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# Unaccompanied Refugee Minors' Journey to Greece: Displacement, Protection, and the Impact on Mental Health

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# Abstract

This research analyses how varying protection gaps along an unaccompanied refugee minors' (URMs) journey to Europe can impact their mental health, starting with fleeing their country of origin, through to the transit phase, and concluding with their arrival in Europe. The secondary analysis of existing literature highlights the importance of acknowledging factors at each stage that have the potential to negatively impact the mental health of URMs. My analysis examines one possible route to Europe that a URM may take in seeking asylum: starting with leaving Syria as country of origin, passing through Türkiye as a host state, before continuing onward movement to arrival in Greece. The analysis centres on the key themes of loss, inaccessibility, and restriction present within different stages that impact the mental well-being of URMs throughout their journey. The assessment of how the loss of support systems, accessibility barriers to needs and services, freedom, and autonomy during their journey create vulnerabilities for URMs that current protection frameworks are struggling to address. The analysis of existing protection frameworks, research, and case studies surrounding the topic of mental health of URMs at each stage will be tied together to give a comprehensive assessment of the mental health burdens of URMs as they make their journeys to Europe. The goal is to develop a better understanding of impacts on mental health within each stage of the journey, protection gaps along the way, and to identify ways in which these protection frameworks can be improved to be able to provide more proactive interventions to help mitigate the compounding mental health burden on URMs seeking safety in Europe.

Keywords unaccompanied refugee minors, mental health, protection, migration journey, displacement

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# Abbreviation Table

| Abbreviation | Term   |
|--------------|--|
| 3RP          | Regional Refugee and Resilience Plan                 |
| CEAS         | Common European Asylum System                        |
| EU           | European Union                                       |
| LFIP         | Law on Foreigners and International Protection       |
| NGO          | Non-Governmental Organization                        |
| PTSD         | Post-Traumatic Stress Disorder                       |
| UNICEF       | United Nations Children's Fund                       |
| UNCRC        | United Nations Convention on the Rights of the Child |
| UNHCR        | United Nations High Commissioner for Refugees        |
| URM          | Unaccompanied Refugee Minor                          |

#### Introduction

#### 1.1 Displacement, Protection, and Mental Health

Worldwide, by the end of 2022, it was estimated that 43.3 million children under the age of 18 had been forcibly displaced from their homes due to violence, human rights violations, conflict, and persecution.¹ Previous research has found that "35.0-50.0% of forcibly displaced children may experience mental problems"², with the majority experiencing depression, anxiety, and Post-Traumatic Stress Disorder (PTSD). Forced displacement leaves children "more vulnerable to abuse and neglect"³ and there is a risk that "pre-existing social and mental health problems can be exacerbated"⁴ reinforcing the importance of protection frameworks which address those risks. The frameworks available to provide protection to unaccompanied refugee minors or URMs are crucial to mitigate risks to mental health. URMs often face "cumulative stress"⁵ throughout their journey facing "multiple barriers"⁶ which impact their ability to access support and mental health services. URMs are included in the classification of "particularly vulnerable groups of refugee children"³ and require additional care to ensure their health and well-being, due to the absence of their parents or guardian for support, and the trauma and stress they endure during their journey. Since the absence of support and barriers to the implementation of protection frameworks can lead to additional harm, ensuring these frameworks and support exist to address the needs of URMs is crucial.

However, as the numbers of refugees and URMs fleeing their countries of origin have increased, so has the need to create frameworks that provide accessibility to mental health service programs.<sup>8</sup> With the known risk to the undermining of mental health that forced displacement and conflict poses to individuals<sup>9</sup>, the analysis of how the journey impacts the mental health of URMs, a particularly vulnerable group already, and where gaps in protection frameworks can be addressed to mitigate such mental distress is crucial. URMs can suffer mental distress throughout their migration journey, as children prior to leaving their country of origin, as URMs in transit countries, and once they reach the post-migration location.<sup>10</sup> The main research question addressed in this paper is: how do varying types of protection gaps throughout an URMs migration journey to Europe impact their mental health? With increasingly clear evidence of this mental distress to URMs, what can be done to mitigate, as much as possible, the situations that threaten the mental well-being of URMs throughout each phase of their journey? Looking closely at URMs recent journeys may provide answers on how academics, researchers, medical professionals, policy makers, and humanitarian aid organizations can cooperate to address identified protection gaps impacting the mental health of URMs.

#### 1.2 Defining Unaccompanied Refugee Minor and Mental Health

The first main term to define is unaccompanied refugee minor, or URM, as they will be referred to through-

- 1 UNHCR, 'Refugee Data Finder' (United Nations High Commissioner for Refugees, 2023) <a href="https://www.unhcr.org/refugee-statistics/">https://www.unhcr.org/refugee-statistics/</a> accessed 6 August 2023.
- 2 Angel, Hjern, and Ingleby, "Effects of War and Organized Violence on Children.", cited in Yektaş, Erman, and Tufan, "Traumatic Experiences of Conditional Refugee Children and Adolescents and Predictors of Post-Traumatic Stress Disorder.", pp. 420.
- 3 M Gagliato and others, 'Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A Multi-Agency Guidance Note' (Save the Children 2015), pp. 3 <a href="https://resourcecentre.savethechildren.net/pdf/2015\_12\_18\_mhpss\_guidance\_note.pdf/">https://resourcecentre.savethechildren.net/pdf/2015\_12\_18\_mhpss\_guidance\_note.pdf/</a> accessed 30 August 2023.
- 4 ibid, pp. 3.
- 5 Martha Von Werthern, Georgios Grigorakis and Eileen Vizard, 'The Mental Health and Wellbeing of Unaccompanied Refugee Minors (URMs)' (2019) 98 Child Abuse & Neglect 1, pp. 1.
- 6 ibid, pp. 10.
- 7 UNHCR, 'Note on Refugee Children' (1987) <a href="https://www.refworld.org/docid/3ae68ccc18.html">https://www.refworld.org/docid/3ae68ccc18.html</a> accessed 8 August 2023.
- 8 Lucia Chaplin, Lauren Ng and Cornelius Katona, 'Refugee Mental Health Research: Challenges and Policy Implications' (2020) 6 BJPsych Open e102.
- 9 WHO, 'World Mental Health Report: Transforming Mental Health for All' (World Health Organization, 2022), pp. 21 <a href="https://www.who.int/publications/i/item/9789240049338">https://www.who.int/publications/i/item/9789240049338</a> accessed 2 September 2023, pp. 21.
- 10 WHO, 'Mental Health and Forced Displacement' (World Health Organization, 2021) <a href="https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement">https://www.who.int/news-room/fact-sheets/detail/mental-health-and-forced-displacement</a> accessed 8 August 2023.

out this research. The Convention and Protocol Relating to the Status of Refugees, or the 1951 Convention, defines the refugee as someone who has a "well-founded fear of being persecuted"<sup>11</sup>, is "outside the country of his former habitual residence"12 and is "unable or, owing to such fear, is unwilling to return".13 However, even though the 1951 Convention does not specifically define URMs, there are several other definitions within international and regional protection frameworks, where some use the term unaccompanied children while others refer to this group as unaccompanied and separated children. The United Nations High Commissioner for Refugees (UNHCR), defines an unaccompanied child as, "a person who is under the age of eighteen, unless, under the law applicable to the child, majority is, attained earlier and who is "separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so".14 The Inter-Agency Guiding Principles on Unaccompanied and Separated Children highlights that "separated children"15 have been separated from their parents and/or caregivers, but remain in the presence of and adult relative; whereas "unaccompanied children" 16 or "unaccompanied minors" 17 are those children who have been separated and are not under the care of any adult relative or guardian. The European Commission has also established a definition, which states an unaccompanied minor in the European Union (EU) is "a minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such a person; it includes a minor who is left unaccompanied after he or she has entered the territory of the Member States". 18 Since URMs are traveling without the protection and support of an adult, they are considered "especially vulnerable" and "require special care and attention" 20 to ensure they are protected from the specific risks they face. Additionally, it is important to highlight that the first phase addressed in this research focuses on mental health impacts of conflict within the country of origin in the pre-displacement phase, when a child or minor is not yet classified as an URM having not yet crossed an international border. The mental stressors conflict poses to children in their country of origin that may follow them on their journey, solidified the need to include this phase in the following analysis.

The next key concept to be defined for the purpose of this research is mental health. The World Health Organization, WHO, defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community"<sup>21</sup>, "a basic human right"<sup>22</sup>, and protection of mental well-being especially in "developmentally sensitive periods"<sup>23</sup> like childhood is necessary. Several factors have been established as risks which "undermine"<sup>24</sup> mental health, some of which relate directly to the journey of a URM such as: "emotional and physical abuse and neglect"<sup>25</sup>, "sexual abuse and violence"<sup>26</sup>, "sudden loss of a loved one"<sup>27</sup>, "urban living"<sup>28</sup>, "being from an

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11 United Nations, Convention and Protocol Relating to the Status of Refugees 1951, pp.14.
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- 22 ibid.
- 23 ibid.
- 24 WHO, 'World Mental Health Report: Transforming Mental Health for All' (n 9), pp. 21.
- 25 ibid, pp. 21.
- 26 ibid, pp. 21.
- 27 ibid, pp. 21.
- 28 ibid, pp. 21.

<sup>12</sup> ibid, pp. 14.

<sup>13</sup> ibid, pp. 14.

UNHCR, 'Guidelines on Policies and Procedures in Dealing with Unaccompanied Children Seeking Asylum" (United Nations High Commissioner for Refugees 1997) <a href="https://www.unhcr.org/media/guidelines-policies-and-procedures-dealing-unaccompanied-children-seeking-asylum">https://www.unhcr.org/media/guidelines-policies-and-procedures-dealing-unaccompanied-children-seeking-asylum</a>> accessed 8 August 2023, pp. 1.

<sup>15</sup> ICRC, 'Inter-Agency Guiding Principles on Unaccompanied and Separated Children' (International Committee of the Red Cross 2004) <a href="https://www.icrc.org/en/doc/assets/files/other/icrc\_002\_1011.pdf">https://www.icrc.org/en/doc/assets/files/other/icrc\_002\_1011.pdf</a>> accessed 14 August 2023, pp. 13.

<sup>16</sup> ibid, pp. 13.

<sup>17</sup> ibid, pp. 13.

<sup>18</sup> European Union, 'Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on Standards for the Qualification of Third-Country Nationals or Stateless Persons as Beneficiaries of International Protection, for a Uniform Status for Refugees or for Persons Eligible for Subsidiary Protection, and for the Content of the Protection Granted (Recast)' <a href="https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0095">https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0095</a> accessed 8 August 2023, pp. 5.

<sup>19</sup> UNHCR, 'Note on Refugee Children' (n 7).

<sup>20</sup> ibid.

<sup>21</sup> WHO, 'Mental Health' (World Health Organization, 2022) <a href="https://www.who.int/news-room/fact-sheets/detail/mental-health-strength-ening-our-response">https://www.who.int/news-room/fact-sheets/detail/mental-health-strength-ening-our-response</a> accessed 8 August 2023.

ethnic minority"<sup>29</sup>, "poor access to services"<sup>30</sup>, "injustice, discrimination and social exclusion"<sup>31</sup>, and finally "conflict and forced displacement".<sup>32</sup> The protection of the mental well-being for all individuals is extremely important, which includes the protection of those "at-risk groups"<sup>33</sup> such as URMs who are at risk for anxiety, depression, and PTSD due to displacement.<sup>34</sup> URMs not only have to face the journey from their country of origin to seek protection elsewhere like other asylum seekers, but they must do it alone, without the assistance of an adult to support and guide them. The nature of their situation exposes them to additional stressors that can drastically impact their mental health. The complexity of needs surrounding the mental healthcare for URMs and barriers such as language, varying individual stigmas surrounding mental illness, and knowledge gaps often create challenges to implementation of mental health services.<sup>35</sup> Identifying mental health stressors, building trust between URMs and mental healthcare workers, and discussing the factors URMs believe impede or improve their mental health is critical.<sup>36</sup> To ensure the negative impact to mental health and well-being of URMs is as minimal as possible, one must examine what mental health stressors are caused by protection gaps at each phase of the minors' journey.

# 1.3 Methodology

The research was conducted using a literature review methodology. Secondary analysis of existing data allowed for the identification of emerging themes and patterns from the growing body of published literature regarding protection and the mental health risks to URMs throughout each stage of their displacement journey.<sup>37</sup> The decision to proceed with a review based on secondary sources rather than conducting primary research was largely based on constraints on time, geographical location, and the ethical considerations of working with URMs. As mentioned above, URMs are a vulnerable population, and the sensitivity of discussing mental health led to the decision to proceed with literature analysis. The utilization of a wide variety of sources allowed for a well-rounded analysis of the mental health implications for URMs at each of the three main stages of the migration journey. Types of literature collected include case studies, medical studies, commentaries, guidelines, and reports from international and non-governmental organizations, along with displacement statistics. This literature was collected from several different data collection sources, including University of London Library, ABI/INFORM Global (ProQuest), Cambridge University Press -Cambridge Core, EBSCOhost, EUR-Lex, HeinOnline, Journal of Immigrant and Refugee Studies, Journal of Refugee Studies, JSTOR, Oxford Academic, Science Direct, and Taylor and Francis. Google searches were used to identify and locate key international and regional protection instruments on different websites. As the research project developed, additional sources were located through a review of citations in articles originally collected in the initial stages of the literature review. The search strings utilized to locate relevant literature were based off a combination of keywords or phrases such as: unaccompanied refugee minors, unaccompanied minors, and mental health (e.g. conflict, detention, stressors, data), displacement and transit (e.g. Syria, Türkiye, Greece, Middle East, Iraq, Jordan, Afghanistan, and Italy), international and state protection, international refugee law, and humanitarian interventions/aid. The wide range of databases and sources from a spectrum of disciplines including international refugee law, health, humanitarian action, and policy led to the identification of relevant literature allowing for a well-rounded analysis of main themes and issues, and the actors involved in ensuring the mental well-being of URMs. Additionally, international, regional, and national protection instruments were identified to analyse the effectiveness of the protection provided for URMs during that phase in their displacement journey. The assessment of which countries are parties, and therefore have the responsibility to uphold the instruments and the rights identified within, helped to frame and identify where gaps exist a threaten the well-being of URMs. The

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29 ibid, pp. 21.
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<sup>30</sup> ibid, pp. 21.

<sup>31</sup> ibid, pp. 21.

<sup>32</sup> ibid, pp. 21.

<sup>33</sup> WHO, 'Mental Health and Forced Displacement' (n 10).

Julia Huemer and others, 'Mental Health Issues in Unaccompanied Refugee Minors' (2009) 3 Child and Adolescent Psychiatry and Mental Health 13.

Frederikke Jarlby and others, 'What Can We Learn from Unaccompanied Refugee Adolescents' Perspectives on Mental Health Care in Exile?' (2018) 177 European Journal of Pediatrics 1767.

<sup>36</sup> ibid.

<sup>37</sup> David E Gray, 'Analysing and Presenting Qualitative Data', Doing Research in the Real World (3rd ed, SAGE 2014).

main international protection instrument referenced is the United Nations Convention on the Rights of the Child or UNCRC, due to its wording including URMs as a specific group in need of protection. Other instruments which highlight the protection of children were excluded due to the lack of specific provisions in the protection of URMs, highlighting a gap in the frameworks for the specific protections of URMs at all levels.

The limitations for this research included limited data and literature surrounding URMs and their mental health early in their displacement journey as well lack of data in general on URMs. The majority of the literature surrounding mental health and URMs centres around the resettlement phase, at times, years after arriving in the country they will reside in permanently. The limited data and literature surrounding URMs during the earlier phases of displacement, led to the identification of the gap this research seeks to fill, but created challenges for the author during certain sections for in-depth analysis or the provisions of examples.

