies.

Wilken (2016) argues that the coming to power of the Social Democratic Party following the elections of 14 September 2014 with anti-immigration feelings, Sweden's position on the migration issues has radically shifted from welcoming refugees to a practice seeking to close the borders to anyone without an official identity document. The objective of this move was basically to discourage potential asylum-seekers from choosing Sweden as a destination. Drew and Collin (2017) posit that the flood of refugees and asylum seekers into the country forced Sweden to tighten its migration policies. However, the core reasons for the policy changes in Sweden go beyond domestic politicking. The reception system was actually gradually becoming overburdened that it could no longer meet the set standards. Reception centres in the country were overflowing and in some cases asylum seekers were left out in the cold. For the unaccompanied minors, the situation was that the homes and schools were becoming scarce and not enough to accommodate all the unaccompanied minors that came into the country. Moreover, as a vulnerable group, a lot of money was being spent in hiring caretakers to look after these children upon their arrival and during the process of their asylum seeking (Wilken, 2016).

2.2.1 What are these restrictive laws?

The Swedish Parliament adopted legislative changes that affect asylum seekers. These new restrictive laws were enforced on the 20th July 2016 and are supposed to be valid for 3 years. Under the new laws, a person in need of protection will be carefully assessed. Depending on the case, a residence permit for 3 years or for 13 months could be granted depending on what type of protection the applicant is eligible for. Unlike before, it is now not easy to be granted a permanent residence permit. The new laws also state that unaccompanied minors who are assessed as needing protection will be granted a permanent residence permit only if they applied for asylum by the 24th November 2015 (Migrationsverket, 2017). This means that for those that applied later than this date, they are unable to be granted permanent residence and will experience problems.

The new restrictive laws also introduce the medical age assessment as one of the processes to be included in the asylum process of the unaccompanied minors or children seeking asylum and who did not have valid identification documents with them. The unaccompanied asylum-seeking minor is supposed to allow the Migration Agency to take the test as part of the asylum process and the minor can appeal the age decision to a court (Government offices of Sweden, 2017).

CHAPTER 3: KEY TERMS AND LITERATURE REVIEW

This chapter covers the definition of terms, migration flows into Europe, the situation of unaccompanied minors in the European Union and a discussion of some literature on mental health issues among asylum seekers, refugees and unaccompanied minors.

3.1 Definition of key terms used

The main concepts to be defined in this study are unaccompanied asylum-seeking minors, and mental health.

3.1.1 Unaccompanied asylum-seeking minors

According to the EU Agency for Fundamental Rights (2010), an unaccompanied minor is a non-EU national or stateless person below the age of eighteen who arrives on the territory of EU state unaccompanied by an adult responsible for him or her. Kohli (2007, p.32) defines unaccompanied asylum-seeking minors as “children below eighteen years of age who have made an application for asylum and have gained temporary admission to the host country while their claim is considered.” Home Offices (2002) also defines an unaccompanied asylum-seeking child as “a person who at the time of making the application: is, or (if there is no proof) appears to be, under eighteen: is applying for asylum in his or her right: and has no adult relative or guardian to turn to in this country.” The EU Agency thinks that some of the reasons unaccompanied minors come to Europe include either be escaping from wars and conflicts in their home countries; family reunification – the hope of being reunited with their family; in search of better life; while others are basically victims of human trafficking. This research adopts the above definition of unaccompanied asylum-seeking minors in its widest sense.

3.1.2 Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how one thinks, feels and acts. It also helps determine how one handles stress, relate to others and make choices. DuBois and Miley (2005) stipulate that mental health is rather a difficult term to describe because it is a broad, cultural based concept. Health and Human Services (HHS), 1999 cited in DuBois and Miley (2005, p.343-344) define mental health as “a state of successful performance of mental function resulting in productive activities fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity [...] Mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”

On the other hand, the Mental Health Foundation (MHF) (2018) notes that mental health is defined by how individuals think and feel about themselves and their life and how an individual copes and

manages in times of adversity. Mental health is seen as affecting one's abilities to function and make the most of the opportunities that are available, and to participate fully with family, workplace, community and peers. Common mental health problems range from depression and anxiety to more rare problems such as schizophrenia and bipolar disorders. For this study, mental health has been limited to depression, anxiety and stress-related to mental health issues. Depression is defined as a feeling of low mood that last for long time and affects ones' everyday life. It can make an individual feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect one's self esteem, sleep appetite, sex drive and sometimes the individuals' physical health. In its mildest form, depression doesn't stop one from leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe depression can make you feel suicidal and be life threatening. Anxiety on the other hand refers to strong feelings of unease, worry and fear. When one is experiencing anxiety, they might be living in constant worrying, showing unpleasant physical symptoms such as sleep problems, panic attacks, increased heartbeat and muscle tension (Dunn, 2016).

Mental health knowledge is very important to the Social work practice. The Canadian Association of Social Work (CASW) (2018) notes that "current concepts of mental health reflect a number of themes: psychological and social harmony and integration; quality of life and general well-being; self-actualization and growth; effective personal adaptation; and the mutual influences of the individual, the group and the environment."

Social work in the practice of mental health must be able to support the development of policies and programs that promote the mental health for everyone (DuBois and Miley, 2005). Mental health is a broad area but for the purpose of this research, I will limit it to the state of mental well-being of unaccompanied minors as they go through the asylum-seeking process.

3.2 Migration flow in Europe and in Sweden.

Before the middle of the 20th century Europe was far from major migration routes. Instead in the 11th century European countries were a source of migration with many Europeans leaving the continent due to the colonisation of North and South America, Australia and New Zealand and colonial wars in Asia and Africa. Only in the second half of the 20th century did Europe turn from being the source of migration to a destination territory (Zithini, Krasnov and Shendrik, 2016).

Rica, Glitz and Ortega (2013) note that after the end of the Second World War, Europe gradually shifted from being a major source of emigration to a major destination for immigrants. By the year 1960 the numbers of international migrants living in Europe constituted about 3.5% of the total population and by the year 2013 the number had increased to 10.3% of the total population. The changes in the migration flows were mostly due to immigration policy changes in different European countries, which were linked to decolonization and active labour recruitment. On one hand, colonial powers facilitated the immigration from their former colonies and on the other hand European countries recruited migrant workers as a response to the labour shortages. Stalker (2002, p. 160) contends that "migrants to Europe seem to be entering via most of the immigrant categories,

though the largest numbers are family members followed by labour migrants and asylum applicants.”

By 2013 Sweden was recorded to be the country with both the highest stock of refugees and the consistently highest inflow of asylum seekers per capita in Europe, with recent applicants originating primarily from two countries, Somalia and Iraq. It was followed by France whose main groups of applicants originate from Serbia and the Russian Federation and then the UK, whose main applicants originate from Zimbabwe and Afghanistan. During the 2000s, the European countries with a sizeable refugee population, notably Sweden and Germany, have passed several measures aimed at streamlining the processing of applications and making it more transparent.

Spearheaded by Sweden, there is also a noticeable trend toward extending the concept of refugee, for example to include those in fear of persecution because of their gender or sexual orientation (Chiswick and Miller, 2015). According to Metcalfe-Hough (2015, p. 2) since the beginning of 2014, approximately 800,000 people have arrived at European Union (EU) borders through irregular channels, fleeing conflict and violence at home or in search of a better life abroad and that “this migration surge is rapidly becoming the largest and most challenging that Europe has faced since the Second World War. Although it is not unique in either its causes or its drivers, it has become a highly sensitive political issue, generating intense political and public debate and exacerbating pre-existing weaknesses in immigration systems across Europe. Meanwhile, the lack of an adequate response by EU governments has left hundreds of thousands of refugees and other migrants increasingly vulnerable.”

Europe’s refugee crisis is the greatest test of humanity faced by the world’s rich countries this century. In 2015, the number of migrants coming to Europe doubled compared to previous years and Europe was faced with a migrant crisis. In response to this the European Union is trying to remedy the situation by trying to tackle the root cause of emigration to Europe and by protecting and securing their borders. To tackle this migrant influx, European governments have also toughened their immigration laws (European Union, 2017).

3.3 The European Union and unaccompanied minors

A considerable number of unaccompanied minors apply for asylum in a European Union country yearly and among these are victims of torture, trafficking and sexual exploitation. In the legal context of the EU asylum policies, children arriving from outside the European Union occupy a special position. In EU law an asylum, children are considered as one of the groups of vulnerable persons towards whom member states have immediate obligations. Upon arrival the unaccompanied minors are entitled to a guardian. The minors seeking asylum have the right to education and equal access. Rehabilitative services must be offered to those who are victims of any type of abuse. Once the minors apply for international protection/asylum they ought to be questioned in a manner that takes into account their age, level of maturity and psychological status. In the European Union the asylum procedures directives do not require a medical examination for the determination of an asylum seeker who claims to be a minor. Before carrying out medical

examination, the minor, together with their legal guardian must and should be provided with information of the examination and the possible consequences and outcomes. Consent must be obtained from the minor (Abbing, 2011).

European Union legislation concerning unaccompanied minors is focused on the following:

- Ensure representation of the unaccompanied minor.
- Placement of the minors with adult relatives, foster families, or in special accommodation centres with special provisions for minors or in suitable accommodation.
- Attempt to trace the unaccompanied minor's family members as quickly as possible.
- Ensure appropriate training for anybody working with unaccompanied minors.
- Take appropriate measures to ensure that there is family unit, also ensuring the best interest of the child, welfare and social development of the child.

There are also finances directed towards Unaccompanied Minors in the EU. The funds are divided into five categories namely; (1) European Refugee Fund which is aimed at any actions relating to unaccompanied minors who are asylum seekers, refugees or have subsidiary protection status, (2) European Integration Fund which is aimed at any activities to do with the integration of these unaccompanied minors who have the right to stay in Europe in the host society, (3) European Return Fund - these funds are used to facilitate the return of unaccompanied minors to their home country to reunite them with their families and for reintegration into their community, (4) Prevention of and Fight against Crime Fund - the funds are targeted towards eradicating trafficking in human being, including actions related to unaccompanied child victims, (5) and lastly Pilot Project on Unaccompanied Minors - these funds are aimed at identifying good practices on prevention, reception, protection and integration policies for unaccompanied minors. The fund contributes to the implementation of the EU Action plan on Unaccompanied Minors (EU Agency for Fundamental Rights, 2010).