#### 1.4 Research Questions and Chapter Breakdown

The main research question posed in this paper is how do varying types of protection gaps throughout an URMs' migration journey to Europe impact their mental health? The objective of this paper is to provide a holistic analysis and understanding of how different protection gaps at each stage of the journey impact the mental health of URMs to determine areas for improvement to mitigate factors that cause and compound mental distress. There are three sub-questions which will be addressed throughout the discussion chapters to help answer the overall research question. What are the protection gaps identified at each phase? How do these gaps impact mental health? What risk do these factors pose to the mental health of URMs? The research focuses on one migration route URMs may take to seek asylum in Europe: the pre-displacement phase or country of origin of Syria, moving then to the transit phase in Türkiye, and finally the arrival phase as URMs enter Europe through Greece. The selection of countries was based on a combination of existing research accessibility for analysis and the authors own research interest in this route to Europe. The author's experience having worked refugees who had taken this route to Greece from Türkiye led to the decision to focus on this one path that some URMs from Syria have sought to take. The decision to provide a discussion chapter for each of the three overarching stages of the journey was done to offer analysis around the literature that exists surrounding this topic, highlighting what protection gaps exist, the mental health implications within that phase, and how it can be compounded during following stages. However, it is important to note that the journey to seek protection in Europe for URMs will not always follow the linear trajectory of pre-displacement, transit, and arrival: protection seekers will often face additional barriers, restrictions, and displacements, leading to a more complex journey than for the one considered in this research. The division into three clear phases allowed for both an in-depth look at each phase, while also being aware that each phase has the possibility to interact with the other phases and risks exist within protection gaps in each.

The study is comprised of six chapters. Chapter 1, the introduction, highlights the research topic, defining the key terms such as URM and mental health, explaining the methodology used to conduct this research, and finally listing the research questions that will be addressed. Chapter 2 provides an overview of the existing research on refugee mental health, most of which is conducted during the resettlement phase, which was done to determine where this research fills a gap in literature. The discussion sections, Chapters 3-5, analyse each phase of an URM's journey and the specific threats that gaps in protection within that phase pose to mental health. Each chapter revolves around a protection gap for that phase of research and key aspects that impact mental health at that stage that were identified by the literature review. Each discussion chapter opens by addressing the importance of analysis in that phase and provides a foundation for the existing international, regional, and national protection frameworks that apply to URMs and where the protection gap has been identified. Each chapter includes Analysis, supported by the existing literature and country examples, of the specific areas where the gap in protection is creating a risk to the mental health of URMs within that phase. Chapter 6 provides a conclusion to the research conducted and offers recommendations for future action based on the findings from this research.

The three main protection gaps identified through the study include one for each phase of the minors' journey: disruption of state protection frameworks during conflict and war that lead to displacement and

separation from parents and/or quardians; barriers to accessing the necessary support and services in a host country during the transit phase, creating gaps in protection of the right to access basic services; and finally, the gap in legal protection during arrival resulting in poor accommodations and detention. The protection gaps identified in this research highlight how each phase poses different, but equally significant risks, to the mental health of URMs. Chapter 3, which addresses the pre-displacement phase, emphasizes how gaps in state protection due to conflict and war situations, such as the current situation in Syria, affect security and support for children who may eventually become URMs. Chapter 4 addresses the transit phase and how gaps in protection frameworks have created limited accessibility to necessary social support systems and basic needs and services in Türkiye, adding to the mental health burdens of URMs. Finally, Chapter 5 analyses the arrival phase, discussing how the effects of legal protection gaps have led to poor reception conditions, detention, and uncertainty surrounding the asylum process for URMs arriving in Greece. The assessment of each phase provides a concrete foundation of the impact on mental health of URMs from the beginning of their journey as children in their country of origin until they arrive in Europe with the hopes of applying for asylum. Addressing how protection can be improved to more effectively implement proactive versus reactive frameworks, through an overlap of policy and law as well as medical and humanitarian intervention, may lead to a decrease in the risks to the mental health of URMs.

#### 2. Literature Review

Upon reviewing the existing literature which centres around the mental health of URMs, a gap was identified surrounding research that provides a holistic analysis addressing both existing protection gaps as well as the impact of the different phases of the migration journey to mental health. Several researchers have highlighted the importance of addressing the mental health of URMs at different stages, however a significant amount of that research occurs during resettlement, and there is a gap in literature that looks at both the protection and mental health side. Existing research has established the vulnerability URMs face with increased risks of mental health burdens due to the exposure to extreme stressors, traumatic experiences, and lack of support from a guardian during key developmental stages.<sup>38</sup> Additionally, there is a significant body of literature surrounding the long-term mental health effects URMs are facing, how time and integration affect certain aspects such as anxiety, depression, and PTSD as well as the positive impact of establishing support systems.<sup>39</sup> These studies have established a foundation of the vulnerability of URMs and the long-term mental health risks.

A significant amount of literature which focuses on the mental health impacts on refugee populations, specifically for URMs, is conducted at the stage of resettlement or post-migration. Two main studies were conducted in Norway: the first, by Oppedal, Ramberg and Røysamb, investigated the mental distress of URMs by analysing depression and anxiety levels of individuals ages 13 and up in the years following resettlement. 40 The second, by Jakobsen et al., assessed the stressors of the asylum process on URMs indicating that symptoms following "high levels of psychological distress on arrival" mainly "stayed relatively unchanged over time". Bean, Eurelings-Bontekoe and Spinhoven, whose study was conducted in Netherlands, found "continuously high severity levels" 43 being reported by URMs, their teachers, and guardians indicated "traumatic stress reactions"44 and emphasized the importance of "timely psychosocial interventions".45 Both Bean, Eurelings-Bontekoe and Spinhoven and Sierau et al., discovered the positive impact to mental health and well-being that stability and support can provide during resettlement.<sup>46</sup> A final key study conducted by Garoff, Kangaslampi, and Peltonen analysed the effectiveness of mental health interventions in group home locations in Finland, highlighting the daily stressors for URMs who are separated from their families and the importance of trust between URMs and mental health providers and staff.<sup>47</sup> The above-mentioned studies were conducted within resettlement countries in Europe, highlighting the long-term effects of the refugee journey on the mental health of URMs.

A gap has been identified in the assessment of the protection frameworks in place to mitigate mental health burdens within each phase of the journey addressing the risk of protection gaps and compounding factors. URMs risk "an accumulation of problems" due to the stressors they face along their journey, therefore addressing the mental health risks at each phase can be crucial in mitigating some of those risks. Currently, a foundation of literature exists which separately addresses URM protection, displacement, and

Huemer, Julia, Niranjan S Karnik, Sabine Voelkl-Kernstock, Elisabeth Granditsch, Kanita Dervic, Max H Friedrich, and Hans Steiner. "Mental Health Issues in Unaccompanied Refugee Minors." Child and Adolescent Psychiatry and Mental Health 3, no. 1 (December 2009): 13. https://doi.org/10.1186/1753-2000-3-13.; Mariana Nardone and Ignacio Correa-Velez, 'Unpredictability, Invisibility and Vulnerability: Unaccompanied Asylum-Seeking Minors' Journeys to Australia' (2016) 29 Journal of Refugee Studies 295.

Susan Sierau and others, 'Alone, But Protected? Effects of Social Support on Mental Health of Unaccompanied Refugee Minors' (2019) 28 European Child & Adolescent Psychiatry 769; Brit Oppedal, Visnja Ramberg and Espen Røysamb, 'The Asylum-Process, Bicultural Identity and Depression Among Unaccompanied Young Refugees' (2020) 85 Journal of Adolescence 59; Lea-Maria Löbel, 'Family Separation and Refugee Mental Health – A Network Perspective' (2020) 61 Social Networks 20.

<sup>40</sup> Oppedal, Ramberg, and Røysamb, (n 39).

<sup>41</sup> Marianne Jakobsen and others, 'The Impact of the Asylum Process on Mental Health: A Longitudinal Study of Unaccompanied Refugee Minors in Norway' (2017) 7 BMJ Open e015157, pp. 4.

<sup>42</sup> ibid.

Tammy M Bean, Elisabeth Eurelings-Bontekoe and Philip Spinhoven, 'Course and Predictors of Mental Health of Unaccompanied Refugee Minors in the Netherlands: One Year Follow-Up' (2007) 64 Social Science & Medicine 1204, pp. 1211.

<sup>44</sup> ibid.

<sup>45</sup> ibid, pp. 1213.

Bean, Eurelings-Bontekoe and Spinhoven (n 43); Sierau and others (n 39).

Ferdinand Garoff, Samuli Kangaslampi and Kirsi Peltonen, 'Development and Implementation of a Group Based Mental Health Intervention for Unaccompanied Minors' (2019) 60 Scandinavian Journal of Psychology 7." plainCitation": "Ferdinand Garoff, Samuli Kangaslampi and Kirsi Peltonen, 'Development and Implementation of a Group Based Mental Health Intervention for Unaccompanied Minors' (2019)

<sup>48</sup> Bean, Eurelings-Bontekoe and Spinhoven (n 43), pp. 1204

mental health. However, there is little research that considers how these factors interact and impact the protection gap for URMs who are displaced and have mental health needs, addressing not only the legal framework of protection while also considering the psychosocial and psychological effects of displacement and conflict. The key research identified for analysis on the country of origin, or pre-displacement phase, centres around the vulnerability of children and impact of conflict and becoming unaccompanied on their mental health. The vulnerability of URMs has been established including their need for specialized care, and the impacts of their journeys on their mental health.<sup>49</sup> Hedrick and Borschmann, Ullah, Kures, D'Costa, Mohsen *et al.*, and Raslan, Hamlet and Kumari all address the impact and risk of conflict and violence situations pose on the mental health of minors.<sup>50</sup> Additionally, a key aspect which my research seeks to highlight is the impact of becoming unaccompanied and the challenges that then follow the loss of the support system of a parent or guardian, which is addressed by Ullah in the identification of the different reasons and stages at which a minor can become unaccompanied, stressing the consequences of that separation and emphasizing the vulnerability created at the time of separation.<sup>51</sup> Additionally, research by Dubow and Kuschminder and Chandler *et al.*, analysed the impact of family separation.<sup>52</sup>

Following the separation from parents and guardians when leaving the country of origin, literature was then identified surrounding the transit phase to address the impact of that loss and inaccessibility. Key factors within the displacement phase that impact URMs were identified in research conducted by Nardone and Correa-Velez, Kaime, and Löbel: they include loneliness, invisibility, and lack of support, which can increase vulnerabilities for URMs when they are in the transit/displacement phase of their journey.<sup>53</sup> Existing literature supports the claim that the lack of social and emotional support within displacement and the lack of agency provided to URMs during their journeys and upon arrival in Europe are important factors to consider when analysing risks to mental health.<sup>54</sup> Research conducted by Sapmaz *et al.*, and Dehnel *et al.*, emphasized the importance of community and social support systems to mental well-being of refugee children, however URMs were not directly included.<sup>55</sup> The challenge of inaccessibility of certain services that could help mitigate mental distress for URMs, such as accommodations and mental health services relies heavily on the identification of the URMs as well as state capacity.<sup>56</sup> As an example of accommodation

- 51 Ahsan Ullah (n 49).
- Talitha Dubow and Katie Kuschminder, 'Family Strategies in Refugee Journeys to Europe' (2021) 34 Journal of Refugee Studies 4262; Hannah Chandler and others, 'Causes of Family Separation and Barriers to Reunification: Syrian Refugees in Jordan' (2020) 33 Journal of Refugee Studies 371.drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.","container-title":"Journal of Refugee Studies","DOI":"10.1093/jrs/feab018","ISSN":"0951-6328, 1471-6925","issue":"4","language":"en","license":"https://creativecommons.org/licenses/by-nc/4.0/"",page":"4262-4278","source":"DOI.org (Crossref
- Nardone and Correa-Velez (n 38); T Kaime, 'From Lofty Jargon to Durable Solutions: Unaccompanied Refugee Children and the African Charter on the Rights and Welfare of the Child' (2004) 16 International Journal of Refugee Law 336; Löbel, Lea-Maria. "Family Separation and Refugee Mental Health A Network Perspective." Social Networks 61 (May 2020): 20–33. https://doi.org/10.1016/j.socnet.2019.08.004..
- Malte Behrendt, Ine Lietaert and Ilse Derluyn, 'Continuity and Social Support: A Longitudinal Study of Unaccompanied Refugee Minors' Care Networks' (2022) 20 Journal of Immigrant & Refugee Studies 398; Garoff, Kangaslampi and Peltonen (n 47); Divya Mishra, Vasileia Digidiki and Peter J Winch, 'The Endings of Journeys: A Qualitative Study of How Greece's Child Protection System Shapes Unaccompanied Migrant Children's Futures' (2020) 116 Children and Youth Services Review 105236; Divya Mishra, Vasileia Digidiki and Peter J Winch, 'The Boys from the Land Don't Get Anything': Unaccompanied Minors' Experience of Child Protection Environments and the Humanitarian Border in Greece' (2022) 20 Children's Geographies 189; Jo Boyden, 'Children under Fire: Challenging Assumptions about Children's Resilience' (2003) 13 Children, Youth and Environments 1.Kangaslampi and Peltonen (n 53
- 55 Sermin Yalin Sapmaz and others, 'Immigration-Related Mental Health Disorders in Refugees 5-18 Years Old Living in Turkey' (2017) 13 Neuropsychiatric Disease and Treatment 2813; Rebecca Dehnel and others, 'Resilience and Mental Health Among Syrian Refugee Children in Jordan' (2022) 24 Journal of Immigrant and Minority Health 420.

Audrey Plan, 'The Detention of Unaccompanied Minors in EU Asylum Law: What Is Left of Children's Rights?' in Mark Klaassen and others (eds), Safeguarding Children's Rights in Immigration Law (1st ed, Intersentia 2020) <a href="https://www.cambridge.org/core/product/identifier/9781780689814%23c8/type/book\_part">https://www.cambridge.org/core/product/identifier/9781780689814%23c8/type/book\_part</a>; AKM Ahsan Ullah, 'Conflicts and Displacements in Syria: Exploring Life Trajectories of Separated Refugee Minors' (2018) 12 Asian Journal of Middle Eastern and Islamic Studies 207; Nikos Kourachanis, 'Housing and Social Policies for Unaccompanied Refugee Minors in Greece' (2021) 19 Journal of Immigrant & Refugee Studies 587.

Kyli Hedrick and Rohan Borschmann, 'Self-Harm Among Unaccompanied Asylum Seekers and Refugee Minors: Protocol for a Global Systematic Review of Prevalence, Methods and Characteristics' (2023) 13 BMJ Open e069237; Ahsan Ullah (n 49); ME Kures, 'The Effect of Armed Conflict on Children: The Plight of Unaccompanied Refugee Minors' (2001) 24 Suffolk Transnational Law Review 141; Bina D'Costa, 'Of Responsibilities, Protection, and Rights: Children's Lives in Conflict Zones' (2018) 10 Global Responsibility to Protect 261; Fatema Mohsen and others, 'Psychological Health Problems Among Syrians During War and the COVID-19 Pandemic: National Survey' (2021) 18 BJPsych International E8; Nada Raslan, Arran Hamlet and Veena Kumari, 'Mental Health and Psychosocial Support in Conflict: Children's Protection Concerns and Intervention Outcomes in Syria' (2021) 15 Conflict and Health 1.Methods and Characteristics\\uco\\u8217{} (2023

Kathryn Libal and Scott Harding, 'Humanitarian Alliances: Local and International NGO Partnerships and the Iraqi Refugee Crisis' (2011)

Journal of Immigrant & Refugee Studies 162; Ritu Mitra and Matthew Hodes, 'Prevention of Psychological Distress and Promotion of Resilience Amongst Unaccompanied Refugee Minors in Resettlement Countries' (2019) 45 Child: Care, Health and Development 198; Matthew Hodes and

in transit countries, Strasser and Tibet provide an analysis of housing accommodations for URMs within Türkiye, addressing the structure and barriers to implementation of that facet of protection.<sup>57</sup> The transit phase poses several risks that can negatively impact the mental health of URMs who may be entering that phase with already established mental health disorders due to the conflict they faced as children in their country of origin.