3.4 International Studies on the Mental Health of Asylum Seekers and Refugees

An increasing number of people are leaving their countries of origin because of human rights violations, persecutions and conflicts. Europe over the years has been the largest host continent of people who have been forced to migrate. In the year 2016, 347, 000 refugees and migrants came to Europe, in addition to the over one million refugees and migrants that undertook the dangerous journey across the Mediterranean Sea in the year 2015. Many asylum seekers and refugees are exposed to stressful experiences during forced migration, and also during the resettlement process. These stressful experiences make them vulnerable to mental health conditions, including post-traumatic stress disorder (PTSD), major depression, and anxiety. The rate of mental health condition among this already vulnerable group is influenced by a number of factors, such as being exposed to violence, torture, and other potentially traumatic events before migration. Migration

and post-migration factors like life threatening conditions while traveling to resettlement countries, uncertainty about asylum application and reduced social integration also contribute to the rate of mental health condition among this group (Turrin et al, 2017).

Tribe (2002, p.242) cited in Bernardus et al (2011, p.4) notes that,

The period between applying for refugee status and a decision being made varies between countries from a number of hours to a number of years. This is an extremely stressful and uncertain time, when asylum-seekers are unable to make plans for the future and may be terrified of being returned to their country of origin. This may be a time when psychological well-being is extremely fragile.

Research also suggests that mental health outcomes deteriorate the longer the asylum-seeking process takes. A community-based study of Iraqi asylum seekers in the Netherlands found that a prolonged asylum procedure for those that had been seeking asylum less than six months had higher rates of anxiety, depression, and somatoform disorders but not PTSD. Moreover, this study found that experiencing a prolonged asylum-seeking process had a stronger impact on psychopathology or mental status of the applicant than pre-emigration trauma exposure (Li et al, 2016).

Sandalio (2018) states that,

Owing to the very nature of the journey, asylum seekers are widely exposed to potentially traumatic events and post-migration stressors that could trigger mental-health disorders. In several studies, asylum seekers reported, experiencing not just one instance of trauma, but several during multiple stages of the trip. Thus, pre-existing mental-health conditions might be exacerbated by hardships that accompany flight and settlement in the destination country [...] feelings of dependency and lack of control are common stressors highlighted by asylum seekers. In addition to lengthy asylum procedures, prolonged stays in often isolated reception centres, initially conceived as emergency placements not suited for individuals with mental-health needs-have also resulted in more severe mental conditions

(<https://reliefweb.int/report/world/life-after-trauma-mental-health-needs-asylum-seekers-europe>).

Sandalio concludes that asylum seekers are exposed to potentially traumatic events at home or en route, as well as stressors upon arrival that all lead to development of mental health issues among this group. A comparative study by Robjant, Hassa and Katona (2009) suggest that there are high rates of mental health problems in detained asylum seekers. Among the mental health issues identified were issues such as anxiety, depression, post-traumatic stress disorder as well as self-harm and suicidal thoughts and attempts. The causes of these mental problems were closely linked to the detaining process and the long waiting process for asylum decision and the asylum interviews. According to Mann and Fazil (2006, p.52), symptoms of psychological or mental illness are common in asylum seekers and refugees as compared to general population and other migrants like labour migrants because the asylum process may be complicated and essentially stressful, with

the continual fear of deportation among the asylum seekers. This process leads to an increase of psychological distress, causing anxiety, depression and frustration among this group. Factors increasing the vulnerability of asylum seekers and refugees to mental illness derive from their experiences in their country of origin, their journey to refuge and subsequent psychological, social and emotional stressors in their host country.

A study conducted in Norway by Jakobsen et al (2017) suggests that because of the asylum process, unaccompanied minors are vulnerable to some mental health problems. The authors found out that the mental health of young asylum seekers appears to be negatively affected by low support, long awaiting periods and refusal of asylum. This strenuous asylum process and refusal to stay was associated with higher levels of psychological distress among unaccompanied asylum-seeking minors. In addition to this, according to Chase (2008) and Hodes (2008) cited in ADCS (2016, p.25),

Unaccompanied asylum-seeking children often have uncertainty around their immigration status in the UK. Many of these unaccompanied minors cite anxieties associated with their immigration cases as being the most difficult aspect of their lives and having negative effects on their mental health. There have been a few studies carried in the European region regarding the effects of the asylum process on Unaccompanied minors.

A Belgian study by Derluyn, Broekaert, & Schuyten, (2008) cited in Derluyn, Mels, and Broekaert (2009) also reveals that unaccompanied refugee children and adolescents are five times more likely than accompanied refugee minors to elaborate severe or very severe symptoms of anxiety, depression and post-traumatic stress, findings comparable to other studies on the emotional well-being of unaccompanied refugee children and adolescents. This is the case because, according to Derluyn and Boertake (2008, p 321),

The temporary residence documents these minors receive only last until their 18th birthday, resulting in most of them becoming undocumented refugees after attaining the age of majority. This might be a very precarious situation for adolescents who still are unfamiliar to the host society and cannot rely on a supportive network of parents and family. The temporary character of their residence documents also involves a long-lasting uncertainty about their future perspectives, one of the major problems of these children and adolescents. This uncertainty can threaten their emotional well-being and lead to an irresolvable ambivalence between a striven towards integration and building up a new future on the one hand, and on the other hand the impossibility to succeed in these objectives due to the uncertain future perspectives.

3.4.1 Swedish studies on the mental health of refugees and asylum seekers

A study carried out in Sweden by Sweden Red Cross (2016) found out that depression, anxiety and poor well-being is quite common among newly resettled refugees and asylum-seekers searching for safety in Sweden and is at least three times higher compared to the general population. Sweden Red Cross (2016) notes that “good mental health and overall well-being are vital for refugees to be

able to enter to find jobs and play a role in society. Even in a country with broad experience and a developed asylum seeker support system, up to 70 per cent felt that they didn't have enough social support." Another study conducted in Sweden by Nyame (2015) suggests that some of the effects of the asylum process on the unaccompanied minors are that they fear loving or making friendship as they do not know how their decision will turn out to be, others consider suicide as they cannot face being sent back to their home countries and many of the subjects alluded that the asylum process can be very stressful on them and affects their mental functioning.

3.5 Resume or Summary

Literature has shown that the asylum-seeking process does have negative impacts on the mental health or well-being of the asylum seekers. The main mental health issues noted among these asylum seekers that are caused by the asylum-seeking process are mainly depression, anxiety, self-harm and suicidal thoughts. This study seeks to establish if it is the case with unaccompanied minors in Sweden. It focuses on the newly introduced Swedish immigration laws that seem to make the asylum process rather difficult and not easy to manipulate. Thus, using a qualitative approach, this study aimed at contributing to the existing literature by investigating the mental health of unaccompanied asylum-seeking minors and their lived experiences in Sweden. It (study) seeks to fill gaps in the literature in Sweden regarding mental health issues in unaccompanied minors as a result of the asylum process and the new restrictive immigration laws.

CHAPTER 4: THEORETICAL CONSIDERATIONS

Person in Environment Perspectives (PIE), the Diathesis Stress Model (DSM) and the Sense of Coherence (SOC) have been found as the most appropriate concepts or theories to harness for this study, and particularly the latter. These theories were thought to be the most appropriate as each of them tries to explain how the asylum process can or could affect the mental well-being of the unaccompanied minors.

4.1 Person in Environment (PIE)

The PIE is a social work theory. It was initially developed under NASW auspices by a group of social work practitioners and academics. The mission of PIE is to provide the practitioner and researcher a tool with which the problems presented by human service clients can be systematically and comprehensively assessed, described and addressed within an eclectic framework that highlights social work's unique contribution to human service field (Corcoran and Roberts, 2008).

The person-in-environment perspective in social work is a practice-guiding principle that highlights the importance of understanding an individual and his or her behaviour in light of the various environmental circumstances in which one lives and acts. These circumstances include (but are not limited to) social, economic, political, communal, historical, religious, physical, cultural, and familial environments. This definition includes the idea that there is a reciprocity to the person-environment relationship, such that the individual can impact the various elements of the environment, just as the environment can exert a conducive or inhibiting influence on the individual (Kontrat, 2013). Hare (2004) cited in Weiss-Gal (2008) notes that the person-in-environment approach views the individual and his or her multiple environments as a dynamic, interactive system in which each component simultaneously affects and is affected by the other.

According to Corcoran and Roberts (2008), the PIE is a four-factor system. The first two factors form the core description of clients social functioning while the second pair of factors identify mental and physical health problem using classification systems borrowed from other professions. All these four factors are needed to provide a deeper understanding of a client's problems and strengths. Factor one describes the clients' social role and relationship functioning. There are four major categories of social roles listed (familial, interpersonal, occupation and special life situation) and the one most relevant to this study is the special life situation as it includes legal immigrant, undocumented immigrant, refugee immigrant and all others. Factor two describes the problems in the client's current environment as it affects his or her social function. In this case, environment refers to social institutions, social support network and natural helping networks of the clients such as the courts or judicial system. Factor three list the mental health problems of the client by means of the DSM V and factor 5 lists the physical health problems as diagnosed by a physician or

reported by the client. The PIE perspective also tries to note the severity and duration of the problem (Corcoran and Roberts, 2008).

For this study, I intend to find out how the asylum-seeking process as an environment factor impacts on the individual (unaccompanied asylum-seeking minor) using the PIE perspective. I also intend to establish other factors besides the asylum-seeking process that might impact on the mental wellbeing of the unaccompanied minors.

4.2 Diathesis/Vulnerability Stress Model

The Diathesis Stress Model was developed by (Zuckerman, 1999). About this model, Salamon and Jin (2013, p.35) posit that, "Early diathesis-stress models primarily focused on psychiatric disorders such as schizophrenia, depression, and anxiety disorders, born out of the observation that these disorders tend to be inherited and yet also show a significant relationship to life stress".

These early diathesis-stress models identified fixed biological and/or hereditary factors as predispositions, and often argued for singular directionality, i.e., that the stress acted upon the diathesis. Later, the idea of diathesis was expanded to include physiological, behavioural and psychological diatheses, some of which may be acquired (Zuckerman, 1999). Broadening the scope of diatheses to include "non-biological" factors also resulted in a change in the presumed directionality to a point where diatheses may influence the experience of stress.

Diathesis Stress Model psychology is a psychological theory which tries to explain the behaviour in the same way as the stress and vulnerability from life experiences. The word "diathesis" came from the Greek term "vulnerability or disposition". Diathesis is basically a synonym for vulnerability. This vulnerability can also take up the form of psychological, genetic, situational, and biological factors. The predisposition or diathesis usually works together with the consequent stress response of a certain individual (Flow Psychology, 2014). Ruddock (2018), states that the,

Diathesis Stress Model views psychological diseases as a result of interaction between a person's vulnerability for disorder and stress. A susceptible individual may never manifest a mental illness until he/she encounters a type or degree of stress that is enough to trigger it. The theory seeks to explain how differently people may respond differently to the same source of stress

<https://stress.lovetoknow.com/about-stress/what-is-diathesis-stress-model>).

The DSM alone cannot trigger mental illness. Instead, the stress triggers one's vulnerability and together these two may lead to a mental illness. It goes without saying that the more one is vulnerable, the lower his threshold, the less stress it takes to trigger disorder (Ruddock, 2018; Flow Psychology, 2014; Darity, 2008). Ruddock (2018) further notes that vulnerability explains why one person may develop depression, while another person does not yet they both experience the same stress. Stress means that it is an event in the life that interrupts the psychological equilibrium

of a person and it potentially acts as the catalyst in the development disorder. Therefore, Diathesis Stress Model helps in determining how genetic and non-biological traits work together with the stressor or environmental influence in producing health disorder like anxiety, schizophrenia, and depression. Diathesis or vulnerability will allow or will not give a time in the development process of psychopathology when stress has been encountered.

It is true that diathesis is considered natural among individuals and it is conceptualized on its stable and unchangeable condition. It is possible that stress can be a conceptualize event. When a certain person is vulnerable, it is possible that he or she will get depressed. However, it will not result in depression when he or she is exposed to a certain stressing factor. This is the time that psychological disorders will exist. Stress is one of the factors that can lead you to illnesses (Flow Psychology, 2014). The DSM defines stress to life events and experiences that may lead to psychological distress. Some of the stress factors under the DSM can range from minor to major stressors in the home or external environments, life events, short term factors and long-term factors (Ruddock, 2018).

Unaccompanied minors are considered a vulnerable group of people and their vulnerabilities already stem from the fact that they have been separated from their parents and families and also before reaching Sweden, they have gone through traumatic events involved in their journey. While their vulnerability may be varying, stressors that they face while going through their asylum-seeking processes leaves unaccompanied asylum-seeking minors exposed or at a high risk of developing some sort of mental disorders.

4.3 Sense of Coherence Theory

The Sense of Coherence (SOC) is a theoretical model developed by Antonovsky (1979). It seeks to explain the relationship between the stresses of life and health. Antonovsky (1979, p. 132) defines the SOC as “a global orientation that expresses the extent to which one’s internal and external environment are predictable and that there is a high probability that things will work out as well as can be reasonably expected.” In psychological terms then, one might conceive of the SOC as a personality characteristic or coping style. The SOC is expected to have implications for the individual’s response in various kinds of situations. In essence, the SOC concept is seeing the world as more or less ordered and predictable. Younger adolescents in general would be expected to have weaker SOC than older adolescents because of developmental characteristics of this period of life (Antonovsky and Sagy, 1986, p.214)

Antonovsky and Sagy (1986) believed that there are basically three factors that influence the development of SOC in an individual. The first factor is adolescence in a younger adolescent would have a weaker SOC as compared to an older adolescent and the SOC is expected to strengthen as one grows older. The second factor that influences the development of the SOC according is the nature of the relationship between the adolescents and his or her parents. They believed that one who has close or good emotional ties with his or her parents is more likely to view the world more coherent than one whose family setting is less emotionally close. The third and last factor likely to

influence the development of the SOC is general stability in the community in which one lives in. According to Antonovsky and Sagy (1986, p. 215), “an adolescent who has lived in the same community for a long period of time and who expects to stay there is likely to develop a stronger SOC than is one who has moved around a lot and is never quite sure where he or she will be in the near future.” When confronted with a stressor, the person who has a strong SOC will wish to be motivated to cope (meaningfulness), believe that the challenge is understood (comprehensibility) and believe that resources to cope are available (manageability).

Comprehensibility refers to the extent to which one perceives the stimuli that confronts him/her, stemming from the individual’s internal and external environments. It is about making cognitive sense as information that is ordered, consistent, structured, and clear. “The person scoring high on the sense of comprehensibility expects that stimuli they encounter in the future will be predictable, ordered, and explicit” (Antonovsky (1987) cited in Lindstrom and Eriksson (2005, p.441). This is the cognitive component of the SOC. Manageability refers to “self-perception that one has the internal and external resources necessary to cope with life demands” (Strang and Strang, 2001 cited in Kövi et al 2017, p.119). According to Lindstrom and Eriksson (2005, p.441) manageability is the degree to which one understands that the resources that they have are enough to meet the demands posed by the problems that they face. These resources can be under the individual control or can be controlled by significant others. This one is believed to be the instrumental component of the SOC. According to Hittner (2007) cited in Kövi et al (2017, p.119), meaningfulness can refer to the belief that life goals and commitments are worthy of a personal investment while Lindstrom and Eriksson (2005, p.441) state the meaningfulness refers to the way one feels, and that life makes sense emotionally. It is also about how one believes that the problems that they are faced with are worthy of their energy, commitment and engagement. These problems are seen as challenges that one can endure for a while instead of burdens. This is the motivational component of the SOC.

With the help of this theory, I intend to find out how the SOC plays a part in the life of these unaccompanied asylum-seeking minors, while they go through the asylum process.

CHAPTER 5: RESEARCH DESIGN AND METHODOLOGY

5.1 Introduction

This chapter covers the research design, target population, sampling techniques, methods of data collection, analysis and ethical considerations.

5.2 Research Participants

In total seven people participated in this research. Five unaccompanied asylum-seeking minors, all males and two key informants were interviewed. The oldest of the unaccompanied minors was 18 years old and the youngest 15. Countries represented were Iran (1), Afghanistan (3) and Kenya (1). Of the two key informants, one was a male manager at one of the homes for unaccompanied asylum-seeking minors while another was a female nurse who works with unaccompanied minors. All the five unaccompanied asylum-seeking minors were under the asylum process, either awaiting decision from Migration Agency, or appealing their applications, or simply waiting for their second interview. They all had varying reasons for leaving their home countries and therefore different reasons for seeking asylum.

5.3 Research Design

A qualitative study was considered for this study because it is “concerned with words rather than numbers” (Bryman 2012: 379). According to Mason (2002) and De Vos, Strydom, Fouche and Delport (2005), a qualitative research refers to research that elicits participant accounts of everyday meaning, experiences or perceptions of the way that social processes, institutions, discourses or social relationships work and the significance of the meanings they generate. Carpenter and Suto (2008) further postulate that qualitative research seeks to understand and reflect the insider’s perspective, which is the point of view of the group or individual who has lived the interpreted experience, or on-going experience. I conducted a qualitative study into the impacts of the asylum process on the mental health of unaccompanied asylum-seeking minors in Sweden because it was deemed an appropriate and effective way to gain deep understanding of lived experiences of these minors and other key players who are constantly in touch with these children. Henning (2004) further elaborates that in qualitative research, as in quantitative research, the researcher wants to know what happens, how it happens and why it happens. This study therefore aimed to produce rich data that is exploratory and descriptive in nature and that tells the story of participants and give insights into their perception.

5.4 Methods of Data Collection

In this study, the main method of data collection was face-to-face interviews. Documentary research involving review of literature was also another approach to data collection.

5.4.1 Interviews

The research made use of the semi-structured interviews to gather information from the participants. According to Babbie (2005) qualitative interview is an interaction between an interviewer and a respondent in which the interviewer has a general plan of inquiry, but not a specific set of questions that must be asked with particular words and in a particular order. Interviewing is a commonly used way of collecting information from people. There are two types of interviews namely unstructured or semi-structured which are flexible and structured which are too rigid. According to (Bryman 2012, p.417), a semi structured interview is an interview whereby “the researcher has a list of questions or specific topics to be covered often referred to as an interview guide, but the interviewee has a great deal of leeway to reply.” The reason I chose this type of interview is that it was flexible for both the interviewer and the interviewee as other questions tended to emerge in the process of the interview. Bryman (2012, p.417) argues that “questions that are not included in the guide may be asked as the interviewer picks up on things said by interviewees.” The interview guide was used for all research participants. In one case I could not meet with the participant, so we agreed on a Skype form of interview. The interview durations varied greatly, from eighteen to sixty-five minutes. I had expected them to last an average of 60 minutes. The other reason why I chose to carry out face- to-face interviews was to also see and read the body and facial expressions of the respondents. It was also easier to give the interviewees clarity on questions that they seemed not to understand.

5.4.2 Documentary Research

Extensive reviews of the literature available on asylum seekers and unaccompanied minors were carried out for purposes of gaining an extensive understanding of the phenomenon identified. Such literature allowed me to gain more knowledge on the subject in terms of what has and what has not been done. All available and relevant published and unpublished documents in connection with the asylum process of unaccompanied minors in Sweden was qualitatively evaluated. This process was done by searching for books and articles related to the study. The universities online data base was used, google scholar, the student also visited the library and I also made use of my own personal books.

5.5 Sample and Sampling Techniques

The sample was comprised of unaccompanied minors in Gothenburg and some key informants. For this study, purposive sampling and snowballing sampling were found to be the appropriate sampling techniques to be used.