The final phase of this research centres around the protection gaps identified within the arrival phase to the Greek islands for URMs leaving Türkiye. Regarding protection of URMs, as well as refugees in general in Greece, it was found that services were "inconsistent"58 and inaccessible.59 The literature surrounding reception conditions in Greece highlighted several challenges for URMs, mainly in accommodation which were suitable for the vulnerability of this group.<sup>60</sup> A risk that was identified in the literature surrounding the arrival phase was detention and restriction of movement. Heymann et al., provided an analysis of the States with policies that allow for the detention of asylum-seeking children and Plan's article highlights the risks factors with the current Common European Asylum System or CEAS detention framework.<sup>61</sup> The literature surrounding the arrival phase in Greece highlighted several risks all of which can separately pose great risk to the mental health of URM, but when compounded can be detrimental to their overall well-being. Through the review of existing literature, it was established that even though there is a foundation of URM specific research, it still mostly pertains to the resettlement phase. Even in research assessing the mental health implications of a certain displacement, there was a limited number that focused solely on direct impact to URMs. The research in this paper seeks to fill that gap, by collecting and analysing the literature that currently discusses specific mental health implications of protection gaps for URMs during their displacement journey, highlighting patterns and how each phase impacts one another.

others, 'Refugees in Europe: National Overviews from Key Countries with a Special Focus on Child and Adolescent Mental Health' (2018) 27 European Child & Adolescent Psychiatry 389.

<sup>57</sup> Sabine Strasser and Eda Elif Tibet, 'The Border Event in the Everyday: Hope and Constraints in the Lives of Young Unaccompanied Asylum Seekers in Turkey' (2020) 46 Journal of Ethnic and Migration Studies 354.

<sup>58</sup> Mishra, Digidiki and Winch, (n 54), pp. 191.

Maria Cifuentes Reis, 'Hope(Lessness): The Perceive Psychological Impact of Living a Refugee Camp' (Dissertation, Universidade de Lisboa 2020) <a href="https://repositorio.ul.pt/bitstream/10451/46941/1/ulfpie055798\_tm.pdf">https://repositorio.ul.pt/bitstream/10451/46941/1/ulfpie055798\_tm.pdf</a>; Moa Nyamwathi Lønning, 'You Hold Your Life in Your Hands Until You Arrive in Another Country": Young Afghans Seeking Onward Mobility from Greece' (2023) 47 Ethnic and Racial Studies 874.

Kourachanis, Nikos. "Housing and Social Policies for Unaccompanied Refugee Minors in Greece." Journal of Immigrant & Refugee Studies 19, No. 4 (October 2, 2021): 587–600.

Jody Heymann and others, 'Preventing Immigration Detention of Children: A Comparative Study of Laws in 150 Countries' (2022) 26 The International Journal of Human Rights 591; Plan (n 49).

# 3. Pre-Displacement Phase

# 3.1 Country of Origin

The analysis in this chapter highlights how conflict and violence are risks to the mental health of children prior to them becoming unaccompanied, identifying the factors that may impact a child's mental health before their displacement journey. The decision to include the pre-displacement phase, which is not normally found in refugee law literature, was made to emphasize the need to protect the mental well-being of children within conflict situations. The experiences that children face during conflict that may eventually led to their forced displacement and separation from their parents and/or quardians, becoming unaccompanied, impact their mental ability to deal with the other stressors they may face in subsequent displacement phases. The following chapter will look at the mental stressors children face in their countries of origin during the pre-displacement phase that will accompany them as they become URMs and must face the displacement journey and any protection gaps on their own, compounding the impact to their mental health. Factors that have been identified as detrimental to or creating impediments to mental health which can be present during conflict situations in the country of origin include multiple displacements, loneliness and isolation, loss of family or social connections, and violence. 62 The Inter-Agency Standing Committee (IASC) identified "armed conflicts" 63 as having the ability to "cause significant psychological and social suffering to affected populations"<sup>64</sup>, highlighting that the effects might "be acute in the short term"<sup>65</sup>, but could "also undermine the long-term mental health and psychosocial well-being"66 of individuals. The continued conflict in Syria, the country chosen for analysis in the pre-displacement phase, over the past decade has led to "violence and destabilization"<sup>67</sup> therefore establishing mental health services as an "essential component"<sup>68</sup> for both humanitarian aid and policy. Highlighting the risk to the mental health of children residing in active conflict zones, such as Syria, it provides a better understanding of the crucial impact strong protection frameworks have on aiding a URM with their mental well-being as they enter different phases of their journey. The following chapter addresses how gaps in state protection during conflict situations can lead to displacement and leave children vulnerable to the mental health risks associated with conflict, utilizing Syria as an example. It will begin with establishing the foundation for child protection in conflict situations where this research has identified a gap, then highlight the specific effects of conflict and violence on mental health for children, and finally address the impact of the experience of becoming unaccompanied.

#### 3.2 Protection Framework – Protection in Conflict

The United Nations Convention on the Rights of the Child, hereafter referred to as UNCRC, which entered into force September 2, 1990, has 196 parties and 140 signatories<sup>69</sup>, is "considered to be a critical landmark"<sup>70</sup> for child protection.<sup>71</sup> Article 3 of the UNCRC highlights a foundational principle stating that "the

Jarlby and others (n 35); WHO, 'World Mental Health Report: Transforming Mental Health for All' (n 9); IASC, 'Guideline Mental Health and Psychosocial Support in Emergency Settings IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings' (Inter-Agency Standing Committee 2007) <a href="https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf">https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf</a> Accessed 19 August 2023.

<sup>63</sup> IASC (n 62), pp. 1.

<sup>64</sup> ibid.

<sup>65</sup> ibid.

<sup>66</sup> ibid.

<sup>67</sup> Kelso Cratsley, Mohamad Adam Brooks and Tim K Mackey, 'Refugee Mental Health, Global Health Policy, and the Syrian Crisis' (2021) 9 Frontiers in Public Health 676000, pp. 1.

<sup>68</sup> ibid.

<sup>69</sup> UNTC, 'Status of Treaties – Chapter IV: Human Rights – 11. Convention on the Rights of the Child' (United Nations Treaty Collection n.d.) <a href="https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg\_no=IV-11&chapter=4&clang=\_en">https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg\_no=IV-11&chapter=4&clang=\_en</a> accessed 12 August 2023.

loannis Papadopoulos, 'How Protective Is Custody for Unaccompanied Minors in Greece? Protecting Children's Rights within Detention' in Mark Klaassen and others (eds), Safeguarding Children's Rights in Immigration Law (1st edn, Intersentia 2020) <a href="https://www.cambridge.org/core/product/identifier/9781780689814%23c9/type/book\_part">https://www.cambridge.org/core/product/identifier/9781780689814%23c9/type/book\_part</a>, pp. 194.

<sup>71</sup> United Nations. "Convention on the Rights of the Child" United Nations (1989) Accessed August 6, 2023. https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch\_IV\_11p.pdf.

best interests of the child shall be a primary consideration"<sup>72</sup> for Member States when establishing protection in areas such as "safety"<sup>73</sup> and "health".<sup>74</sup> Specifically relating to protection during conflict, the UN-CRC highlights the obligation for States to protect children from "physical or mental violence" as well as "promote physical and psychological recovery"<sup>76</sup> and to "take all feasible measures to ensure protection and care of children who are affected by an armed conflict". Syria, the country chosen for the pre-displacement phase of this research, is a signatory of the UNCRC, with ratification date July 15, 1993.<sup>78</sup> Due to Syria's status as a party to the UNCRC, a legally binding treaty, there is an obligation to "ensure the child such protection and care as is necessary for his or her well-being".79 An additional framework to mention is the Geneva Convention Relative to the Protection of Civilian Persons in Times of War, or the Fourth Geneva Convention, which establishes the foundations of protection for civilians during both international and internal armed conflicts and ensures the rights and safety of those residing in conflict zones.<sup>80</sup> A few of the main provisions include creation of "safety zones" to protect from "the effects of war" 22, access to food, clothing, medical supplies, education, and areas to socialize, as well as child welfare, which includes ensuring that unaccompanied children are "not left to their own resources".83 All of these provisions are crucial in ensuring protection against the negative effects war can have on the mental health of children. However, implementation by states during an active conflict or war situation may be challenged and lead to gaps in protection and consequently, mental distress to children in those situations where protection is unable to be provided.

# 3.3 Conflict, War, and Becoming Unaccompanied

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The main protection gap identified in the pre-displacement phase for children is lack of protection by the state during conflict situations which can increase the exposure to traumatic experiences or lead to the violation of human rights, leaving children vulnerable.<sup>84</sup> Specifically with reference to Syria, understanding of the risk of conflict on children's mental health is important due to ongoing conflict and risk of "unaddressed mental health concerns"<sup>85</sup> due to lack of mental health professionals.<sup>86</sup> The World Health Organization or WHO has established that "exposure to armed conflict, violence, poverty and/or persecution"<sup>87</sup> are considered to be mental health stressors for individuals, solidifying the importance of acknowledging this phase of the migration journey. Emergency situations, such as armed conflicts, not only pose new risks to the mental health and well-being of individuals but may also cause the exacerbation of existing issues.<sup>88</sup> In the wake of crises, such as war or conflict situations, the "breakdown of social structures and services"<sup>89</sup> may mean the State is unable to provide the necessary protections for children meaning there may be a need for other organizations to fill the protection gap. In Syria, the breakdown of some services was found in research by Shoib *et al.*, Mohsen *et al.*, and Raslan, Hamlet, and Kumari, all of which mentioned the strain

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72
            United Nations. Convention on the Rights of the Child (1989), pp. 3.
73
            ibid.
74
            ibid.
75
            ibid, pp. 8.
76
            ibid, pp. 16.
            ibid.
77
78
            UNTC (n 69).
79
            United Nations Convention on the Rights of the Child (n 71), pp. 3.
            ICRC, 'Geneva Convention Relative to the Protection of Civilian Persons in Time of War of 12 August 1949' (International Committee of
80
the Red Cross 1949) <a href="https://ihl-databases.icrc.org/assets/treaties/380-GC-IV-EN.pdf">https://ihl-databases.icrc.org/assets/treaties/380-GC-IV-EN.pdf</a> accessed 6 September 2023.
81
            ibid, pp. 174.
82
            ibid.
83
            ibid, pp. 178.
84
            D'Costa (n 50).
85
            Raslan, Hamlet and Kumari (n 50), pp. 3.
86
            Mohsen and others (n 50).and intervention outcomes in the field are often difficult to predict. Using the casefiles of 376 school chil-
dren registered in a Mental Health and Psychosocial Support (MHPSS
87
            WHO, 'Mental Health and Forced Displacement' (n 10)
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            IASC (n 62).
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ICRC, 'Inter-Agency Guiding Principles on Unaccompanied and Separated Children' (International Committee of the Red Cross 2004)

<a href="https://www.icrc.org/en/doc/assets/files/other/icrc\_002\_1011.pdf">https://www.icrc.org/en/doc/assets/files/other/icrc\_002\_1011.pdf</a> accessed 14 August 2023, pp. 2.

on mental health services and the challenges Syrians are facing in accessing necessary care. Additionally, Tekeli-Yesil *et al.*, found that populations affected by conflict are at high risk of psychiatric morbidity and for the case of Syria, the creation of community mental health services should be developed as part of general health care. The gaps in the protection frameworks of Syria, due to the war, led to the displacement of millions to surrounding the surrounding countries of Lebanon, Türkiye, Iraq, and Jordan. By 2021, 12 million Syrians had been displaced, and it was estimated that 40% of the displaced children were under the age of 12. Conflict exposes children not only to the horrors of war, but also leads to forced displacement and separation from their support systems, impacting their ability to establish resilience, beginning a long term-mental health battle. With the foundation of the risks that conflict can pose to individuals and the understanding of the strain on Syrian mental health resources, the specific risks to children's mental health in conflict situations need to be addressed.

There are several social and mental factors that can pose a risk to all individuals, including children, during conflict situations. The social factors to consider may be pre-existing such as poverty or discrimination, or "emergency-induced" such as separation from family or disruption of support systems. Whereas mental factors can be represented as pre-existing or can be caused by the emergency, which can include grief, anxiety, depression, PTSD.96 Syrian refugee mothers residing in Jordan told the stories of the physical and mental stressors their children faced while still residing in Syria: exposure to war and violence, lack food, water and shelter, multiple internal displacements, physical abuse, imprisonment and torture were just a few mentioned.<sup>97</sup> Many Syrian youths faced multiple displacements, those within Syria as well as those across borders, with multiple displacements known to take a "tremendous toll"98, on top of the risks already addressed regarding conflict, such as traumatic experiences and human rights violations, the negative impact to mental health is clear. Additionally, war impacts the ability for the existence of an environment of safety and stability that is crucial to a child's "healthy development"99 and continued exposures to violence and traumatic experiences impact how children cope with the stressors of everyday life.<sup>100</sup> A study conducted in 2018 analysed the impact of "potentially traumatic events (PTEs) from war and flight"101 on the quality of life for Syrian refugee children who had recently resettled in Norway. A few examples of these PTEs were factors such as, forced separation from loved ones, witnessing war or violence, lack of basic resources like shelter and food and torture. 102 Many of these experiences and factors were not only found in the study in Norway<sup>103</sup>, but also in research conducted in Jordan.<sup>104</sup> The research conducted in Jordan found, 48.6% of the 339 Syrian refugee children surveyed had experienced traumatic factors such as being imprisoned, kidnapped or held hostage and all the children stated that they had experienced "at least 1 traumatic event"105.

An assessment of the Mental Health and Psychosocial Support (MHPSS) interventions in Syria, highlighted the risks to Syrian children and the benefit of instituting interventions that partner with existing frame-

93 Dehnel and others (n 55).

94 ibid, pp. 420.

95 IASC (n 62), pp. 2.

96 ibid.

97 Niveen Rizkalla and others, "'Children Are Not Children Anymore; They Are a Lost Generation": Adverse Physical and Mental Health Consequences on Syrian Refugee Children' (2020) 17 International Journal of Environmental Research and Public Health 8378.

98 Ahsan Ullah (n 49), pp. 219

99 Boyden (n 54), pp. 6.

100 Von Werthern, Grigorakis and Vizard (n 5).

101 Cecilie Dangmann, Øivind Solberg and Per Normann Andersen, 'Health-Related Quality of Life in Refugee Youth and the Mediating Role of Mental Distress and Post-Migration Stressors' (2021) 30 Quality of Life Research 2287, pp. 2287.

102 ibid.

103 ibid

104 Dehnel and others (n. 55).

105 ibid, pp. 423.