5.5.1 Purposive Sampling

Sampling is a process of selecting units e.g. (people, organizations) from a population of interest, so that by studying the sample we fairly generalise our results back to the population where they were selected (William, 2006). This study employed the purposive sampling method which is also known as the judgmental sampling. Kumar (2005) says that purposive sampling can provide the researcher with best information to achieve the objectives of the study as it puts focus on the people directly affected. Bryman (2012) notes that purposive sampling is the type of sampling whereby the researcher does not seek to sample research participants, on a random basis. The main idea behind this type of sampling is that the research questions should give an indication of what units need to be sampled. The goal of purposive sampling is to sample cases/participants in a strategic way, so that those sampled are relevant to research questions being posed. The research was aimed at finding out some of the factors associated with mental health among unaccompanied asylum-seeking minors in relation to the asylum process. I therefore thought the best participants to give me answers to the research questions were the unaccompanied minors who were still going through the asylum process. But this could not be complete without the views of different categories of caregivers. That is why I chose two key informants in this category namely a home manager and a nurse. Since I knew the target group that I wanted, I knew exactly where to start looking for research participants. I contacted the homes, associations and schools for these minors to get in touch with guardians who then gave me permission to interview the minors. Because this is an extremely vulnerable group, very few guardians were willing to grant me permission to interview children under their care. This is the reason I ended up with this number of unaccompanied asylum-seeking minors.

5.5.2 Snowball Sampling

One other type of sampling technique that was employed in this study was the snowball sampling technique. Bryman (2012) states that “in this sampling the researchers samples initially a small group of people relevant to research questions and these sample participants propose other participants who have had the experience or characteristics relevant to the research. These participants will then suggest others and so on.” Snowball sampling was employed in my study as I contacted people and organizations that could help me get in touch with the minors. Most organizations or managers refused to let me get in touch with their minors for what seemed to be the same reason. Several times I was told, “our children are not in a good state of mind because of their issues with the migration office therefore we cannot allow you to talk to them.” Even after telling me this, they would still suggest other people to contact in regard to the research. The cycle went on and on until I landed myself on some people who were willing to allow me to interview unaccompanied minors under their care, only if the minors themselves agreed. After getting in touch with my first respondent, he told me that he had a friend whom he had told that he is going to participate in my study. The friend became interested in also being interviewed. Obviously, desperate as I was for research participants, I jumped at that opportunity. However, everything depended on the minors agreeing to talk to me even though consent from their guardians was granted.

5.6 Data Analysis

The researcher used thematic analysis to analyse the data collected. This analytic method was good for the study because the researcher gathered the data into themes that had emerged from the coding process. It is a great way of analysing the data gathered from the two methods of data collection because the method is very flexible (Floersch et al, 2010). To begin with, I familiarized myself with the data by listening to the recorded sessions from the interviews and transcribing. After that the data was coded, and themes were developed from the codes found. The themes were then re-evaluated to remove any elements of the data that could not have any meaning. Additionally, each theme was matched to the data findings.

5.6.1 Recording, Transcribing and Coding

Bryman (2012, p.13) says that in qualitative research the interview is usually audio-recorded and transcribed whenever possible. The reason behind this is that qualitative researchers are frequently interested not just in what people say but also in the way they say it. Therefore, the interviewer is supposed to be highly alert to what is being said, following up interesting points made, prompting and probing wherever necessary, drawing attention to any inconsistencies in the interviewees answers. In my case, this was very difficult to follow through as three of the five minors refused to be recorded, wondering why I could not just write down what they were saying. Bryman (2012) says that when faced with refusal to interview, you should still go ahead with the interview as it is highly likely that useful information will still be forthcoming. It was difficult for me to keep up with what the participants were saying during the interviews as I had to take down notes. When carrying out interviews, Bryman (2012) suggests that researchers need to keep in mind that some interviews might not be as interesting as you might have hoped for. This was the case as I felt as though one of interviewees was not taking me seriously as he kept laughing. However, I understood that he was just a child. Immediately after collecting my interviews, the first thing I did with those recorded was to listen to them and started transcribing. The longest interview I conducted lasted about sixty-fives minutes and the shortest was eighteen minutes. Because most of the interviews didn't take long, the transcription was not that long either. The longest transcription lasted about three and a half hours. Verbatim and literal transcriptions were used in this study. Verbatim was when I tried to write down word by word all the recorded interviews. Literal transcription was used when interviewing one of the minors who was not so fluent in English. However, his caretaker was present during the interview and helped with the translation.

5.6.2 Thematic analysis

Thematic analysis is one of the analysis methods that is widely used, but though widely used there really isn't any clear definition of what it is and how to exactly to go about it. Yet, according to Boyatzis (1998), thematic analysis is a method for analysing and reporting themes within the data. It minimally organizes and describes data set rich detail. Just like any other research analysis method, it has its own advantages and disadvantages. The advantages are that it is a simple method that does not entail theoretical details. It not only allows the researcher to know their data but also

helps the researcher in understanding their data. It does this through the process of deducting meanings from the data as themes emerge, construct and change as analysis of each transcript is done. I carried out my thematic analysis by critically going through my data. I started off by coding and grouping similar information into groups and then breaking it down to developing a single theme that could match the data. During the analysis, five themes were identified, and these were; asylum process with four subthemes (age test, new laws, waiting periods and reasons for seeking asylum). The theme of mental state was identified through the different thoughts and feelings that the interviewees were describing. The other theme was other effects of the asylum-seeking process with three subthemes (physical effects, relations with others and social integration). Another theme that emerged was coping strategies - that is how these minors were coping with the challenges posed by the asylum-seeking process. The last theme that emerged was about challenges in integration. All the themes that emerged from the data were used except the challenges in integration because, though very important and can be used for further research, I felt it was not necessary because it was not pointing to the aims of my research questions and also because the minors were not yet in that stage.

5.7 Validity, Reliability and Generalizability

5.7.1 Validity

According to Leung (2015, p.326), validity is about ensuring credibility in qualitative research and the “appropriateness” of the tools, processes and data. It is about “whether the research question is valid for desired outcome, the choice of methodology is appropriate for answering the research question, the design is valid for the methodology, the sampling and data analysis is appropriate and finally the results and conclusions are valid for the same concept.” In order to increase the validity of the study data was collected through interview. All the interviews recorded were matched with the text over and over to see if anything was missing or had not been presented in a proper way. Another way to test the validity of the research is by giving the findings of the research to the participants to verify if it is true or not, this however has not yet been done.

5.7.2 Reliability

Reliability is the extent to which results are consistent over time and are an accurate representation of the total population under the study. Reliability is attained if the results of the study can be reproduced under a similar methodology. The research instrument used will then be considered reliable. The essence of reliability in qualitative research lies within consistency (Joppe (2000) cited in Leung (2015)). To intensify the reliability of the study, records of all procedures undertaken during the study were kept see appendices (consent letter, information sheet and interview questions).

5.7.3 Generalizability

This study as a qualitative study aimed at providing an insight into some of the factors associated with mental health among unaccompanied asylum-seeking minors. The study tried to uncover the challenges of the asylum process and how it affects their mental health and also their coping strategies. The challenges uncovered in this study may not be the same for all unaccompanied minors in different contexts, but they point to a general pattern of the problems confronting unaccompanied minors in other contexts or settings.

5.8 Ethical Considerations

Scholars have agreed that good ethical conduct is a crucial for a fruitful research. Babbie (2005) recognizes voluntary participation, no harm to participants, informed consent, anonymity and confidentiality as significant issues in good ethical research. Violation of any one of these research ethics is bad research practice. It is important to abide by standards of professionalism and honesty and an effort must be made to earn the respect and trust of both research participants and the public at large. To this end, the goals of research, while important, should never be permitted to override the health, well-being and care of research participants. Fair and accurate reporting of research findings is also very important. Kumar (2005, p. 303) asserts that “if you cannot be ethical, do not undertake to report as you will end up harming many people and that is unethical.”

Diener and Crandall (1978) cited in Bryman (2012) highlight four main areas to consider in line with research ethics. These are informed consent; anonymity and confidentiality; deception; and no harm to participants. These and other ethical issues were observed, and devices were put in place to minimize harm to the main research group (unaccompanied minors) as well as other relevant key informants. Anonymity and confidentiality was granted to all those who needed it or are deemed to need it. The researcher sought for research clearance from all the gatekeepers and was granted.

5.8.1 Informed Consent

Informed consent is a key principle of conducting ethical research, and this is particularly important when working with children because of a number of issues including those relating to power relations. Morrow and Richards (1996, p.101) contend that in terms of informed consent, researchers need to explain the purpose and nature of their research “clearly and unambiguously in their attempts to obtain ‘informed consent’, assent, or at the very least allowed ‘informed dissent’ from children themselves as well as adult gatekeepers.”

Before conducting my interview, I sought for consent from the guardian or those in care of the minors and I got it. I got written consent (see Consent Form) and in some cases via email. Moreover, before starting the interviews with the minors, I also asked if they had consented to partaking in the research and also told them that they should feel free not to answer what they did

not want to. The same went for the key informants. Some of the minors were not comfortable with the idea of being recorded. So, I just ended up taking down notes since I did not have their consent to record them. Only the participants that had given their full consent willingly participated in the study.

5.8.2 Anonymity and confidentiality

The researcher at all times is supposed to uphold the participants' confidential issues. I made sure that the privacy of the respondents is not invaded by hiding their identities, thus upholding the principle of confidentiality. In my research I did this by creating fake names for those that had told me their real names. In addition to upholding the confidentiality of their stories, I made sure that their stories were not read or listened to by any person besides myself and my supervisor. Homan (1992) notes that at times participants may invade the privacy of other subjects who are not part of the study. In order to avoid this, at all respondents were reminded to talk only about their own experiences and not to mention names or experiences of those that were not part of the study. I experienced cases where some of participants would divert from their experiences and try to talk about others in the same situation or those who once were and when faced with this, I kindly asked them to stick to their own stories. Confidentiality also requires that the researcher must try not to bridge the confidentiality between him/her and the research participants. However, I was faced with situations where I felt that some confidentiality had to be bridged. I had three unaccompanied asylum-seeking minors that I interviewed almost about to turn eighteen years of age who talked about killing themselves. One even went to the extent of sharing how he is thinking of doing it. In this case I thought it was in the best interest of the minor for me to alert the person who had connected me with the minor and to ask him to intervene or to keep a close eye.

5.8.3 Deception

The researcher tried to make the research as transparent as possible. Participants were told why the research was being carried out and why they are considered important players. Before asking the participants the research questions, I firstly introduced myself and my research topic. I explained to them why I was carrying out the research and the other were a bit skeptical thinking it had something to do with the Migration Agency, but I assured them I was just doing it as a requirement for me to fulfill requirements for my Master's degree. I also explained why I thought they were the best group to give me answers to my research questions. The participants were also told that they can get a copy of my thesis if they wanted to read through it and see how their information was used.

5.8.4 No Harm to participants and researcher

Harm to participants includes both physical and emotional. In making sure that no harm is brought to the participants, the interviews and discussions must be held in a safe and neutral environment. The researcher should be careful not to bring up sensitive issues that could damage the emotional well-being of the participants. Upholding of confidentiality is one way of not bringing any possible harm to the clients. In my study, interviews were carried out in a safe environment for both the participants and myself. While I was interviewing some unaccompanied asylum-seeking minors

started crying. To minimise further emotional harm I stopped the interview and after a while asked if we could continue or if they were still comfortable with going on with the interview.

5.9 Reflections on the Methodology

Choosing a qualitative approach to this study was the right way to go as it gave me the opportunity to hear the stories of the unaccompanied minors and their lived experiences. This helped me to understand where these people were coming from what it means to them and how it makes them feel through both verbal and nonverbal communication. However maybe a quantitative study would have generated more results on the prevalence of mental health issues among this group. Carrying out interviews to me was definitely the best way to collect the research data though it proved to be a difficult task because the minors were uncomfortable with having their voices on tape. One minor was still very doubtful that I was not working with the Migration Agency. Another issue is that while there were minors willing to participate in the study, their guardians did not grant me permission. Research ethics state that when dealing with a minor, one has to seek for informed consent from their guardians. I could not have done this differently. Carrying out research in Sweden as foreign student was a bit challenging mainly because of the language. I felt like some of the literature that could have been useful to my study was mainly in Swedish and also losing research participants simply because I was not familiar with the Swedish language.

CHAPTER 6: FINDINGS

This chapter will focus on the findings of the research and the analysis of the findings. The findings were presented according to the themes that emerged from the data and in the following chapter a deeper discussion is made in connection to the theories. The discussion is done according to each theory and not according to the themes because all the themes need to be merged together to understand how they relate to the theory.

6.1 Presentation of Findings

Below the findings are presented according to what the respondents said in the interviews. They are presented according to the themes that came up from the data transcription and thorough reading of the research findings. For the Key informants Pseudonyms were given (Goldie and Josh)

6.2. Asylum Process

One main theme that emerged was the asylum process, with four subthemes emerging namely reasons for seeking asylum, age assessments, waiting period and new immigration laws. It is no doubt that the asylum process is different for every applicant. Upon arrival in Sweden asylum seekers are asked to present an identification document that proves their age and name. All the minors interviewed did not seem to have come to the country with some sort of identification document. The procedure that they go through is that upon arrival, their finger prints are scanned, and a photo is taken. All this is done as procedure to run a check to see whether they had not taken asylum before in another country. The minors are therefore taken to a camp after 24 hours where they await to hear from the Migration Agency. They are therefore each attached to a social and a godman (legal guardian). Some do get to make it out of the camp while others seem never to be able to get out of it. From time to time, they are called by the Migration Agency to verify their stories. The procedure of the asylum is the same for all of them - they have to three interviews with the Migration Agency with the last meant to determine whether they are granted asylum or not. However, there are differences in each case for each applicant in terms of waiting periods. In terms of the new immigration laws, all the minors interviewed in the study have fallen victim to the new restrictive laws (Migrationsverket, 2017) as some came shortly after the law had been put into force and others came before it had been enforced but did not fall under the group that had applied for asylum before 24th November 2015.

Theme 1: The asylum process

Asked about the asylum process one of the respondents said:

...when I first arrived in Sweden, I was asked for my papers or an identity document like a passport or papers which show your real name and age and stuff. Since I did not have them they took me in a room and they took a picture of me and a scan to look if I had taken asylum somewhere else in another country and if you don't you like talk to them, how you came here and when they hear you they give a room that

you go for twenty-four hours then after those twenty-four hours you will be taken to a camp and then you live there until they find you a family.

In reference to the same asylum process, another respondent said:

When I arrived, they asked for my documents of which they checked them out. I was put in a room and the next day I was taken to this village. There was nobody there ... maybe two or three people and they were all old. I was very confused you know after coming from a big village to such a small village with no people. Then after some days they brought some more guys to our camp and I was cool with [it]. Things then seemed to be going so fast for me and they brought me to one home here where I have been staying since. And I feel soon I am gonna be send out of the city because I am about to turn eighteen and I have not received my answer yet from Migration [Agency].

One respondent asked about how long he has been in the camp said, *“Ever since I arrived in Sweden I have been moving from one home to another they can never seem to find a family that would want to live with me and I don’t know why that is maybe it’s because my kind of people are associated with crime... and he laughs.”*

The youngest of the respondents said, *“Since arriving in Sweden, I stayed in the home for 9 months and just 2 months ago they found me a family and I have been living with them for the past 2 months now and I like it better than the home”.*

The above citations were trying to indicate how the unaccompanied minors understand the asylum process. According to the PIE perspective, this asylum process can be conceptualised as a life situation in these unaccompanied minors’ life, while SOC talks about comprehensibility and meaningfulness. When it comes to the responses given by the unaccompanied minors, it appears all knew very well of importance of the asylum process in their lives upon arrival in Sweden, what Antonovsky (1979) describes as meaningfulness. However, they did not really understand the process of asylum as a whole, which Antonovsky (1979) describes as comprehensibility in the SOC.

6.2.1 Reasons for seeking asylum

When asked about reasons for seeking asylum, respondents revealed different reasons including; reuniting with relatives and friends, escaping war and persecution, sent by relatives, search for a better life. One respondent had this to say; *“my father was killed in a land dispute, so they were after my family. My aunty told me run and come to Turkey so that I can move to Sweden.”*

Another respondent said, *“hahaha, you don’t know? But there’s a lot of war back. All my family is dead. That is why I came to Sweden. I think I would have been dead today if I had not come [to Sweden]”.*

According to Goldie, one of the key informants:

These kids have different reason for seeking asylum. Others have been sent by their families as hope for them to bring the family to Sweden. Yes, most of them are coming from war zones. That's why they come here. They are looking for safety. Others already have relatives here that they hope to be sort of reunited with and others have just come along coz they heard they would safe in Sweden. I really haven't met one who is not coming from a war zone or running away from some political problems.

Running away from war and fear of persecution can be interpreted as a genuine reason for seeking asylum in Sweden. Just as Metcalfe-Hough (2015) states that a lot of refugees have arrived in the European Union because they are fleeing conflict and violence in their home countries and other are in search of a better life abroad. Antonovsky (1979) in his theory of Sense of Coherence talks about meaningfulness which refers to that the stresses that one is faced with are worthy of one investment. Seeking asylum in Sweden to these minors has some sort of meaning to their life and is worth every risk they took to get here.

6.2.2 Age assessment

Age assessment is also one subtheme that emerged from the main theme of the asylum process. Of all the unaccompanied minors that participated in my study, only one had not done the age assessment examination, but was waiting for his final answer from Migration Agency. The other three boys had done their age assessment examinations and the other one had been notified of an appointment with a medical doctor to get his teeth tested to determine his age.

The participants were not really asked any question relating to the age assessment but in their responses, this issue just surfaced. One of the respondents said, “after they denied my application and when I appealed the case, they did this examination on me to test my age. Afterwards they lifted my age by 2 months” while another said, “my godman told me that I am supposed to go and have my teeth tested. They are doing this because they do not believe I am 17 but I really am 17. I don't know why they think I am lying to them.”

Goldie, a key informant said:

I am totally against this bone testing of the kids because I don't really think it's appropriate and it doesn't prove much. What they totally forget is that these children have gone through some hardships where they come from and they have taken up difficult tasks that have an impact on their bone structure. Some of them were doing grown up jobs and this is why when their tests come up it could seem as though they are lying about their age, but you can genuinely see that most of them are really children.

The issue of age assessment corresponds to what has been said in the earlier literature, that age assessment is part of the asylum-seeking process for many of the unaccompanied minors. Abbing (2011) states that age assessment is not necessarily part of the asylum process, but when there is need it can be done. He further says that asylum procedures do not require a medical examination

(age assessment) for asylum-seekers who claim to be minors but does not exclude it either. He also notes that the age determination differs from state to state. This is the case as not all the unaccompanied minors that come to Sweden seeking for asylum go through the age assessment test and those that do are not always tested the same, as some get their teeth tested and others get their bones examined instead.

6.2.3 Waiting periods

The waiting period for the decision from the Migration Agency differs from applicant to applicant. The group interviewed all had different waiting times, the longest being 3 years and the shortest being 11 months. There are different reasons to the variance in the waiting times in their application processes. Three applicants were in the process of appealing the rejections from the Migration Agency and the other two have been waiting for their third and last interviews. In this study, it was deemed important to determine how the waiting time and process of seeking asylum makes unaccompanied minors feel and how it affects their mental well-being. Thus, when asked about the waiting process, one respondent said:

Well, I can't judge because this is not my county, so they can do whatever they want to. I know this new thing, the law, but I think that is why we have to wait for long. But I don't want to lie my, heart always skips a beat thinking about it and the third interview.

Another respondent said:

I am appealing my case again for the second time. Every time I am waiting for the call from Migration I always feel it is better if the earth can open up and swallow me. I can't deal with another rejection.

In connection with the waiting period, one of the key informants had this to say:

I have been working with this group of children for so many years now and I have seen them come and go from their migration meetings. This waiting process is really not good for them. They were once a happy bunch of kids and a joy to work with, but these days they are just sad miserable beings. And this waiting period has a negative impact on their mental well-being if I should say.

From the findings above, it can be said that the process of waiting is one filled with anxiety and uncertainty. It also reveals feelings of hopelessness. The only power the unaccompanied minors have is to appeal but beyond that they have no control over the final outcome. Literature shows that the waiting periods of the asylum process has negative impacts on the wellbeing of any asylum seekers and this does not exclude the unaccompanied minors. Li et al (2016) argues that that prolonged asylum procedures have higher rates of anxiety and depression for minors that have been in the asylum process for longer periods compared to those that have been in the process for a shorter periods and findings from this study confirm that.