Sheikh Shoib and others, 'Syria's Fragile Mental Health Services in the Midst of Conflict and Violence: Call for Action' (2022) 38 Medicine, Conflict and Survival 280; Mohsen and others (n 50); Raslan, Hamlet and Kumari (n 50). and intervention outcomes in the field are often difficult to predict. Using the casefiles of 376 school children registered in a Mental Health and Psychosocial Support (MHPSS

Sidika Tekeli-Yesil and others, 'Determinants of Mental Disorders in Syriar Refugees in Turkey Versus Internally Displaced Persons in Syria' (2018) 108 American Journal of Public Health 938, pp. 938." plainCitation": "Sidika Tekeli-Yesil and others, 'Determinants of Mental Disorders in Syriar Refugees in Turkey Versus Internally Displaced Persons in Syria' (2018

ibid, pp. 944"plainCitation": "Sidika Tekeli-Yesil and others, 'Determinants of Mental Disorders in Syrian Refugees in Turkey Versus Internally Displaced Persons in Syria' (2018.

works to address protection gaps. 106 PTSD, anxiety, and depression were found to be the most highly recorded mental disorders for Syrian children, highlighting the vulnerability of children to the consequences of continual or long-term exposure to stressors.<sup>107</sup> The exposure to the trauma of the war has led to high levels of mental illness as well as "emotional and behavioral regression" 108 resulting in panic attacks, nightmares, and increased levels of anxiety. In situations where children are residing in a conflict zone and may even face internal displacement before deciding to or being forced to seek safety elsewhere, mental health assistance is crucial to mitigate lasting effects of prolonged exposure to stressors. The factors in the above-mentioned studies highlight the importance of understanding the negative effects exposure to traumatic experiences can be on the long-term mental well-being and resilience of refugee children not only right after they occur but years down the road in resettlement. Even in light of the significant risks to children's mental health in conflict, children have shown great resilience throughout each phase of the journey and therefore continued promotion of protection frameworks which foster that resilience will help mitigate long-term effects of trauma from the experiences they have faced.<sup>109</sup> However, the risk that the conflict situation itself poses to children is great, paired with additional stressors of displacement and lack of mental health services available in Syria, children may end up leaving Syria to seek protection elsewhere and in some cases that journey begins with them becoming unaccompanied.

A key reason for the inclusion of the pre-displacement phase in this research was to highlight the impact of not only the negative effects on mental health caused by conflict, such as the examples provided above regarding Syria, but also emphasize the increased vulnerability for children that begins from the moment of separation, becoming an unaccompanied refugee minor. There are several factors within conflict situations that pose risks to the mental well-being of children. One factor alone, or a combination of several dangers created by protection gaps can lead to the decision for a child to seek safety outside their country of origin, in some instances they will have the ability to flee with their family, but in other cases the child may be forced to make the journey unaccompanied. There are many types of loss children may encounter several types of loss such as loss of belongings, loss of routine or familiarity of circumstances, loss of childhood, or loss of loved ones, factors that may lead to the decision from URMs to cross international borders all indicate a sense of loss. 110 Although the above-mentioned losses are impactful, a key loss to address is the loss of a caregiver, separation from not only their guardian but also their "natural environment"<sup>111</sup>. The initial loss of a caregiver that may occur during the pre-displacement phase is significant. It is important to acknowledge "family separation is never the preferred choice" 112 but is often the "last resort". 113 A study conducted by Chandler et al., which interviewed Syrian families residing in Jordan, found that "60 percent of respondents"114 reported initial separation from family occurred while fleeing the country of origin and children were often sent ahead, with families attempting to follow. Physical barriers, such as the securitization of the Türkiye and Syria border in mid-2015 had a significant impact on the separation of families.<sup>115</sup>

Raslan, Hamlet and Kumari (n 50).and intervention outcomes in the field are often difficult to predict. Using the casefiles of 376 school children registered in a Mental Health and Psychosocial Support (MHPSS

ibid.and intervention outcomes in the field are often difficult to predict. Using the casefiles of 376 school children registered in a Mental Health and Psychosocial Support (MHPSS

<sup>108</sup> Niveen Rizkalla and others (n 97), pp. 2.

Margaret A Lynch, 'Providing Health Care for Refugee Children and Unaccompanied Minors' (2001) 17 Medicine, Conflict and Survival 125; Mitra and Hodes (n 56); D Kilinc, 'Creative Expression Intervention with Syrian Refugee Children in Istanbul, Turkey: An Ecological Community Psychology Perspective' (McGill University (Canada) ProQuest Dissertations Publishing 2015).

<sup>110</sup> ICRC (n 89).

<sup>111</sup> Niveen Rizkalla and others, (n 97), pp. 7.

Dubow and Kuschminder (n 52), pp. 4276.drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities:","container-title": "Journal of Refugee Studies","DOI": "10.1093/jrs/feab018","SSN": "0951-6328, 1471-6925", "issue": "4", language": "en, "ilicense": "https://creativecommons.org/licenses/by-nc/4.0/", page": "4262-4278", source": "DOI.org (Crossref

<sup>113</sup> ibid.

<sup>114</sup> Chandler and others (n 52), pp. 376.

Dubow and Kuschminder (n 52).drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.", container-title: "Journal of Refugee Studies", DOI": "10.1093/jrs/feab018", ISSN": "0951-6328, 1471-6925", issue": "4", language": "en", license": "https://creativecommons.org/licenses/by-nc/4.0/", page": "4262-4278", source": "DOI.org (Crossref

Situations that lead to the necessity for children to "cross treacherous borders to seek refuge" which often lack protection at those border crossings, increase the vulnerabilities as well as the risks of anxiety and stress in URMs. 117 Separation from family members, especially parents/guardians can leave children vulnerable and cause distress and the trauma of separation can lead to developmental challenges for children. 118 The act of becoming unaccompanied means the disruption of URMs social support systems, even before they make the rest of their journey to safety, posing a great risk to their mental health from the beginning of their journey. 119 The combination of mental health stressors children face during their experiences in conflict and war situations, in addition to gaps in state protection, loss, and becoming unaccompanied pose several large risks to consider during the pre-displacement phase. The assessment of the varying risks posed by gaps in state protection during the pre-displacement phase allows for an understanding of the possible mental health challenges refugee children who are leaving conflict situations are facing that will follow them as they face additional stressors during their journey onward unaccompanied.

<sup>116</sup> D'Costa (n 50), pp. 265.

<sup>117</sup> Ahsan Ullah (n 49).

<sup>118</sup> Chandler and others (n 52).

<sup>119</sup> Behrendt, Lietaert and Derluyn (n 54).

#### 4. Transit Phase

# 4.1 Türkiye: Temporary Residence

As addressed in the previous section, children face significant mental health risks due to conflict, violence and in some cases the vulnerability of separation from their parents or caregivers to seek safety elsewhere as an URM. The extent of their "psychological burden" 120 upon arrival from a conflict situation depends on many factors, such as the traumatic experiences, violations of human rights, and if they have received any aid or assistance prior to seeking protection elsewhere. Türkiye, the country selected as the transit state for this research, has received many Syrians seeking safety in the past years and as of 2022 hosted the largest number of refugees in the world.<sup>121</sup> Certain factors that impact the mental health of URMs, such as family separation and lack of social structures can be found during both the pre-displacement and transit phases.<sup>122</sup> However, there are also new risks URMs face during their time in the transit phase, such as challenges in accessing services or communities with cultural support, lack of certainty surrounding the future, and barriers to education and jobs. 123 As highlighted in Chapter 3, conflict situations within the country of origin can lead to gaps in protection frameworks, but gaps can also occur during the transit phase within the country they are temporarily residing in. Following the journey of children left unaccompanied from leaving their country of origin due to violence and conflict, therefore becoming a URM, the next protection gap to be examined is in protection frameworks established to provide support and access to basic needs for URMs within the state they arrive in next as either a temporary host state or a final destination. For the purposes of this research, Türkiye will be analysed as a temporary stop for URMs in their transit phase, although it is important to acknowledge that many refugees may decide to reside in Türkiye long-term. As highlighted in the pre-displacement phase chapter, Türkiye is one of the countries that has received Syrians who were forcibly displaced. Türkiye has been the end of the journey for many Syrians, leading to the creation of protections as a host state, but it also acts as a temporary residence and a stop on a URMs journey elsewhere. Playing the role of both a host state and a key player in the transit phase, Türkiye has developed several programs to enhance child protection frameworks, addressing many needs including the psychological well-being of refugee children seeking safety within its borders.<sup>124</sup> The following section will look at how the loss of crucial support systems, challenges in identification of URMs, distrust in the systems, and barriers to accessibility of services lead to gaps in effective protection to mitigate mental health risks to URMs. A key theme, which will be highlighted in the following section of this chapter, is inaccessibility. The barriers to the identification of URMs as well as accessibility of support, housing, education, and mental health services within a host state hinder URMs ability to receive the care needed to address previous mental strain and can at times create situations of vulnerability within transit where additional risks can be present. The following sections will analyse barriers to accessing the necessary support and services in a host country that create gaps in protection of the right to access basic services, utilizing examples from Türkiye during the transit phase.

# 4.2 Protection Framework – Support and Basic Needs

David Bürgin and others, 'Impact of War and Forced Displacement on Children's Mental Health—Multilevel, Needs-Oriented, and Trauma-Informed Approaches' (2022) 31 European Child & Adolescent Psychiatry 845, pp. 847.Needs-Oriented, and Trauma-Informed Approaches\\ uc0\\u8217{} (2022

<sup>121</sup> UNICEF, 'Child Displacement' United Nations Children's Fund (2023) <a href="https://data.unicef.org/topic/child-migration-and-displacement/">https://data.unicef.org/topic/child-migration-and-displacement/</a> displacement/> accessed 13 August 2023.

Dubow and Kuschminder (n 52).drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.","-container-title":"Journal of Refugee Studies","DOI":"10.1093/jrs/feab018","ISSN":"0951-6328, 1471-6925","issue":"4","language":"en","license":"https://creativecommons.org/licenses/by-nc/4.0/","page":"4262-4278","source":"DOI.org (Crossref

<sup>123</sup> Jarlby and others (n 35); WHO, 'World Mental Health Report: Transforming Mental Health for All' (n 9).

ZS Mencütek, D Karal and İ Altıntop, 'Governance of Refugee Children Protection in Turkey: Between Vulnerability and Paternalism' (2021) 19 Journal of Immigrant & Refugee Studies 316.

The UNCRC is again relevant when assessing the protection of URMs during the transit phase of their journey to seek asylum. Türkiye ratified the UNCRC on April 4, 1995, and therefore has obligations to provide the necessary care for URMs within its borders. Article 22 of the UNCRC establishes that States should provide "appropriate protection and humanitarian assistance" for a child "whether unaccompanied or accompanied" who is "seeking refugee status or who is considered a refugee". State parties to the UNCRC are obligated to provide appropriate measures to URMs seeking protection within that state which includes protection of the basic rights they are entitled to in other international and national frameworks. The Universal Declaration of Human Rights (UDHR), despite not being legally binding, provides protection expectations for States which include access to basic needs such as "food, clothing, housing and medical care and necessary social services" as well as "the right to education" for everyone, which even though not explicitly listed includes URMs. Access to these services and resources is a basic human right and should be provided to URMs who are seeking asylum outside their country of origin, as established by international law.

Additionally, Türkiye has a few national protection frameworks to be highlighted, such as the "Law on Foreigners and International Protection (LFIP), and the Temporary Protection Regulation"<sup>132</sup>, which establish a foundation for ensuring accessibility to basic needs and services for individuals seeking protection, including Syrians, residing in Türkiye.<sup>133</sup> Both the LFIP and the Temporary Protection Regulation classify an unaccompanied minor as an individual requiring specialized care and highlight the importance of upholding the best interest of the child, establishing a framework to ensure proper accommodation as well as provision of health services, including "pyscho-social support".<sup>134</sup> Frameworks such as the Regional Refugee and Resilience Plan (3RP) have also been established to provide additional assistance to countries hosting refugees from Syria to ensure the implementation of the necessary protections.<sup>135</sup> Even though Türkiye has developed a strong framework for protection of Syrians residing within its borders, access to that protection must be analysed when it comes to implementation for URMs specifically. The foundation for legal protection when it comes to accessibility is clearly highlighted in both Türkiye's international and national framework. However, barriers in accessing services have still been identified, for all refugees in Türkiye including those coming from Syria.<sup>136</sup> Leaving the question of how that impacts URMs who need to find this support on their own.

Finally, specifically relating to protection for Syrian refugees in Türkiye, the 'EU-Turkey Joint Action Plan or Joint Action Plan', has impacted the implementation of certain protections frameworks. The Joint Action Plan, which was activated on November 29, 2015, strived to increase cooperation between the EU and Türkiye to both assist Türkiye with the protection of Syrians under temporary protection within its borders as well as mitigate "irregular migration flows". In the lens of protection provision, the Joint Action Plan laid out a framework to help Türkiye identify "vulnerable people" as well as provide more consistent access to "public services" such as employment, healthcare, and education. A specific concern revolves around the

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125 UNTC (n 69).
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United Nations Convention on the Rights of the Child (n 71), pp. 9.

<sup>127</sup> ibid.

<sup>128</sup> ibid.

Amnesty International, 'Universal Declaration of Human Rights' <a href="https://www.amnesty.org/en/what-we-do/universal-declaration-of-human-rights/">https://www.amnesty.org/en/what-we-do/universal-declaration-of-human-rights/</a> accessed 9 September 2023; United Nations, Universal Declaration of Human Rights 1948, pp. 7.

<sup>130</sup> ibid.

<sup>131</sup> ibid.

UNDP and UNHCR, 'Türkiye Country Chapter 2023-2025' (United Nations Development Programme and United Nations High Commissioner for Refugees 2023) 3RP – Regional Refugee and Resilience Plan <a href="https://www.3rpsyriacrisis.org/wp-content/up-loads/2023/03/3RP-2023-2025-Turkiye-Country-Chapter\_EN.pdf">https://www.3rpsyriacrisis.org/wp-content/up-loads/2023/03/3RP-2023-2025-Turkiye-Country-Chapter\_EN.pdf</a> accessed 9 September 2023, pp. 5.

Republic of Türkiye, Law on Foreigners and International Protection, No. 6458 of 2013 (as amended 29 Oct. 2016)[Unofficial Translation] 2016 [6458]; Republic of Türkiye, Temporary Protection Regulation [Unofficial Translation] 2014.

Republic of Türkiye Law on Foreigners and International Protection, No. 6458 of 2013 (as amended 29 Oct. 2016)[Unofficial Translation] (n 133); Republic of Türkiye Temporary Protection Regulation [Unofficial Translation] (n 133), pp. 16.

<sup>135</sup> UNDP and UNHCR (n 132).

<sup>136</sup> ibid.

European Commission, 'Managing the Refugee Crisis EU-Turkey Joint Action Plan: Implementation Report' (2016) <a href="https://home-af-fairs.ec.europa.eu/system/files/2016-12/managing\_the\_refugee\_crisis\_-\_eu-turkey\_join\_action\_plan\_implementation\_report\_20160210\_en.pdf">https://home-af-fairs.ec.europa.eu/system/files/2016-12/managing\_the\_refugee\_crisis\_-\_eu-turkey\_join\_action\_plan\_implementation\_report\_20160210\_en.pdf</a>> accessed 9 September 2023, pp. 1.

<sup>138</sup> ibid, pp. 2.

<sup>139</sup> ibid.

lack of mention of URMs specifically when it comes to the Joint Action Plan and the EU-Turkey Statement of 2016, leaving them without protection provisions directly related to their situation. <sup>140</sup> As will be discussed throughout this chapter as well as in Chapter 5, the Joint Action Plan has provided additional barriers to the protection of Syrians URMs living within Türkiye as well as those trying to move on to seek asylum in Greece.