6.2.4 New immigration laws

One more theme that emerged from the data had to do with the effects of the new immigration laws. From the interviews, it was obvious that the unaccompanied asylum-seeking minors did not really have a proper understanding of the new law, but they were all convinced that it was the reason behind the delayed responses from the Migration Board as well as the reason for the rejections in their applications. Therefore, asked about the new law and effects, one respondent said, “Well, I don’t know anything about the new law, but it is the reason why Migration [Agency] is taking so long to respond to our cases. Before, someone told me that it [would] take a few weeks but now I have been in this [situation] over 10 months.”

In reference to the new laws, Josh, one key informant said:

This new law I mean, it is bullshit. I am sorry, but it absolutely makes no sense to me. This process has fostered feelings of confusion among the unaccompanied minors and many of them have just begun to lose hope. It does not make sense why they should send back these children to their home countries where there is war and persecution; it is an absolute violation of their rights. And even the money they are putting in the projects of deporting these minors, why can’t that be channeled towards a resettlement plan for them here in Sweden because sending them back is actually going to cost them more money than keeping them here. I really have strong feelings about this law because I see how it affects these children daily. It not only has affected the minors but also all the peoples that surround the child as at times we have no hope also and yet these children still turn to us for encouragement. What do you tell the child when the case is not looking good for them? To an extent, the negative energy these kids have has also had an effect on us and all this is because of a stupid law.

On reflection, it is no doubt that new laws seem to have had an impact on the unaccompanied asylum-seeking minors as it has nurtured feelings of confusion and loss of hope not only among them, but also among the service providers that work with them. In the views of the caregivers, it has become difficult to work with the minors as they don’t know what to expect from the Migration Agency. According to Bilefsky (2016), the new policies have made it difficult for one to be granted asylum and that as a result, it may cause some long-term effects on the well-being of minors. It is evident from this study that the well-being of minors has really been affected due to the change in the new immigration laws, including that of the people who work with them.

6.3 Mental State

The asylum-seeking process, according to the research findings, has aroused some feeling of frustration, worry, and in general loss of hope among the unaccompanied asylum-seeking minors, which in most cases has led to these minors showing some symptoms of depression and suicidal thoughts. Thus, when asked about how the asylum process makes them feel, below were some the responses. One of them said:

I am always stressed because I ...don't know what will happen next and it is a must to feel stressed in this situation. Sometimes I fail to sleep at night because all I am thinking about is what will happen next. Sometimes while I am at school I fail to pay attention to what is happening around me and I feel like I am living in my own world alone.

Another respondent said:

It sucks, and I am affected by it... I feel so bad and sad about the whole situation, I can't sleep. My mother and father died in Afghanistan and its better for me to just kill myself. I have been thinking about it [killing myself]. It is better for me to die in here than to go back home because there is nothing to go back to. I have no appetite to eat and at night I barely get any sleep because I have nightmares. When I go to school I have to pretend to be happy, but I am not, and I can't control it. I am always moody. At first it never used to make sense to me why some who were in my situation would kill themselves, but this makes sense [now], dying is much better than living because there is nothing to live for.

The other respondent said:

Do you even have to ask? I just want to die. Life has lost meaning. I came to Sweden with so much hope but all of that is gone. I worry all the time. I thought I would be safe here but if they reject my case one more time its finished for me. I am always feeling uneasy, but I am lazy of talking about it because talking is not going help.

As for the key informants, when asked how they think this asylum process affects the mental well-being of unaccompanied asylum-seeking minors had the following to say. According to Josh:

These kids are always agitated, and small thing sets them off, they used to be once happy kids, but that light of hope is gone. They encounter endless sleepless nights and some even refuse to eat, they are starting to resort to drugs and unruly behaviour. Some have even got to the extent of harming themselves I have a case of a boy who tried to slit his wrists. This long waiting periods have really had a negative impact on the mental health of these children not forgetting they already have traumas from their journeys and experience from home countries and they come here full of hope but only for the Migration Board to traumatize them further. I really feel for them and I feel this is not affecting the minors but also us the people who work with them. These children are slowly sinking into depression and it does not look like it's going to get any better. We are unintentionally brewing a society of sad adults.

In the opinion of Goldie:

The asylum process has greatly affected the mental state of these minors. It does not even need a psychiatrist to see it [because] anyone with a brain can see it. These children don't sleep at all. They are sleep deprived and they cannot help it. They have no hope for tomorrow. Most of the ones I have come across recently have lost the will to live. I mean ehh, there is a lot of stress in migration...so even before you

get into the asylum process you have lot of stresses in migration. Many of the unaccompanied minors that have come here, it was not by choice, they didn't even want to be here, but they need their papers. They are young and have had to take adult roles. In general, I just think these minors have a lot of stress and now coupled with the asylum process it just worsens. I don't know if I should say its trauma or stress but its trauma to be in this state. They show symptoms of depression. Everyone I have met has had issue with the sleep... They have bad moods and low self-esteem and self-harm tendencies.

The above quotations show that in relation to the PIE perspective, the asylum process as a factor in the individual lives of unaccompanied minors has negative consequences. This is because all the respondents talked about stress, lack of sleep, lack of appetite which are all considered as symptoms of depression and anxiety, including even the idea to take one's life. These findings find confirmation Dunn (2016)'s work as he argues that when people are experiencing anxiety, they might be living in constant worry, showing physical signs such as sleep problems, increased heart problems and depression, affecting one's self esteem and that at its worst it can make one feel suicidal. The quotations therefore show that these minors experience depression and anxiety. Previous studies by Li et al (2016), Turin et al (2017), and Sandalio (2018) show that the asylum process has a negative impact on the mental well-being of any asylum seeker. The findings in this study are no exception for the unaccompanied asylum-seeking minors in Sweden. The Diathesis Stress Model of Zuckerman (1999) seeks to explain how people, when faced with the same life stresses respond differently to the stress. This all stems from one's vulnerability. From the interviews, it was clear to me that the ones that were more affected were those who were close to turning eighteen years of age and have been in the asylum-seeking process for years compared to those that had been in it for a couple of months.

6.4 Other Effects of the Asylum-Seeking Process

Besides the asylum-seeking process having an impact on the mental health of the unaccompanied asylum-seeking minors, there were also other effects. It was also the aim of this study to explore other effects of the asylum process. The sub-themes emerging from this theme are physical effects, impacts on their social integration, and relations with others.

6.4.1 Physical effects

The asylum-seeking process also negatively affected the physical well-being of these minors as shown below by testimonies from the minors themselves and their caregivers.

In one interview the minor respondent said, *"It could be too much lack of sleep, thinking too much but I always have headaches stuck on me. They never seem to go away and even taking medicine is not helping. Other times I feel too weak to do anything"*.

About the same theme of physical impacts, Goldie had the following to say:

I don't know how many unaccompanied minors walk through that door on a daily basis. But one after the other is complaining about terrible headaches, muscles aches and at times I just know medicine is not going to cure this because this is just beyond the physical [as] it also has everything to with the mind and the sleepless nights that they have does not do any good to their physical well-being. I don't know how far true this is, but I have heard that some of them have resorted to taking drugs and this is very harmful to them both mentally and physically.

However, not all the minors interviewed here said anything about their physical well-being as they just talked more about the mental aspects of it and their thoughts.

6.4.2 Social integration

Social integration is a very broad term to define. Here it is limited to education, learning and to adaptation to the norms of the Swedish society in order to fit in well. In relation to this, one minor said:

I honestly don't remember the last time I went to school. To me it is pointless to go to school [because] I am soon to get eighteen. I don't even know when Migration [Agency] will reply to my application and so afterward I am taken outside of this city to a new place to start there again. So why should I go to school, why should I even learn the language? If they send me back home of which I don't want to go, then why do I need Swedish [language].

Along the same issue of social integration another minor said:

It has become so difficult for me to focus in school. I can't concentrate because I am always feeling sleepy. I do not even know why I go to school because it is not like I am learning. The only reason I go is talk to my friends who are sad just like me.

In reference to the education of the minors, Josh said:

It has affected their education process negatively because either they are up at night smoking weed or some funny shit and when morning comes they are too tired to go school. They are missing out on their education all because if this process. There have been complaints of the not doing the tasks they have been given at school.

From the above quotations, it is evident that the asylum process has also impacted negatively on the social integration of these unaccompanied minors. The PIE perspective believes that if one aspect of the individual's life is not functioning it automatically affects how the other aspects of the individual's life will also function.

6.4.3 Relationship with others

One other effect of the asylum-seeking process on the unaccompanied minors, according to the finding, is that these children, due to the asylum process, find it useless to make friends. They also cannot relate well with other people around as they tend to take out their frustrations on them. Josh, one of the key informants said:

These children are always so agitated. They cannot communicate properly with anyone anymore. They used to be sweet children but now some are like little monsters. Because of the asylum process, they portray behaviours that society find somewhat inappropriate. It is also hard for them to keep strong friendships because some from time to time are transferred from one home to another. The only friends they have are the ones in the same situation as them. Even here in the home they are not all good with each other. One of the main reason I refused for you to talk to any of my children is I was just genuinely worried about how they would react towards you. Everyone has become their enemy.

Josh's feelings are partly confirmed by one minor respondent who said:

I don't have any friends. My only friend is one guy who is in the same situation as I am. Because at least I know that if Migrationsvekerter decide to move us, I think I will go him, we have our plan. It is no point for me to make friends here. I will only start making friends after I get my answer from Migration [Agency].

It is without doubt that the asylum-seeking process does not only affect the mental aspect of the unaccompanied as it also affects other aspects. A study by Nyame (2015) revealed that due to this asylum process, unaccompanied minors fear loving and making friendships as they are unaware of their fate.

6.5 Coping Strategies

The study also aimed at trying to find out how these unaccompanied asylum-seeking minors deal with the challenges posed by the asylum process. From the interview conducted, I found that the coping strategies differ from one individual to another. Below is what some of the interviewees had to say.