# 4.3 Separation from Family and Social Support Systems

Separation from family members, especially parents, and becoming unaccompanied is a significant loss which leads to a child no longer "being cared for by an adult" 141 who previously had the responsibility to provide protection, which exponentially increases their vulnerability. As addressed briefly above regarding the pre-displacement phase, the separation from family has a significant impact on the mental well-being of URMs and can occur at several points throughout a minor's journey.<sup>142</sup> The timing of that separation, whether it occurs during pre-displacement or during transit is significant and may impact the URMs mental health differently depending on the timeline. For families that left their country of origin together, separating during the migration journey once they reach their transit country is still a possibility and often occurs due to "prioritizing the onwards movement of one family member who, it is hoped, will be able to access asylum and family reunification". 143 There are several factors considered in the decision to separate during the transit phase in Türkiye as well as Greece, such as financial constraints, the goal of sending children ahead to help mitigate the negative consequences of protracted displacement or giving them the best chance for future family reunification in Europe. 144 Family separation has been linked to "deterioration" 145 in mental health and increased time away from family for URMs can increase anxiety. There are "direct negative consequences of family separation for refugee mental health" 146, emphasizing separation as a stressor, and that the existence of familial and social support is crucial to mental health. The presence of social support systems can help "buffer the development of symptoms and support mental health" 147, in situations where URMs social network has been altered, the existence of a support system outside their family can

Strasser and Tibet (n 57); European Commission (n 137); European Parliament, 'EU-Turkey Statement & Action Plan' (2019) <a href="https://www.europarl.europa.eu/legislative-train/theme-towards-a-new-policy-on-migration/file-eu-turkey-statement-action-plan">https://www.europarl.europa.eu/legislative-train/theme-towards-a-new-policy-on-migration/file-eu-turkey-statement-action-plan</a> accessed 4 September 2023.

<sup>141</sup> UNHCR, 'Guidelines on Policies and Procedures in Dealing with Unaccompanied Children Seeking Asylum' (n 14), pp. 5.

Dubow and Kuschminder (n 52).drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.", container-title: "Journal of Refugee Studies", DOI": "10.1093/jrs/feab018", ISSN": "0951-6328, 1471-6925", issue": "4", language": "en", license": "https://creativecommons.org/licenses/by-nc/4.0/", page": "4262-4278", source": "DOI.org (Crossref

ibid, pp. 4270.drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.";container-title":"Journal of Refugee Studies","DOI":"10.1093/jrs/feab018;"(ISSN":"0951-6328, 1471-6925;"issue":"4;"language":"en";"license":"https://creativecommons.org/licenses/by-nc/4.0/", page":"4262-4278;"isource":"DOI.org (Crossref

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ibid, pp. 4273.drawing on semi-structured interviews with Afghan, Iraqi and Syrian family members who were on this route between 2015 and 2018. The results demonstrate, first, how refugee families negotiate the physical and financial barriers to their movement—often by separating, which emerges as a key adaptive strategy. Second, concomitant with the decision to separate, family reunification policies become important in shaping—and determining the outcomes—of these asylum-seeking trajectories. Third, the article reflects on the consequences of family separation on the families themselves, particularly in an environment of limited family reunification possibilities.""container-title":"Journal of Refugee Studies","DOI":"10.1093/jrs/feab018";"ISSN":"0951-6328, 1471-6925","issue":"4","language":"en","license":"https://creativecommons.org/licenses/by-nc/4.0/","page":"4262-4278","source":"DOI.org (Crossref

<sup>146</sup> Löbel (n 53), pp. 28.

<sup>147</sup> Sierau and others (n 39), pp. 770.

positively impact their mental well-being. Whether separation occurred prior to leaving the country of origin or during the transit phase, the negative effects on mental health that accompany being in a displacement situation, outside their country of origin, without a support system or adult to lean on are clear.

Since the negative effects family separation has on mental health have been established, the provision of protection that includes social support systems, such as cultural communities, to fill the gap in protection left by loss of parental guardianship for URMs is crucial. A study conducted in 2016 assessed the mental implications of immigration on 5–18-year-old children living within the satellite refugee town of Manisa, one of 62 similar settlements in Türkiye, which is located further away from a border to Syria, Iran, or Iraq, finding refugees faced barriers to cultural familiarity.<sup>148</sup> The findings from this research, which looked at refugee children in general without specifying URMs, highlighted an intense sense of loss which comes with the migration journey, as well as the presence of psychiatric and anxiety disorders in children who were interviewed.<sup>149</sup> Dehnel *et al.*, analysed the capacity for resilience in refugee children in Jordan and "relational support was found to be the most protective resilience factor"<sup>150</sup>, finding correlation between levels of social support and "less depressive symptomatology".<sup>151</sup> It is important to acknowledge that social systems, which have been established as beneficial to mental well-being, can be faced with "disruptions"<sup>152</sup> or "fractures"<sup>153</sup> during the journey phase adding additional stressors.

The acknowledgement of the stress that loss of social support can play on mental health is important, but it is also crucial to understand the resilience of URMs and the ability to still find community within the transit phase. The Psychological First Aid Field Guide, published by The National Child Traumatic Stress Network, and referenced in research by Kilinc surrounding the mental well-being of Syrian refugee children residing in Istanbul, supports the critical inclusion of social support in the everyday lives of refugee children. Emotional well-being is enhanced with the existence of strong social support, especially in recovering from emergency or traumatic experiences. Social support can take the form of emotional and reliable support, social connection, advice or access to information, reminders of self-worth and feeling needed, or physical and material assistance. Additionally, it is encouraged that social connections are with primary support systems like family members if possible and if not encouraging the connection with the available support systems is important. The accessibility of support systems, especially for URMs who are in a transit country alone, provides social or relational support that can positively impact mental health.

#### 4.4 Identifying URMs and Fostering Trust

An identified challenge to the provision of the required specialized protection for URMs, specifically when trying to increase the accessibility of certain services, is the ability to identify those requiring aid. Hodes et al., identified that overall EU Member State statistics of registered asylum claims for URMs in 2015 totalled 88,300, mainly from "Syria, Afghanistan, Iran, Iraq, Somalia and Eritrea" but identified that "no data indicating the number of unaccompanied refugee children in Turkey" was available. In 2015, UNHCR reported that an estimated 629,152 Syrians were registered in Jordan, a majority living in urban settings, with URMs being incorporated in the statistics for individuals with specific needs to be addressed. Along-

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148
                                            Yalin Sapmaz and others (n 55).
                                           ibid.
149
150
                                           Dehnel and others (n 55), pp. 420.
151
152
                                           Behrendt, Lietaert and Derluyn (n 54), pp. 406.
                                           ibid, pp. 407.
153
                                            Kilinc (n 110).
154
                                           M Brymer and others, 'Psychological First Aid: Field Operations Guide' (National Child Traumatic Stress Network National Center for
PTSD 2006) 2nd Edition <a href="https://resourcecentre.savethechildren.net/pdf/2687.pdf/">https://resourcecentre.savethechildren.net/pdf/2687.pdf/</a> accessed 21 August 2023; Kilinc (n 109).
                                           Brymer and others (n 155).
156
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158
                                            UNHCR, 'Note on Refugee Children' (n 7).
159
                                              Hodes and others (n 56), pp. 389.
160
                                           ibid, pp. 391.
161
                                            UNHCR, 'Registered Syrians in Jordan' (United Nations High Commissioner for Refugees, 2015) <a href="https://www.refworld.org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do-org/do
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side official UNHCR statistics, there may be several additional URMs within a country who have not registered and are therefore slipping through the cracks. In certain states, for a refugee child to be classified as unaccompanied and to receive the assistance requires documentation that the URM either originally did not have or lost during their displacement.<sup>162</sup> Lack of "official documentation"<sup>163</sup> identifying children as URMs creates a barrier for the ability to receive the specialized care established to address their specific vulnerabilities and needs. The negative impact which accompanies lack of proper documentation is also addressed in research conducted by Kilinc, which found that access to certain rights, such as education, for Syrian children is reliant on their ability to provide documentation.<sup>164</sup> Education, as highlighted above, is a right provided to everyone and therefore the inaccessibility for URMs due to lack of documentation poses a risk. The combination of the lack of data regarding the true numbers of URMs in countries like Türkiye, as well as the absence of necessary documentation to register for certain assistance programs may impact URMs ability to access necessary services and isolating them from social interactions and the stability of educational access, both of which are beneficial to their mental well-being.

Another key aspect to mention is the importance of fostering trust in services for an URM, citing distrust as a significant barrier for not only identifying URMs within a country but also impacting accessibility of necessary care. Even if the resources are available, if URMs are wary of trusting the systems in place or unaware of the services that are offered to them, implementation of protection may face significant barriers and result in negative impacts on mental health. A report published by the United Nations Children's Fund (UNICEF) in 2017 acknowledged the risks of barriers to identifying "unaccompanied children" as well as highlighting the fact that "children distrust the system and sometimes do not seek support and protection". Recommendations from UNICEF for addressing these barriers to accessibility of services and protection include: identification of "trusted sources of information" to "leverage community networks to disseminate child-friendly safe migration information" establishing child-friendly law enforcement" and the provision of "technical assistance to government service providers on child protection case management, as well as the identification, and alternative care, for Unaccompanied and Separated Children" within both "transit and destination" locations. The implementation of these steps to bridge the identified protection gaps due to challenges in identification as well as trust in current protection systems for URMs is a step forward in increasing accessibility of services within a host state like Türkiye.

cid/562626214.html> accessed 21 August 2023.

162 Ahsan Ullah (n 49).163 ibid, pp. 209164 Kilinc (n 109).

Majd Al-Soleiti and others, 'Barriers and Opportunities for Refugee Mental Health Services: Clinician Recommendations from Jordan' (2021) 8 Global Mental Health e38; Garoff, Kangaslampi and Peltonen (n 47).including over 600 000 Syrian refugees between 2011 and 2021. Amidst this humanitarian crisis, a new mental health system for Syrian refugees has developed in Jordan, with most clinical services administered through non-governmental organizations. Prior studies have identified increased risk of psychiatric disorders in refugee populations and significant barriers for Syrian refugees seeking mental health treatment, but few have reviewed the organization or ability of local systems to meet the needs of this refugee population. Methods Qualitative interviews of mental health professionals working with refugees in Jordan were conducted and thematically analyzed to assess efficacy and organizational dynamics. Results Interviewees described barriers to care inherent in many refugee settings, including financial limitations, shortages of mental health professionals, disparate geographic accessibility, stigma, and limited or absent screening protocols. Additional barriers not previously described in Jordan were identified, including clinician burnout, organizational metrics restricting services, insufficient visibility of services, and security restrictions. Advantages of the Jordanian system were also identified, including a receptive sociopolitical response fostering coordination and collaboration, open-door policies for accessing care, the presence of community and grassroots approaches, and improvements to health care infrastructure benefiting the local populace. Conclusions These findings highlight opportunities and pitfalls for program development in Jordan and other middle- and low-income countries. Leveraging clinician input can promote health system efficacy and improve mental health outcomes for refugee patients.","container-title":"Global Mental Health""DOI":"10.1017/gmh.2021.36","ISSN":"2054-4251","journalAbbreviation":"Glob. Ment. Health","language":"en","page":"e38","source":"DOI.org (Crossref

Ine Lietaert and others, 'The Development of an Analytical Framework to Compare Reception Structures for Unaccompanied Refugee Minors in Europe' (2020) 23 European Journal of Social Work 384.

UNICEF, 'Global Programme Framework on Children on the Move' United Nations Children's Fund (2017) <a href="https://www.unicef.org/media/83571/file/Global-Programme-Framework-on-Children-on-the-Move.pdf">https://www.unicef.org/media/83571/file/Global-Programme-Framework-on-Children-on-the-Move.pdf</a> accessed 30 September 2023, pp. 11.

168 ibid, pp. 12.
169 ibid, pp. 13.
170 ibid.
171 ibid.
172 ibid.
173 ibid.

# 4.5 Accessibility of Care: Housing, Education and Mental Health Services

Understanding the impact of the loss of a support system as well as barriers to identification and trust in the systems in place for URMs is crucial to analyse the significance of the establishment of protection mechanisms that provide the necessary support for URMs in transit. The challenge then becomes how countries such as Türkiye, which has seen large influxes and is facing strain on resources, are able to ensure that the types of programs necessary to provide the individualized care for URMs are implemented. Türkiye has the responsibility, as laid out in Article 22 of the UNCRC, to ensure the protection of URMs within their borders, since they do not have parents or other guardians capable of providing that support.<sup>174</sup> As highlighted by the UNHCR, the fact that URMs are without the support of their parents or guardians increases their vulnerability, which may lead to challenges in locating housing, food, and the services required to ensure their well-being.<sup>175</sup> The vulnerability of URMs, established above, who have sought protection outside their country of origin, necessitates access to essential support during a period of time in which they are alone or may have just recently been separated from their support systems.

URMs are entitled to the basic rights such as housing, education and healthcare services to ensure their well-being, therefore it is necessary that host states protect this right.<sup>176</sup> However, the current system in place in Türkiye reveals gaps in the effective implementation of child protection, focusing mainly on the poor condition in camps and urban settings that create barriers to meeting the education, psychological and medical needs.<sup>177</sup> Barriers to accessing the necessary services and the strain on existing resources due to the 'mass influx' of Syrian refugees into Türkiye has resulted in "an immense burden on the national health systems"178 and "mental health specialists are scarce".179 Identifying not only the presence of URMs within a country but also instituting frameworks that can provide necessary services are crucial in order to ensure their basic needs are met. The 3RP country chapter for Türkiye highlighted that "certain groups" 180, which include URMs, "are facing additional protection risks exacerbated by related barriers in accessing certain services". 181 The location in which an URM is residing will also impact their ability to access protection, whether it is camp or urban setting.<sup>182</sup> The 'WHO Global Action Plan on Promoting the Health of Refugees and Migrants, 2019-2030' called for the increased "acceptability, availability and accessibility of health care services" 183 for refugees including those for mental health which have been overlooked or "inadequately addressed"184 in the past. The understanding of the need for availability of mental health services for refugees throughout their journey is known, the challenge then becomes how do states build in the frameworks for those resources and make them available to all who need them, including those with increased vulnerability like URMs. Barbui et al., provide an assessment of the importance in ensuring reception procedures within a host country allow for the mitigation of "post-migration stressors" and access

<sup>174</sup> United Nations Convention on the Rights of the Child (n 71).

<sup>175</sup> UNHCR, 'Note on Refugee Children' (n 7).

United Nations Convention on the Rights of the Child (n 71); UNHCR, 'Guidelines on Policies and Procedures in Dealing with Unaccompanied Children Seeking Asylum" (n 14).

<sup>177</sup> ZS Mencütek and others (n 124).

Tekeli-Yesil and others (n 91), pp. 938.and to identify factors associated with posttraumatic stress disorder and major depressive disorder. Methods. We carried out a field survey in May 2017 among 540 internally displaced persons in Syria and refugees in Turkey. Results. The study revealed that mental disorders were highly prevalent in both populations. Major depressive disorder was more frequent among refugees in Turkey than among internally displaced persons in Syria; other mental disorders, including posttraumatic stress disorder, were more prevalent in the latter than in the former. Posttraumatic stress disorder was also associated with postmigration factors. Major depressive disorder was more likely among refugees in Turkey. In addition, the likelihood of major depressive disorder was predicted by stopping somewhere else before resettlement in the current location. Conclusions. The resettlement locus and the context and type of displacement seem to be important determinants of mental health disorders, with postmigration factors being stronger predictors of conflict-related mental health. Internally displaced persons may benefit more from trauma-focused approaches, whereas refugees may derive greater benefit from psychosocial approaches.","container-title":"American Journal of Public Health","DOI":"10.2105/AJPH.2018.304405","ISSN":"0090-0036, 1541-0048","issue":"7","journalAbbreviation":"Am J Public Health","language":"en","page":"938-945","source":"DOI.org (Crossref

<sup>179</sup> ibid.

<sup>180</sup> UNDP and UNHCR (n 132), pp. 30.

<sup>181</sup> ibid.

Dallal Stevens and Angeliki Dimitriadi, 'Crossing the Eastern Mediterranean Sea in Search of "Protection" (2019) 17 Journal of Immigrant & Refugee Studies 261.

WHO. "WHO Global Action Plan on Promoting the Health of Refugees and Migrants." World Health Organization, (2024), Accessed September 15, 2024. https://iris.who.int/bitstream/handle/10665/378211/9789240093928-eng.pdf?sequence=1, pp. 10.

<sup>184</sup> ibid, pp. 10.

<sup>185</sup> Corrado Barbui and others, 'Preventing the Mental Health Consequences of War in Refugee Populations' (2022) 31 Epidemiology and

to the necessary risk-reduction interventions, such as psychological interventions like the World Health Organization's "Self Help Plus" intervention, are available to lower the risk of mental disorders. Under the Temporary Protection Regulation, registered refugees legally have access to the healthcare systems in Türkiye, including mental health services, the challenge then becomes are URMs aware of the services available and do they have a way of accessing the right they have to those resources? As mentioned above, URMs are at times difficult to identify by the states that are hosting them, meaning even if the intervention or policy exists, URMs may not be aware or are afraid to seek out the help needed, highlighting an clear area to mitigate a protection gap.

Increased levels of care, support, and freedom in the establishment of living arrangements, such as foster care settings for URMs, as opposed to URMs residing in larger unsupervised or restricted areas, has been linked to "lower psychological distress". 188 However, research shows that in Türkiye, the "Ministry of Family, Labor and Social Services"189, which is in charge of monitoring vulnerable cases, does not have the necessary resources to ensure safe housing for URMs on its own. The lack of specialized care for URMs can be harmful due to the specific vulnerabilities they face if they have to locate their own accommodations, either in urban locations or in camps. With URMs specifically identified as a vulnerable group in need of specialized care, the inability to identify the population in need of help is detrimental not only to the effectiveness of any interventions put in place, but also extremely harmful to URMs attempting to find a safe place to stay. However, even without an accurate understanding of number of URMs within Türkiye, the "Ministry of Family and Social Policies" 190 strives to provide access to health care, including psychological services, at "10 Child Support Centers for Refugees" 191 throughout the country and psychiatric clinics in Istanbul, which have reported assisting individuals with anxiety. The creation of Child Care Homes in Türkiye provides URMs a safe place to reside with a support system.<sup>192</sup> During this analysis, limited data and literature surrounding specific examples of URMs accessing the established care centres in Türkiye was found, creating challenges to assessing their effectiveness.

Without research or statistics surrounding the effectiveness of these centres, it is difficult to assess the impact they may have on the mental health of URMs. However, Strasser and Tibet did provide a specific example by assessing housing facilities and the effects of the EU-TurkeyStatement on URMs who had been residing in a state-run care facility, ÇOGEM located in Istanbul, under the supervision of "Ministry of Family and Social Policy". The care facility in Istanbul had capacity to house 65-70 males, who were free to leave during the day, and was staffed by a psychologist, social worker, and teacher. He research surrounding the care facility found that many URMs were brought there by the police after being identified as unaccompanied and following the EU-Turkey Statement, URMs were transitioned to Adana Sarıçam camp where they faced restrictions on access to education, work, and ability move onward to protection outside Türkiye. For URMs, residing in a refugee camp can pose several risks to their safety, both physically and mentally. Research shows that a decrease in the standard of living conditions, limitations on access to health services, a lack of hope, feelings of uncertainty that are related to residing in a refugee camp can increase risk of negative psychological effects. 196

Even with the establishment of risks to adequate protection through specialized accommodation for URMs,

Psychiatric Sciences e24, pp. 2.including worsening of subjective wellbeing and quality of life, and risk of developing mental disorders. Here we present actions that countries hosting forcibly displaced refugees may implement to decrease exposure to potentially traumatic stressors, enhance subjective wellbeing and prevent the onset of mental disorders. A first set of actions refers to the development of reception conditions aiming to decrease exposure to post-migration stressors, and a second set of actions refers to the implementation of evidence-based psychological interventions aimed at reducing stress, preventing the development of mental disorders and enhancing subjective wellbeing,","container-title": "Epidemiology and Psychiatric Sciences", "DOI": "10.1017/S2045796022000154", "ISSN": "2045-7960, 2045-7979", journal Abbreviation": "Epidemiol Psychiatr Sci", language": "en", license": "http://creativecommons.org/licenses/by/4.0/", page": "e24", source": "DOI.org (Crossref

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186 ibid, pp. 2.
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187 Cratsley, Kelso, Mohamad Adam Brooks, and Tim K. Mackey. "Refugee Mental Health, Global Health Policy, and the Syrian Crisis." Frontiers in Public Health 9, No. 676000 (2021).

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Bean, Eurelings-Bontekoe and Spinhoven (n 42); Mitra and Hodes (n 56), pp. 199.
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Mencütek, Karal and Altıntop (n 124), pp. 320.

<sup>190</sup> Hodes and others (n 56), pp. 390.

<sup>191</sup> ibid, pp. 391.

<sup>192</sup> ibid.

<sup>193</sup> Strasser and Tibet (n 57).

<sup>194</sup> ibid.195 ibid.196 Reis (n 59).

accessibility is lacking, which requires attention to mitigate mental health risks. The "increasing risks and vulnerabilities related to mental health and psychosocial well-being of individuals" as well as "growing child protection-related needs"198 in Türkiye for Syrian refugees highlight the need for cooperation between the government, non-governmental organizations (NGOs), and mental health professionals. The analysis of Türkiye's protection frameworks for URMs highlight a strain, but there is also research showing a recent multi-level attempt to close the protection gap through partnerships between the government branches and NGOs to ensure access and necessary support.<sup>199</sup> Increasing cooperation can improve the identification and mitigation of current barriers to the implementation of child protection frameworks in an attempt to increase the accessibility of services to URMs such as safe housing, as well as continued access to services.<sup>200</sup> Cooperation between government divisions as well as the presence of organisations such as the Red Crescent strive to ensure URMs have access to services they require.<sup>201</sup> The multi-level approach could mean a chance to meet both the needs of URMs such as access to food and housing while also ensuring they have access to the necessary aspects needed to thrive, such as schooling and social support.<sup>202</sup> Even with the steps in Türkiye to prioritize improved accessibility, the increasing number of individuals who are in protracted displacement situations due to limited durable solutions is leading to significant protection gaps meaning "refugees are experiencing increased anxiety and stress" 203 due to the "uncertainty about a future in Türkiye".<sup>204</sup> This uncertainty is magnified for URMs who, as has been shown above, have increased vulnerabilities, and require additional assistance.

For URMs the objectives of education and health, outlined in the 3RP report for Türkiye, are extremely important. Regarding education, the ability of URMs to access consistent schooling and recreational activities fall under "special assistance needs" that is not as applicable to adult refugees, giving them "hope" for a future which is beneficial to their mental health. The 3RP assessment highlighted the objective to "support sustained access to formal, non-formal and informal education programmes" trying to combat the "notable learning losses" as well as the mental health effects of inconsistent schooling access. Additionally, UNICEF has also highlighted how education can be "disrupted" due to displacement, with the emphasis on the importance of increasing the "availability of quality services for all children within a territory, including education and health". A key objective identified for health, based on the data collected by UNDP and UNHCR, includes increased accessibility to necessary services "including clinical management of mental"

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197 UNDP and UNHCR (n 132), pp. 32.
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198 ibid.

199 Mencütek, Karal and Altıntop (n 124).

200 ibid.

Hodes and others (n 56).

Bürgin and others (n 120).with long-term consequences for their development. Given the recent events in Ukraine with millions on the flight, this scoping policy editorial aims to help guide mental health support for young victims of war through an overview of the direct and indirect burden of war on child mental health. We highlight multilevel, need-oriented, and trauma-informed approaches to regaining and sustaining outer and inner security after exposure to the trauma of war. The impact of war on children is tremendous and pervasive, with multiple implications, including immediate stress-responses, increased risk for specific mental disorders, distress from forced separation from parents, and fear for personal and family's safety. Thus, the experiences that children have to endure during and as consequence of war are in harsh contrast to their developmental needs and their right to grow up in a physically and emotionally safe and predictable environment. Mental health and psychosocial interventions for war-affected children should be multileveled, specifically targeted towards the child's needs, trauma-informed, and strength- and resilience-oriented. Immediate supportive interventions should focus on providing basic physical and emotional resources and care to children to help them regain both external safety and inner security. Screening and assessment of the child's mental health burden and resources are indicated to inform targeted interventions. A growing body of research demonstrates the efficacy and effectiveness of evidence-based interventions, from lower-threshold and short-term group-based interventions to individualized evidence-based psychotherapy. Obviously, supporting children also entails enabling and supporting parents in the care for their children, as well as providing post-migration infrastructures and social environments that foster mental health. Health systems in Europe should undertake a concerted effort to meet the increased mental health needs of refugee children directly exposed and traumatized by the recent war in Ukraine as well as to those indirectly affected by these events. The current crisis necessitates political action and collective engagement, together with quidelines by mental health professionals on how to reduce harm in children either directly or indirectly exposed to war and its consequences.","container-title": "European Child & Adolescent Psychiatry"", DOI": "10.1007/s00787-022-01974-z"", ISSN": "1018-8827, 1435-165X", issue": "6", journal Abbreviation": "Eur Child Adolesc Psychiatry","language":"en"","page":"845-853","source":"DOI.org (Crossref

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203 UNDP and UNHCR (n 132), pp 13.
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204 ibid.

205 UNHCR, 'Note on Refugee Children' (n 7).

206 Strasser and Tibet (n 57), pp. 355.

207 UNDP and UNHCR (n 132), pp. 47.

208 ibid, pp. 50.

209 UNICEF (n 167), pp. 23.

210 ibid, pp. 25.

health and psychosocial support".<sup>211</sup> Syrians under Temporary Protection in Türkiye are able to gain access to health care services, however, those not registered with the government face barriers.<sup>212</sup> Those URMs who have not registered with the government and are in need of mental health services will face significant challenges gaining the help they need to mitigate any further mental health risks. The ability to obtain mental health services is crucial to the well-being of URMs who are residing in Türkiye, due to the mental strain of leaving their country of origin, their unaccompanied status, and then having to navigate loss of support and the inaccessibility of services. Even with goals and proposals highlighted above to bridge protection gaps for URMs in Türkiye, significant mental health risks due to protection gaps are present. There are minimal options to provide protection specifically to address the mental strain on URMs, leading to them not only facing additional stressors from their experiences within Türkiye, but also the challenge of dealing with the mental health effects from exposure to the trauma of conflict in the pre-displacement phase. With protection gaps and the mental implications of those for URMs in Türkiye identified, the continued enhancement of the frameworks to provide additional social support, housing, access to education and mental health services during this phase for URMs may help to minimize the mental health stress as some face a journey onward.

#### Arrival Phase

#### 5.1 Entry Point to Europe

The final chapter will assess the mental health effects of the arrival phase, utilizing examples from Greece, specifically the Greek islands, due to their geographical location and status as "hotspots" for entry into Europe for asylum seekers such as those coming from Türkiye.<sup>213</sup> Additionally, in 2015, an estimated 16% of the nearly 90,000 URMs registered for asylum in the EU from Syria.<sup>214</sup> The large numbers of URMs registering for asylum in one year highlights the necessity of ensuring protection frameworks exist and can effectively address and provide for the specific needs of URMs seeking safety in Greece. As highlighted in Chapters 3 and 4, the challenges that URMs face without the support of their parents or an effective protection support system increases their vulnerability. The impact of lack of support also plays a key role in the mental health risks during the arrival phase. Additionally, the asylum process has been identified as a key stressor on mental health and well-being.<sup>215</sup> The process of seeking asylum, and therefore the stressors that accompany it, may begin once the URM arrives in Europe, making protection frameworks at this stage key tools to mitigate additional mental health risks.

In the case of Greece, especially in recent years, the mass influx of refugees seeking asylum on their shores led to the need for emergency protection implementation which have faced challenges in implementing the level of care necessary to protect.<sup>216</sup> In addition to the risks faced in their country of origin, during their transit phase and journey to Europe, there are several risks that occur upon arrival that threaten to negatively impact their mental health. Stressors present which pose risks to mental health during the arrival phase include, lack of "quality infrastructure"<sup>217</sup>, inability to access services, isolation, restriction on liberty, and uncertainty regarding their future.<sup>218</sup> If URMs are able to access the necessary protection and mental health care during their stay on the Greek islands before they are sent to either Athens or another European country for resettlement, will the mental health stressors that may have accumulated along their journey be addressed? For the purpose of this research, examples from the Greek islands of Lesbos, Los and Samos are highlighted due to the existing literature and their role as entry points into Greece for refugees on their displacement journey. Additionally, as the entry point, the protection frameworks established on the Greek islands play a key role in ensuring the mental well-being of URMs who are arriving with specific psychological needs, acting as almost a triage for what aid needs to be delivered and assisting with the asylum process. However, the protection gap identified in the arrival phase is in the implementation of the legal protection frameworks specific to URMs, which will be highlighted below, leads to gaps in upholding basic rights, freedom of movement, and autonomy for URMs. The gap in implementation of legal protections specifically for URMs has resulted in poor reception conditions as well as the detention of individuals, resulting in additional mental distress. The gaps that exist within the protection frameworks in Greece during the arrival phase for URMs that will be analysed in the following sections are accommodation upon arrival, detention and restriction of movement and the uncertainty and unknowns of the asylum process.

Iliana Fylla and others, 'The Interventions of a Mobile Mental Health Unit on the Refugee Crisis on a Greek Island' (2022) 4 Psych 49, pp. 55.the presentation of the therapeutic interventions provided, and the difficulties. The sample is composed of 418 requests made by refugees, asylum seekers, adults, and children. The clinical and demographic data have been gathered from the MMHU-Ch's charts. The study is retrospective, descriptive with quantitative and categorical variables. The data has been analyzed with the utilization of SPSS. The dominant diagnosis in children involves anxiety disorders, developmental disorders, and PTSD. One noteworthy finding is the high percentage of suicide behavior regardless of psychiatric diagnosis, which should be further examined. As far as interventions are concerned, the conclusions which have arisen are the gradually stronger commitment of the referents, but also the high percentage of requests that dropped out. Further examination of the interventions and their efficiency is recommended as well as probing the features of psychopathology in the long term with a view to clarifying the patronizing and aggravating factors."Container-title": Psych"ToOl": 10.3390/psych4010004"TISSN": 2624-8611"Tissue": 1"TipournalAbbreviation": Psych"Tlanguage": "nttps://creativecommons.org/licenses/by/4.0/"Tpage": "49-59"Tsource": "DOI.org (Crossref

Eurostat, 'Asylum Applicants Considered to Be Unaccompanied Minors Almost 90 000 Unaccompanied Minors Among Asylum Seekers Registered in the EU in 2015 Slightly More than Half Are Afghans" (2016) <a href="https://ec.europa.eu/eurostat/documents/2995521/7244677/3-02052016-AP-EN.pdf/">https://ec.europa.eu/eurostat/documents/2995521/7244677/3-02052016-AP-EN.pdf/</a> accessed 12 August 2023.

Jakobsen and others (n 41); Huemer and others (n 34); E Montgomery, 'Trauma, Exile and Mental Health in Young Refugees' (2011) 124 Acta Psychiatrica Scandinavica 1.

<sup>216</sup> Stevens and Dimitriadi (n 182).

<sup>217</sup> WHO, 'World Mental Health Report: Transforming Mental Health for All' (n 9), pp. 21.

Joseph Lelliott, 'Smuggled and Trafficked Unaccompanied Minors: Towards a Coherent, Protection-Based Approach in International Law' (2017) 29 International Journal of Refugee Law 238; Jarlby and others (n 35).