Asked the question about how they cope with the challenges of the asylum process, one of the respondents said, *"I talk to my person and the guys I am living with... talking to them helps. They give me hope and tell me it is going to be fine. At school my friends help too. I mean everybody who can help can help.* Another said:

For me it has become so difficult. I have no one. I am own my own, but I have a brother here and I only get to see him once in a month [and] when we meet sometimes we talk. I also go to the gym, but it only helps for the time I am there after that I am sad again. I got some medication before for sleep, but it refused to work.

After you get a rejection they take away your godman and its only school that I turn to, but it does not help. I have no one. No person to talk to.

Another indicated that he turned to other bad practices as coping strategies. He confessed:

Smoking helps. I feel relaxed sometimes, but the feeling does not last long. I also talk to my friends in the same situation and try to make each one feel better. But I don't think there is a way to deal with this because no one can help.

When asked how the minors deal with the challenges posed by the asylum process, Goldie said, “Well I am not really sure, I would lie... but I think they talk to their social secretary or something or the people they stay with. Hmmm I don't know really.” In the opinion of Josh, he said:

When in a situation like this you only have three ways of dealing with it. Either you fight, you break things or anything you find and take out your frustrations on anything close by. You portray somewhat aggressive behaviour. Or you play it dead, you get depressed, you lock down yourself and think of death or harming yourself. Or you choose to face it and talk about it. But most of the minors seem to get aggressive and playing dead. I think they have got so tired of talking about it because when they talk to you they think you can help but everything lies in the hands of the Migration Agency [and] there is nothing we can do. Even the way their homes are structured they don't have exactly what we call care takers. They just have watchman, some who work day shifts and night shifts and they are not always there. And these godmans are completely useless in my opinion. I am not saying all of them are but most of them are just doing it for the income and are not there to fully support the child.

Of the unaccompanied asylum-seeking minors interviewed, two were still in the asylum-seeking process for the first time. These are the ones who still had their social secretary or personal and godman and stronger support system that could perhaps help them with the challenges posed by the asylum process. The other three were appealing their rejections and as mentioned above, after receiving a rejection you are stripped of your social secretary or godman. They are the ones who seemed to find it rather difficult to deal with the stresses caused by the asylum-seeking process. Jakobsen et al (2017) found out that the mental well-being of unaccompanied asylum-seeking minors seemed be affected by low support while Sandalio (2018) posits that the integration of asylum seekers is disturbed by uncertainty about their future. The PIE perspective talks about the client's current environment which can refer to social support networks and natural helping networks (Corcoran and Roberts, 2008). The above finding also show what kind of social support networks these unaccompanied have and how they help them cope with the stresses presented by the asylum process. They also show other coping strategies individuals have in their own situations.

6.6 Summary of Findings

The findings in this study show that the asylum-seeking process does have an impact on the mental well-being of the unaccompanied asylum-seeking minors. It was also found that the asylum process does not only affect the mental status or well-being on the unaccompanied asylum-seeking minors, but also other aspects of their life such as their health, relationships with others as well as their integration into the community/society. For example, the respondents alluded to having headaches from time to time, unwillingness to make friends and that most of the time they have zero motivation for schooling, thus affecting their social integration. Furthermore, the research findings also show that while the minors have initial adequate support in the early stages of their applications, once their applications have been rejected, they are left with support.

CHAPTER 7: DISCUSSION OF THE FINDINGS AND CONCLUSION

This chapter will discuss the study findings presented in Chapter 6, linking them with theoretical considerations discussed in Chapter 4. It will also offer a conclusion to the study and recommend suggestions for further research. The presentation of the findings on the mental well-being of the unaccompanied asylum-seeking minors show that these children display symptoms of stress, depression and anxiety, leading to other bad habits like smoking as ways of coping and even suicidal thoughts as the only way out.

7.1 The Person in Environment

The PIE theory was considered appropriate in the analysis of this thesis. It is a theory that believes that a person's well-being all depends on the environment and the factors that surrounds him or her in that environment. A problem in any one of these environments can affect the functioning of an individual (Corcoran and Roberts, 2008, CSWE, 2004, and Kontrat, 2013). In connection with this study, the findings show that unaccompanied asylum-seeking minors face challenges that are linked to the Migration Agency. When one system is not functioning, other parts seem to be affected by this and since an individual is a product of his/her surrounding society, these minors, when faced with the challenges of the asylum process, are affected either mentally or physically or both. The findings presented do attest to the fact that the asylum process has negative impacts on both the mental and physical well-being of the unaccompanied asylum-seeking minors. According to Corcoran and Roberts (2008), PIE perspective, when applied to clients, focuses on four factors namely social role and relationships, environmental situations, mental health functioning, and physical conditions. These factors are going to be used to analyse data on unaccompanied asylum-seeking minors.

7.1.1 Social role and relationships

These unaccompanied asylum-seeking minors are in a special situation by just being asylum seekers in Sweden, by being forced to take up adult roles, and by having been forced to take their migration journeys to Sweden. This finds confirmation in the PIE perspective in that the social role includes aspects such as familial, interpersonal, occupation and special life situation, all of which applies to these minors (Corcoran and Roberts, 2008).

7.1.2 Environmental situation

According the PIE perspective, environmental situation can refer to social institutions surrounding the individual, social support networks and natural helping networks of the individual, including the justice system (Corcoran and Roberts, 2008). For the unaccompanied asylum-seeking minors, the environment includes Migration Board as an external factor of their life which has to do with

the asylum-seeking process. From the findings, the new restive immigration law of 2016 is closely associated with the Migration Agency that is seen as having introduced either the long waiting process, age assessments or rejections of applications by the Migration Board. Again, the environmental situation includes the support systems they have as they are going through this process and in this case, it can be their godman (guardian), social workers and friends and we have already seen how this impacts on minors either positively or negatively.

7.1.3 Mental health functioning

The mental health functioning varied from low to high depending on each respondent. The respondent showed or expressed stress levels ranging from low to high, depending on where they are in the asylum process. Others showed symptoms of major depressions while others even considered self-harm. This shows how their minds are processing the difficult situation that they find themselves in.

7.1.4 Physical health functioning

PIE theory states that the physical health problems can be those diagnosed by a physician or reported by the individual or client. All the minors reported having constant headaches, some of lack of sleep, while few complained of muscle aches. All these health related challenges are a result of worries emanating from the asylum-processes.

7.1.5 Strengths or coping strategies

The minors that showed low stress level seemed to have better coping strategies which poses a strength because they had a wider support system as compared to the others who had major signs of depression who had little or no support system and didn't have very good coping strategies. The PIE theory, from a Social Work perspective seeks to integrate all the four factors mentioned above in order to be able to say what is not properly functioning well in an individual's life. The mental state of the individual can affect the social role of the individual and vice versa. The findings show that as asylum-seekers (social role, special life situation), the mental health and the physical condition of the minors is affected. The Migration Board by being seen as delaying or denying their applications (environmental situation), equally affects their mental and physical being. Poor support structures (environmental situation) also has the same impact on the minors. For unaccompanied asylum-seeking minors' life situations, coupled with the environmental situations, together with less satisfactory coping strategies all impact on their mental well-being. This is because a challenge in one aspect of the individual's life has an impact on the function of the other aspects (Hare, 2004 in Weiss-Gal). A lot of issues surrounding the minors seem not be going well and this malfunction has also disturbed the functioning of other parts of the minors' life. However, the analysis here only limited itself to mental health issues that do not need clinical assessments and made conclusions based on what the respondents reported. This could mean that with further clinical assessments, other underlying issues might surface.

7.2 Diathesis Stress Model

Unaccompanied asylum-seeking minors have already been portrayed as a vulnerable group. These vulnerabilities arise from their pre-migration, migration and post-migration and separation from parents and families. These conditions leave them more vulnerable as they have to take up some adult roles which become too much for them to handle (Metcalf-Hough, 2015, Mann and Fazil, 2006). The DSM says that an individual's vulnerability accompanied by stresses that surround them can lead to an illness, either mentally or physically. THE DSM also seeks to explain why people experience same life stresses can cope differently. This all has to with the level of one's vulnerability (Darity, 2008, Flow psychology, 2014, Ruddock, 2018).

Though quite evident that unaccompanied asylum-seeking minors are vulnerable, their vulnerabilities do differ and some of these vulnerabilities stem from issues such as their journeys to Sweden and situations in their home countries and even age factors together with the reason for seeking asylum. As I was going through my data, I noticed some disparities in the responses received from the respondents and this all has to do with their level of vulnerability. Though unsure of what the future holds for them and the stresses posed by the asylum process, those minors that were not close to turning eighteen years, in my opinion, showed symptoms of less vulnerability. However, those that were close to turning eighteen years and had their cases rejected seemed to be more vulnerable. They were even more vulnerable because they did not have much support systems around them. However, all minors showed some stresses although they responded differently to those stresses.

For analysis, I chose to group the respondents into two groups namely those with less vulnerabilities in the first group and those with more vulnerabilities in the second group and tried to show the kind of stressors surrounding them and the mental issues they seemed to display or have.

7.2.1 The less vulnerable group

Vulnerabilities:

- being minor on its own makes one vulnerable,
- separation from parents or families,
- exposed to poverty back in their country of origin.

Stressors facing these minors:

- asylum process,
- long waiting periods,
- age assessments tests

Mental issues affecting this group:

- stress,
- worry,

- lack of sleep

7.2.2 The more vulnerable group.

Vulnerability:

- being a minor on its own,
- exposed to war back in the country of origin,
- loss of parents,
- harsh migrating conditions,
- rejection from Migration Agency,
- little to no support systems,
- almost approaching 18 with no decision yet.

Stressors:

- asylum process,
- long waiting periods,
- age assessment tests.

Mental issues affecting this group:

- major symptoms of depression,
- frustration,
- lack of sleep,
- self-harm
- suicidal thoughts.