#### 5.2 Protection Framework – Reception Conditions and Freedom of Movement

As highlighted in the previous chapters a key foundational international protection instrument for children, is the UNCRC. Greece, as was the case with both Syria and Türkiye, is a party to the UNCRC with a ratification date of May 11, 1993.<sup>219</sup> However, in addition to the protection obligations laid out in the UNCRC, the European Convention on Human Rights and the EU Reception Directive are also crucial to the protection foundation for URMs on Greek soil.<sup>220</sup> As an EU Member State, Greece also has responsibility to uphold the specific protection frameworks which guide the care of URMs residing within its borders. The European Convention on Human Rights protects the right to life, security, liberty and movement, as well as protection against discrimination and slavery.<sup>221</sup> With specific regards to the protection of URMs who are arriving in Greece, Article 24 of the EU Receptions Directive states, "Member States shall as soon as possible take measures to ensure that a representative represents and assists the unaccompanied minor to enable him or her to benefit from the rights and comply with the obligations provided for in this Directive"<sup>222</sup>, while also laying out the accommodation standards such as foster care or locations with "special provisions for minors".<sup>223</sup> The gap in effective implementation of these legal protections for URMs, is where significant risks are being posed.

As highlighted in Chapter 4, a key mechanism that directly impacts those refugees arriving in Greece from Türkiye, is the EU-Turkey Statement and Action Plan.<sup>224</sup> The European Council and Turkey reached this agreement to stop "the flow of irregular migration via Turkey to Europe"<sup>225</sup>, which included the return of individuals who arrived from Türkiye irregularly to the Greek islands and whose asylum claims were found "inadmissible".<sup>226</sup> The implementation of this new procedure complicated the processes of seeking asylum, leading to additional barriers for all refugees not only leaving Türkiye, but also those arriving on the Greek islands, especially when "Greece suspended asylum procedures"<sup>227</sup> limiting freedom of refugees. URMs at this stage of their journey have faced several barriers that have affected their mental health, meaning additional stressors upon arrival can exacerbate or create new mental health risks, therefore effective protection frameworks are vital.

# 5.3 Arrival in Greece: Reception Conditions

Even with the foundation of the above-mentioned international and regional protection frameworks that would apply to the URMs entering Greece, the protection implementation has been described as "sporadic and inconsistent". Arrival on the Greek islands should allow URMs the access to not only the physical needs they require, such as housing, food, and support for the asylum process, but also include access to mental health services. However, access to mental health services on the islands is extremely challenging. The protection of URMs arriving in Greece becomes difficult when there is a "finite space and an

<sup>219</sup> UNTC (n 69).

European Court of Human Rights, 'European Convention on Human Rights as Amended by Protocols Nos. 11, 14 and 15 Supplemented by Protocols Nos. 1, 4, 6, 7, 12, 13 and 16' <a href="https://www.echr.coe.int/documents/d/echr/convention\_ENG">https://www.echr.coe.int/documents/d/echr/convention\_ENG</a> accessed 2 September 2023; European Union, 'Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 Laying Down Standards for the Reception of Applicants for International Protection (Recast)' <a href="https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033">https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033</a> accessed 28 August 2023.

<sup>221</sup> European Court of Human Rights (n 220).

<sup>222</sup> European Union (n 220), pp. 12.

ibid, pp. 13.

<sup>224</sup> European Parliament (n 140).

<sup>225</sup> ibid.

<sup>226</sup> ibid.

Kemal Kirişci, 'As EU-Turkey Migration Agreement Reaches the Five-Year Mark, Add a Job Creation Element' *Brookings* (17 March 2021) <a href="https://www.brookings.edu/articles/as-eu-turkey-migration-agreement-reaches-the-five-year-mark-add-a-job-creation-element/">https://www.brookings.edu/articles/as-eu-turkey-migration-agreement-reaches-the-five-year-mark-add-a-job-creation-element/</a> accessed 4 September 2023.

<sup>228</sup> Mishra, Digidiki and Winch, (n 54), pp. 191.

<sup>229</sup> Reis (n 59).

infinitenumber of increasingly vulnerable people arriving"230, this is especially true on the Greek islands which is the first stop for many seeking asylum elsewhere in the EU. Greece is often simply an entry point to the EU with individuals looking for "onward mobility"231 to another country to gain asylum with hopes of a better future, but the barriers they face upon arrival to Greece can have an impact on their mental health. URMs have "high vulnerability characteristics"232 and require specialized care, however, this care which strives to maintain and protect the mental health of URMs who are arriving in Europe having already dealt with several challenges and risks, is inconsistent in the protection systems of Greece. Key determinants for mental health, identified by WHO, include factors such as "access to basic services and commodities, including food, water, shelter, health and the rule of law"233 as well as "security and safety".234 For many URMs, the experiences they face upon arrival in Greece, which will be addressed in the remainder of this chapter, create barriers to an environment where they are able to feel the sense of safety and security needed to positively impact their mental health.

The European Asylum Support Office (EASO), now the European Union Agency for Asylum (EUAA), provides guidance for Member States surrounding the mitigation of "safety risks" 235 for URMs once they arrive in Europe, with Standard 11 of its Guidance on Reception Condition for Unaccompanied Children stating that "necessary care and appropriate reception facility based on the risk assessment is provided within a week after arrival"236 because "a safe place to grow up is a basic need for all unaccompanied children".237 The lack of suitable long-term housing accommodations where URMs feel safe and protected, have the access they need to maintain well-being, and are not in a situation where they face detention are few, all of these increase the risks to mental health of URMs.<sup>238</sup> Research conducted on the housing situation for URMs in Greece, found that a majority of the accommodations were emergency responses with no longterm plan, which "traps them in dismal conditions that violate the human rights" of those individuals. Even with the differing programs such as "Supported Autonomous Living for Unaccompanied Refugee Minors"240 and "Semi-Independent Living"241 in Crete, there was still limited space available in a designated "safe zone" 242 for URMs in certain locations and individuals were housed with adults or in some cases had to "sleep outdoors in the countryside". 243 Even in some cases where designated safe zones exist for URMs like in Moria, the police security and the fenced off areas, were described by residents as feeling like a "jail". 244 The restriction of movement and uncertainty for their shelter, leave URMs in conditions where they have little freedom of movement and information.

Access to basic needs as well as safety and stability creates the freedom needed to increase resilience as well as allows for the support needed to recover from the traumatic experiences.<sup>245</sup> Due to the massive influx of refugees into Greece in recent years, as well as additional restrictions put in place due to the EU-Turkey deal which forced migrants to reside in "island hotspots for months"<sup>246</sup>, URMs face reception conditions and in some cases detention that drastically impact their mental health. Research has been conducted surrounding the conditions of life for refugees who first arrive in Europe through Greek Islands such as Kos,

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Annie Chapman, 'A Doctor's Story: Inside the "Living Hell" of Moria Refugee Camp' The Guardian (9 February 2020) <a href="https://www.theguardian.com/world/2020/feb/09/moria-refugee-camp-doctors-story-lesbos-greece">https://www.theguardian.com/world/2020/feb/09/moria-refugee-camp-doctors-story-lesbos-greece> accessed 31 August 2023.
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<sup>231</sup> Lønning (n 59), pp. 14.

<sup>232</sup> Kourachanis (n 60), pp. 589.

<sup>233</sup> WHO, 'World Mental Health Report: Transforming Mental Health for All' (n 9), pp. 20.

<sup>234</sup> ibid.

European Asylum Support Office, 'EASO Guidance on Reception Conditions for Unaccompanied Children: Operational Standards and Indicators' (European Asylum Support Office 2018) <a href="https://euaa.europa.eu/sites/default/files/Guidance-on%20reception-%20conditions-%20">https://euaa.europa.eu/sites/default/files/Guidance-on%20reception-%20conditions-%20 for-unaccompanied-children.pdf">https://euaa.europa.eu/sites/default/files/Guidance-on%20reception-%20conditions-%20 for-unaccompanied-children.pdf</a> accessed 2 September 2023, pp. 25.

<sup>236</sup> ibid.

<sup>237</sup> ibid.

<sup>238</sup> Kourachanis (n 60).

<sup>239</sup> ibid, pp. 587.

<sup>240</sup> ibid, pp. 591.

<sup>241</sup> ibid, pp. 591.

<sup>242</sup> ibid, pp. 595.

<sup>243</sup> ibid, pp. 595.

Mishra, Digidiki and Winch, 'The Endings of Journeys' (n 54), pp. 4.

<sup>245</sup> Kilinc (n 109).

<sup>246</sup> Mishra, Digidiki and Winch, "The Boys from the Land Don't Get Anything" (n 54), pp. 196.

Lesbos, and Samos.<sup>247</sup> On Kos, it was found that migrants arriving "were neither welcomed nor rejected by the local authorities"<sup>248</sup> but registration was required without any real organization of follow up services. Additionally, reception centres on Samos were reportedly overcrowded and therefore saw a significant strain on resources.<sup>249</sup> Another well-known entry point for refugees into Greece is Lesbos, the location of the Moria refugee camp, which was originally constructed to house around 3,100 refugees but is now home to more than 20,000, with severe overcrowding, violence and mental health challenges prevalent for refugees living there.<sup>250</sup> The threat of violence, uncertainty in the length of time they will need to reside within the camp and the existence of mental health disorders that cannot be effectively addressed all pose significant risks to the overall mental well-being of URMs.

The mental health risks that poor accommodations upon arrival pose are significant and URMs are often "unprepared"<sup>251</sup>to face the institutional challenges of seeking asylum and finding accommodation, which is why the appointment of a "representative"<sup>252</sup> and the assistance from NGOs is crucial. With the current conditions and lack of legal protections to provide specialized care for URMs, there have been negative consequences to mental health. Without the access to the necessary services, especially in a "timely"<sup>253</sup> manner, the mental health of URMs can continue to deteriorate. It is important to note that there are compounding factors upon arrival that can impact the mental health of URMs, including the lack of access to mental health services to address any pre-existing mental health disorders proving to be a significant challenge for URMs residing on Greek islands. Research surrounding the mental health of refugees arriving on Greek Islands has identified a pattern of mental disorders present in URMs, such as anxiety, depression, behavioural disorders, self-harm, and panic attacks.<sup>254</sup> The risk of self-harm has also been found in resettlement countries, as supported by the research conducted by Ramel *et al.*, which found that of those in Sweden who were referred to the Child and Adolescent Psychiatry unit in Malmö "more URMs than non-URMs exhibited self-harm or suicidal behaviour".<sup>255</sup> The lack of trained mental health staff and the strain on reception conditions resources have played an important role in protection implementation.

The understanding of the mental health effects of poor reception conditions on Greek islands for URMs is important, but there is a lack of research surrounding the steps being taken to try and mitigate the negative effects and protection gaps. The lack of literature surrounding the protection frameworks for URMs on the Greek island causes concerns on whether there are steps being taken or if protection is not being adequately addressed. Even with a gap in the literature regarding action steps for additional protection, specifically mental health, the literature that does exist highlights the need for this type of protection for URMs while also highlighting the logistical challenges of implementation and accessibility. For example, mental health disorders which were commonly diagnosed by the Mobile Mental Health Unit of Chios during 2015, which for the children and URMs included PTSD and both anxiety and developmental disorders.<sup>256</sup> The Mo-

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247 Stevens and Dimitriadi (n 182); Reis (n 59).
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<sup>248</sup> Stevens and Dimitriadi (n 182), pp. 269.

<sup>249</sup> Reis (n 59).

<sup>250</sup> Chapman (n 230).

<sup>251</sup> Mishra, Digidiki and Winch, 'The Endings of Journeys' (n 54), pp. 7.

<sup>252</sup> European Union (n 220), pp. 4.

<sup>253</sup> European Asylum Support Office (n 235), pp. 13.

Fylla and others (n 213); Hedrick and Borschmann (n 50); Chapman (n 230); Reis (n 59).the presentation of the therapeutic interventions provided, and the difficulties. The sample is composed of 418 requests made by refugees, asylum seekers, adults, and children. The clinical and demographic data have been gathered from the MMHU-Ch's charts. The study is retrospective, descriptive with quantitative and categorical variables. The data has been analyzed with the utilization of SPSS. The dominant diagnosis in children involves anxiety disorders, developmental disorders, and PTSD. One noteworthy finding is the high percentage of suicide behavior regardless of psychiatric diagnosis, which should be further examined. As far as interventions are concerned, the conclusions which have arisen are the gradually stronger commitment of the referents, but also the high percentage of requests that dropped out. Further examination of the interventions and their efficiency is recommended as well as probing the features of psychopathology in the long term with a view to clarifying the patronizing and aggravating factors:"container-title":"-Psych";"DOI":"10.3390/psych4010004";"ISSN":"2624-8611";"issue":"1";"journalAbbreviation":"Psych";"language":"en";"license":"https://creativecommons.org/licenses/by/4.0/";"page":"49-59;"source":"DOI.org (Crossref

Björn Ramel and others, 'Overrepresentation of Unaccompanied Refugee Minors in Inpatient Psychiatric Care' (2015) 4 SpringerPlus 1, pp. 1.

Fylla and others (n 213). the presentation of the therapeutic interventions provided, and the difficulties. The sample is composed of 418 requests made by refugees, asylum seekers, adults, and children. The clinical and demographic data have been gathered from the MMHU-Ch's charts. The study is retrospective, descriptive with quantitative and categorical variables. The data has been analyzed with the utilization of SPSS. The dominant diagnosis in children involves anxiety disorders, developmental disorders, and PTSD. One noteworthy finding is the high percentage of suicide behavior regardless of psychiatric diagnosis, which should be further examined. As far as interventions are concerned, the conclusions which have arisen are the gradually stronger commitment of the referents, but also the high percentage of requests that dropped out. Further examination of the interventions and their efficiency is recommended as well as probing the features of psychopathology in the long term with a view to clarifying the patronizing and aggravating factors." container-title": "Psych"; "DOI": "10.3390/

bile Mental Health Unit encountered barriers of providing care in rural Greece due to "socioeconomic and geographical" factors, but attempted to fill a protection gap that was created due to the lack of trained mental health staff who were able to address the increasing number of requests for psychiatry assessments coming from the local hospital as well as the "unaccompanied minors' hostel". Even with the barriers faced, interventions such as the Mobile Mental Health Units increase the accessibility of mental health services for URM and may offer additional opportunities to access necessary care. However, locating data surrounding the effectiveness of these interventions on other Greek islands for refugees was challenging. The influx of refugees has caused a strain on mental health services to those in Europe, highlighting the need for increased accessibility to mental health professionals to address the "specific mental health needs" Of URMs. Although the conditions in reception centres in Greece have received attention, warranting calls for improvements and the involvement of NGOs to assist, there are still several areas where protection can be increased to better provide access to food, appropriate shelters, healthcare and "psychological support". Gaps in ability for Greece to provide the necessary reception conditions as well as access to the mental health services for URMs leads to the inability for them to begin recovery for existing mental disorders and in some cases may have worsened the effects.

#### 5.4 Risks of Detention

Another main factor that impacts the mental health of URMs in Greece is detention. For URMs who are "one of the most vulnerable parts of the population" detention is a total deprivation of liberty" and is an important risk to address. As highlighted in the UNCRC, detention of children should be only used "as a measure of last resort and for the shortest appropriate period of time" therefore widely used detention as a default and not a last resort poses a significant gap in protection. The mental health risks that are tied to detention and restriction of movement have been established relatively well in literature, highlighting the impact it has on accessibility to basic rights and protection frameworks. Heymann *et al.*, assessed quantitative data sources of "national-level laws, regulations, ministerial decisions, and executive decrees" from 150 UN Member States to analyse the quality of legal frameworks for protection against detention for asylum-seeker and migrant children. It was reported that "only 21% of countries" assessed had legal frameworks to protect URMs from detention, with 30% of the countries permitted detention of URMs. Research found there were varying levels of detention and varying access to services such as physical and mental health, separation from adult strangers, and education. The gap in protection of URMs that detention poses is a significant risk to their mental health that will be discussed in the remainder of this section.