As noted earlier on, the DSM believes that stress alone cannot cause mental problems but rather the stressors surrounding the individual coupled with vulnerabilities of this individual lead to mental issues. Thus, individuals can be faced with the same stressors but how they respond to it all depends on one's vulnerability. This means that the more one is vulnerable and faced with the stresses, the more one is likely to get mental health problems as compared to the less vulnerable one (Ruddock, 2018; Darity 2008). According to the DSM, it is possible for one person to develop depression while another person will not develop depression, yet both experience the same stressful conditions (Ruddock, 2018). This is quite evident from the data I collected in the interviews with these unaccompanied asylum-seeking minors. They are facing the same stresses that are brought up by the asylum process, yet their levels of vulnerability differ, hence the disparities in their mental conditions. The respondents with more vulnerability are the ones who displayed or reported higher levels of mental health issues. Three respondents actually reported having suicidal thoughts. One of them confessed to have slit his wrist once before. Those with less vulnerabilities displayed lower levels of mental issues as they only reported to suffering from stress, sleepless nights and worry.

7.3 Sense of Coherence

The SOC is a theory that seeks to explain the relationship between life stresses and health (Antonovsky, 1996). The testimonies by my research participants shows that their sense of coherence is low. This could be attributed to their young ages as they could still be in the process of developing their own sense of coherence. According to Antonovsky (1996), the SOC is comprised of three components: meaningfulness, comprehensibility and manageability. Meaningfulness involves the wish to be motivated to cope with the stressors. It refers to the belief that goals and commitments are worthy of personal investment (Huttan, 2007; Antonovsky, 1996). For the unaccompanied asylum-seeking minors, coming here was a meaningful goal to them and very important. This is so because they were escaping from war and persecution. It all seemed worthwhile but then this meaningfulness might take a two-way street in that if their asylum applications are rejected, the meaningfulness may be harder to sustain. This may explain why those minors whose applications were rejected were considering suicide. Thus, the research findings show that minors come to Sweden with high expectations. When these expectations are met, nothing has meaning to them as they cannot contemplate being deported back to their home countries.

Manageability is another element of the SOC. This has to do with believing in the availability of resources to cope (Antonovsky, 1996). In this study, I wanted to see or know if the minors felt like they could handle the challenges they were facing. Results show that the minors believed they could not cope with the challenges posed by the whole asylum process. They also indicated having very limited networks especially those that were in the process of appealing their cases. The other component of SOC is comprehensibility. According to Antonovsky (1996), comprehensibility means that when confronted with a stressor, the SOC should or will believe that the challenge is understood. When I interviewed the minors, it was quite evident that the unaccompanied minors did not really understand the asylum process as they often had sometimes wrong assumptions of what was supposed to happen in this process, thus affecting part of their SOC.

For one to develop a strong SOC, three phases are key: namely adolescence, family ties, and stability of the community one lives in (Antonovsky and Sagy, 1986). When it comes to these unaccompanied asylum-minors, they were in a strong position to develop a strong SOC because they were still adolescents. However, all the minors were separated from parents and families, some having lost parents in war situations, and coming from unstable communities all contributed to their low levels of SOC. Uncertainty about their future in Sweden also worsened their SOC. Yet a strong SOC is needed because it tends to protect an individual against depression and lessen anxiety (Collingwood, 2016). The study showed that unaccompanied asylum-seeking minors have a low sense of coherence. Inability to comprehend, manage and find meaning to the challenges of life is evidence of their low sense of coherence, consequently leading to mental health challenges.

7.4 Conclusion

The aim of the study was to investigate some of the factors associated with mental health among unaccompanied asylum-seeking minors in Gothenburg, Sweden. The research findings suggest that

the asylum process is one thing that affects the mental health of these minors and has a rather negative impact on the mental health of unaccompanied minors than a positive one. However, the asylum process cannot be the only condition to blame for the negative impact on the mental health of unaccompanied asylum-seeking minors. Other factors equally contribute to this such as unstable countries of origin and traumatic journeys to Sweden.

This research wanted to find answers to three questions. First, it wanted to find answers to the question: *how can one identify mental health issues in unaccompanied asylum-seeking minors?* Related literature shows that symptoms of anxiety and depression, which varied from high to low depending on the individual had an impact on the mental health of unaccompanied asylum-seeking minors. Mental health issues in these minors were identified from how the unaccompanied minors described their feelings and thoughts as well as from what the key informants had to say about the minors. However, as already mentioned, mental health is a broad term and this study was limited to mental health that specifically focused on the feelings and thoughts of an individual and ignored any clinical assessments that can determine any other underlying mental health issues.

Second, the study wanted to find out *how minors dealt with mental health challenges related to the asylum process.* The findings of this study show that coping strategies are different for each participant. The younger respondents seemed to be having better coping mechanisms as compared to the older participants as they still had sufficient support structures and a high sense of coherence. Third, the study wanted to find out how the *asylum process affected other aspects of the well-being of minors.* The findings of this research show that by the fact that their mental well-being is affected, that in turn affected other aspects of their life such as health, relationships and ability for social integration. It is therefore sound to conclude that the asylum process does not only impact on the mental state of unaccompanied asylum-seeking minors, but it also impacts negatively on many other aspects of their lives.

Although the Swedish government tries to put in measures that protect the best interests of the child, there is a lot more that can be done to ensure the well-being of these minors. The findings of the study clearly show that asylum seeking process has more negative than positive effects on the mental health of unaccompanied asylum-seeking minors. The major effects are continuous stress, depression, unending thinking, sleepless nights all of which have a greater bearing on the mental health of children, thus retarding their development.

7.5 Suggestions for Further Research

The study suggests that further research be carried out on how the asylum process affects the mental health of unaccompanied minors on the basis of scientific and medical assessments (clinical assessments) as this study was only concerned with mental health challenges on the basis of what the respondents said and on what one was able to observe. It is also suggested that further research be carried out focusing on those that have gone through the asylum process in order to see how such results compare with those that are still under examination under the asylum process as the

findings of this research cannot just be generalised to all the unaccompanied asylum-seeking minors.

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APPENDIX 1

INFORMATION SHEET

My name is Patience Vongai Mushonga. I am a master's student at the University of Gothenburg in the programme of Social Work and Human Rights. I am undergoing my Final thesis and in doing so, I am conducting an Academic research titled *Impacts of the asylum-seeking process on the mental health of the unaccompanied minors*.

I am looking for unaccompanied minors who are still in the asylum-seeking process or who have undergone the asylum-seeking process as unaccompanied minors to participate in my study. I would also wish to get in touch with some of the caretakers of these minors in order to get an insight on their views of the asylum process and the mental wellbeing of the minors. Therefore, I would like to ask for permission from the godman or guardians to interview the unaccompanied minors. The aim of the research is to investigate some of the factors associated with mental health among unaccompanied asylum seeking minors in Gothenburg, Sweden. Participation in this research study is voluntary and as a participant you have a right to pull-out from the study at any time if the research makes you uncomfortable. It is important to note that this research has nothing to do with the asylum process and neither does it have anything to do with the Migration Agency or any authorities. It is just research undertaken as a requirement to complete my master's degree in the program of Social work and Human Rights with the University of Gothenburg.

This is a qualitative study and data will be collected through face to face interviews with the research participants and through semi structured interviews. The interviews are expected to take about 60 minutes. Please note that the interviews will be recorded (with your permission) and it will be conducted where the participant feels most comfortable.

Participants in the study will be kept anonymous for the sake of confidentiality and all the information provided will only be used for academic purposes. There are no benefits that come with participating in this study. However, at the end of the study participants who wish to read a copy of the thesis will be given a chance. Your participation is highly appreciated as it will provide an understanding of how the asylum-seeking process can impact on the mental wellbeing of the unaccompanied minors.

If you have any questions or want clarity on something, you are welcome to contact me or my supervisor at;

Researcher; Patience Vongai Mushonga +46 760863032 (gusmuspa@student.gu.se)

Supervisor; Adrian Groglopo

+46317861885 (adrian.groglopo@socwork.gu.se)

APPENDIX 2

Consent form

To be read to—or read by—and signed on behalf of the respondent

I have read and understood the study information sheet provided.

I understand that taking part in the study will include being interviewed and audio recorded.

I understand that participation in the study is voluntary and I have the right to decide whether to participate in the research or not even after interviews have been conducted.

I understand that for confidentiality, my personal details will be kept anonymous and also the research will only be used for academic purposes.

I understand that my words may be quoted in the thesis but my name will not be used.

Your signature below signifies that you have decided to volunteer to participate in this study.

Participants name:

Signature: _____

Date: _____

Researcher's Signature: Patience Mushonga

Date: 01/04/2018

APPENDIX 3

Interview guide for unaccompanied minors

Impacts of the asylum-seeking process on the mental health of unaccompanied minors.

- 1) What asylum process are you undergoing/have you gone through?
 - How long have you been in this process?
 - What were your reasons for seeking asylum?
 - What hopes did you have about Sweden?
- 2) What has been the outcome of the asylum process?
 - What went well?
 - What didn't go well?
- 3) Has the asylum process affected you? (probing for stress and symptoms of depression)
 - What challenges did you face?
 - How did the challenges make you feel?
- 4) How do you deal with the effect of the asylum process?
 - What are your coping mechanisms?
- 5) What support did you or do you receive and from whom?
- 6) Do you have anything else to say?

THANK YOU FOR YOUR TIME AND PARTICIPATION.

APPENDIX 4

Interview Guide for Key Informants

Impacts of the asylum process on the mental health of the unaccompanied minors.

- 1) What is your role in working with unaccompanied minors?
 - For how long have you been working with them?
 - How is it working with this vulnerable group?
 - What are the challenges you face while with this group of minors?
- 2) Are you well knowledgeable about the asylum process they go through, and if so could you please explain it to me?
- 3) What are the challenges you think these minors face while they are going through the asylum process? Do you think this process affects them anyhow?
- 4) Do you think this process affects the way you work with these children and if so, how?
- 5) How are the children during this process?
- 6) Are there any support structures put for these minors during this asylum process?
- 7) What are your thoughts on the new immigration laws?
- 8) Do you have any suggestions for improving the welfare of the unaccompanied minors?
- 9) Lastly when I called trying to get in touch with minors for research the response I got everywhere, including you, was that the children are in a really bad space because of the asylum process. Do you care to explain this 'bad state' to me?
- 10) Do you have any further comments or any questions for me?

THANK YOU FOR YOUR TIME AND PARTICIPATION.