Additionally, a systematic literature review conducted by von Werthern et al., between 2015 to 2018, addressed the mental health implications of detention on both adult and child migrants, highlighting in-

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<sup>257</sup> ibid, pp. 51.

ibid, pp. 51.the presentation of the therapeutic interventions provided, and the difficulties. The sample is composed of 418 requests made by refugees, asylum seekers, adults, and children. The clinical and demographic data have been gathered from the MMHU-Ch's charts. The study is retrospective, descriptive with quantitative and categorical variables. The data has been analyzed with the utilization of SPSS. The dominant diagnosis in children involves anxiety disorders, developmental disorders, and PTSD. One noteworthy finding is the high percentage of suicide behavior regardless of psychiatric diagnosis, which should be further examined. As far as interventions are concerned, the conclusions which have arisen are the gradually stronger commitment of the referents, but also the high percentage of requests that dropped out. Further examination of the interventions and their efficiency is recommended as well as probing the features of psychopathology in the long term with a view to clarifying the patronizing and aggravating factors:"",container-title":"Psych"",DOI":"10.3390/psych4010004","ISSN":"2624-8611", issue":"1", journalAbbreviation":"Psych", language":"en", license":"https://creativecommons.org/licenses/by/4.0/", page":"49-59", source":"DOI.org (Crossref

<sup>259</sup> Mitra and Hodes (n 56), pp. 199.

Reis (n 59); UNHCR, 'UN Refugee Agency Protection Chief Concludes Visit to Greece, Calling for Increased Protection for Refugees' United Nations High Commissioner for Refugees (2023) <a href="https://www.unhcr.org/news/press-releases/un-refugee-agency-protection-chief-concludes-visit-greece-calling-increased">https://www.unhcr.org/news/press-releases/un-refugee-agency-protection-chief-concludes-visit-greece-calling-increased</a> accessed 4 September 2023.

<sup>261</sup> Plan (n 49), pp. 160.

<sup>262</sup> ibid.

United Nations Convention on the Rights of the Child (n 71), pp. 16.

Heymann and others (n 61), pp. 596.

<sup>265</sup> ibid, pp. 599.

<sup>266</sup> ibid.

creased levels of anxiety, depression, and PTSD "both during and following detention".<sup>267</sup> An important finding of the research conducted by von Werthern et al., was how the severity of mental health symptoms was directly linked not only to the duration of detention, but also the exposure to traumatic experiences prior to detention.<sup>268</sup> All children in the literature that was assessed showed "at least one psychiatric disorder"<sup>269</sup> and the main challenges they faced from eating, sleeping, self-harm and "suicidal ideation".<sup>270</sup> The foundational understanding, that has been established by examples of mental health risks in the previous chapters, is that a majority of URMs may be arriving in Greece with pre-existing mental health disorders, such as anxiety, depression, and PTSD, and therefore adding detention as a stressor, risks exacerbating their symptoms, significantly risking their mental well-being. The concern of the negative impacts of detention on children is a crucial aspect when considering the protection of URMs and the ways in which gaps in the protection can impact mental health. A large concern, which directly impacts the protection available to URMs, is the accurate assessment of their age. A common pattern throughout several of the articles analysed was how in certain circumstances surrounding detention of refugees in Greece, URMs were treated similarly to adults.<sup>271</sup> A main risk is the dangers of incorrect age assessment, which can lead to misclassification as an adult, leaving them without the additional protection they are entitled to as URMs.<sup>272</sup> As established in the beginning of this chapter, URMs should only be detained if it is an exceptional case and there are special provisions that must be implemented if detention is necessary.

Additionally, concerns have been raised about the lack of specificity re the times in which detention can be enacted and for how long under the CEAS, without specific guidelines Member States have freedom of interpretation and URMs may be at risk.<sup>273</sup> The concept of "protective custody"<sup>274</sup> in Greece was explored by Papadopoulos, who analysed the differences between detention and protective custody of URMs and the effects of the underdeveloped protection frameworks which led to the violation of URMs rights. A danger identified by Papadopoulos was the inability of Greece to "adequately and promptly cover the accommodation needs"275 for all the URMs within its borders which led to the URM being placed under "administrative detention"<sup>276</sup>, which in theory, is only supposed to last until a suitable accommodation can be provided. However, as has been explored in this chapter, there are risks that URMs face even when they are in accommodations which are established to provide them specialized protections. UNICEF has called for the end of detention of refugees, citing the lack of "legal and procedural safeguards in place against immigration detention".<sup>277</sup> The importance of accurate age assessments and the use of alternatives to detention or ATDs, such as "group homes, foster care systems, guardianship and other ATDs" have been encouraged to address the gap in protection detention poses. It is crucial to establish accommodations which meet the specialized needs of URMs, therefore mitigating the risks to their mental and physical health. Although the study conducted by von Werthern et al., highlighted mental health risks of detention for adults and children, their research acknowledged a limitation, which became clear throughout the analysis for this research as well, which is there is a little evidence surrounding the risks of detention solely to URMs.<sup>279</sup> The gap in literature surrounding the mental health risks of detention specifically relating to URMs is one that needs to be further addressed, due to their increased vulnerability, especially at this stage in their journey when they have already been in displacement without the support of their family for an extended period of time.

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           M Von Werthern and others, 'The Impact of Immigration Detention on Mental Health: A Systematic Review' (2018) 18 BMC Psychiatry
1, pp. 1.
268
           ibid.
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           ibid, pp. 13.
           Kourachanis (n 60); Papadopoulos (n 70); Mishra, Digidiki and Winch, "The Boys from the Land Don't Get Anything" (n 54); Lønning (n
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           Ilse Derluyn, 'A Critical Analysis of the Creation of Separated Care Structures for Unaccompanied Refugee Minors' (2018) 92 Children
and Youth Services Review 22.
           Plan (n 49).
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           Papadopoulos (n 70), pp. 179.
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           ibid, pp. 180.
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           ibid, pp. 180.
           UNICEF (n 167), pp. 16.
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           Von Werthern and others (n 267).
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# 5.5 Restriction of Movement and the Asylum Process

The last main factors which were identified through the present analysis was the risk restriction of movement and barriers to seeking asylum posed. A specific example of this restriction of movement can be seen in the EU-Turkey Statement and Joint Action Plan, which directly impacts Syrians seeking asylum in Greece. URMs have faced increased challenges when arriving in Greece post the EU-Turkey Statement in finding suitable accommodation that the individuals who arrived prior to the deal did not have to endure.<sup>280</sup> Additional restrictions, the accommodation referral system which made accessing the necessary protection extremely difficult, and increased fear of being intercepted by authorities such as "Hellenic police, Frontex, and the Greek coastguard"281 only added to the stressors of URMs. With URMs already having to deal with the mental health consequences of fleeing their country of origin, then facing stressors and inaccessibility in a host country, additional stress upon arrival in a country where they hope to seek asylum can be detrimental to their well-being. The Greek Island camps also faced increased restrictions after the implementation of the EU-Turkey Statement. A report published in 2017 by Save the Children addressed the shift in the restrictions placed on Greek island reception centres describing them as "surrounded by tall fences topped with barbed wire, and the gates were guarded by police and military"282 and movement was increasingly monitored stating "the Aegean islands were converted into de-facto detention islands". 283 Additionally in the face of lack of legal protection and increased restriction on movement in Greece post the EU-Turkey Statement, the increase in mental health disorders had begun to surface. In 2017, increases in both anxiety and depression as well as self-harm and aggressive behaviour in URMs residing in Greek island camps was recorded.284

The restriction of movement also impacts the ability for URMs to begin the asylum process once they arrive in Europe. Autonomy plays an important role in the resilience and mental health and well-being for URMs, allowing them the ability to be informed and make decisions regarding their protection is an effective way to mitigate additional risks.<sup>285</sup> However, several URMs are lacking representatives to walk them through the process and presenting them their options or are facing detention without access to the specific legal and support systems they are entitled to in both the UNCRC and the EU Receptions Directive.<sup>286</sup> As has been established throughout this chapter, the reception conditions for a majority of the URMs arriving on Greek islands do not create a safe environment where URMs can access the services they need, mirroring some of the stressors that they may have faced during their transit phase. Data collected in Sweden in 2011 found that 86% of the URMs admitted to inpatient psychiatric care exhibited symptoms "related to stress in the asylum process". 287 Additionally, research of Sarkadi et al., which was conducted through the administration of a questionnaire to 29 refugee adolescents in Sweden, found that "adolescents whose asylum had been granted scored significantly lower on the RHS compared to (mostly URM) adolescents who were still awaiting their decision". 288 The findings of the study by Sarkadi et al., highlighted the high levels of stress that the asylum process put on URMs in Sweden who were awaiting their asylum decision, who faced the anxiety of uncertainty, but during their wait had access to services and were able to attend school and access healthcare.<sup>289</sup> The levels of anxiety that refugee adolescents are feeling within other countries in Europe, such as Sweden, while they wait for their asylum decision is important to note.

URMs are entering the asylum process in conditions where they face additional stressors like poor reception conditions, lack of access to the necessary services they require, and gaps in protection as well as the possibility of pre-existing mental distress, which could be detrimental to their mental well-being. The impact

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280 Mishra, Digidiki and Winch, "The Boys from the Land Don't Get Anything" (n 54).
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<sup>281</sup> ibid, pp. 192.

I Aoun and S Myers, 'A Tide of Self-Harm and Depression: The EU-Turkey Deal's Devastating Impact on Child Refugees and Migrants" (Save the Children 2017), pp. 8. <a href="https://resourcecentre.savethechildren.net/pdf/tide\_selfharm\_depression.pdf/">https://resourcecentre.savethechildren.net/pdf/tide\_selfharm\_depression.pdf/</a> accessed 4 September 2023.

<sup>283</sup> ibid, pp. 8.

<sup>284</sup> ibid.

<sup>285</sup> Boyden (n 54).

United Nations Convention on the Rights of the Child (n 71); European Union (n 220).

<sup>287</sup> Ramel and others (n 255), pp. 3.

Anna Sarkadi and others, 'Is the Refugee Health Screener a Useful Tool When Screening 14- to 18-Year-Old Refugee Adolescents for Emotional Distress?' (2019) 32 Journal of Refugee Studies, i141, pp. i148.aged 14–18, attending routine clinical examinations or staying in group homes/refugee centres (N = 29

ibid.aged 14–18, attending routine clinical examinations or staying in group homes/refugee centres (N = 29

on the mental health of URMs such as "detention postarrival"<sup>290</sup> increase levels of psychological distress and uncertainty about their asylum or legal status can increase anxiety. These findings, through research conducted in the United States, highlight the importance of mental health services, and can be applied to analysis of protection for URMs in Greece who may be facing both of these risks without adequate protection.<sup>291</sup> The hopelessness and powerlessness that comes with restriction of movement and uncertainty as they await asylum, as well as facing worsening conditions without the assistance of their support system highlights the need for psychological support that is simply not readily available, despite the efforts of NGOs.<sup>292</sup> Additionally, the protection gaps highlighted in this section and the risks they pose to the mental health of URMs also highlights how crucial it is for URMs to be "assisted and supported throughout their application procedure for international protection"<sup>293</sup> to provide information and protect from exploitation. Additionally, a majority of the literature surrounding the situation for URMs arriving to Greece highlights the conditions as well as dangers such as detention and restriction of movement without specific information on best steps to mitigating mental health risks. The conditions addressed in this chapter highlight extreme vulnerability, which has been a pattern throughout this research, and little established assistance for URMs, which include those who have fled Syria, passed through Türkiye and arrived in Greece. The risks to mental health which are present during this arrival phase are extensive and require additional protection frameworks, as well as considering the pre-existing mental distress URMs may be arriving with from the rest of their journeys. The assessment of the mental health of those URMs arriving in Greece is an area where further research should be conducted to prioritize the necessary access to mental health services and implementation of consistent specialized care for URMs to not exacerbate or create new mental health distress.

<sup>290</sup> Kathryn AV Clements, Diane Baird and Rebecca Campbell, "It's Hard to Explain.": Service Providers' Perspectives on Unaccompanied Minors' Needs Based on Minors' Forms of Immigration Relief' (2020) 21 Journal of International Migration and Integration 633, pp. 636.

<sup>291</sup> ibid

<sup>292</sup> Reis (n 59).

<sup>293</sup> Papadopoulos (n 70), pp. 187.

#### 6. Conclusion

# 6.1 The Impact of the Journey

The findings presented in this research provide an overarching analysis of the migration journey as a whole and the possible risks to the mental health that can accumulate as URMs travel from the country of origin, Syria, to the transit state of Türkiye, and finally the arrival in Greece through the Greek islands. The research question posed was: how do varying types of protection gaps throughout an URMs' migration journey to Europe impact their mental health? The analysis of the three phases found that each phase poses different, but equally significant risks which impact the mental health of URMs as they face varying protection gaps. The identified protection gaps include conflict, violence, and becoming unaccompanied, separation from family and inaccessibility in support and services, poor accommodations, detention and restriction of movement for URMs during their journey. The effects of each phase and the protection gap posed increased levels of PTSD, anxiety, depression, self-harm, and led to loneliness and loss of hope. Each protection gap impacted the mental health of URMs in some way, most posing significant risks. With the understanding of the long-term effects to URMs mental health being found in resettlement studies, the goal of this analysis was to identify specific protection gaps that can be addressed to mitigate the longevity of mental distress for URMs.

The literature review in Chapter 2, highlighted the pattern of research surrounding mental health post-migration in the resettlement phase. Identifying the gap in literature surrounding an interaction between protection and the impact of each phase on the mental well-being of URMs that this research strives to fill. The pre-displacement phase presented in Chapter 3, assessing the gap in state protection in Syria during the ongoing war. The lack of state protection during a child's time in their country of origin can lead to the exposure to traumatic events, violence, and loss. All of which pose significant risks to the mental health of children and can lead to becoming unaccompanied, leaving them in a vulnerable position as they leave their country of origin and cross into a transit state. The transit phase analysed in Chapter 4, centring around the gap in protection frameworks within the temporary residence state of Türkiye, creates barriers to the necessary support and service access URMs are entitled to and need to maintain well-being. Additionally, coming from their country of origin, recently separated from family and having witnessed traumatic experiences, the access to a safe place to live as well as education and mental health services could reduce the stress they face. The challenges URMs face in accessing basic services, even with the steps being made to reduce the protection gaps, keep them in an extremely vulnerable situation where they face barriers to necessary support and services. Finally, the arrival phase analysed in Chapter 5, focused on the protection gaps in the reception conditions and detention processes in the arrival country of Greece. URMs are entitled to specialized protection under international and regional laws that strive to ensure their best interests are prioritized, however the current situation on Greek islands highlights a significant gap in protection. A gap which has led to an increase in anxiety, depression, and self-harm in URMs residing in reception facilities on Greek islands. The arrival phase could provide the desperately needed mental health services to address the symptoms and disorders that have been developed along their journey.

However, the current protection gaps not only leave URMs without the access they need, but at times pose additional risks to their mental health. The existing literature throughout each phase establishes a key foundation of the risks URMs face as well as the ability to look at the journey emphasizes not only the risks at each phase but the compounding risks from the moment, they leave their country of origin until they arrive in Europe. Any additional risks that can be mitigated is a step towards better protection of URMs, which may lead to less long-term effects and the hope of a support to maintain mental well-being. The establishment of frameworks that are more proactive in protecting the mental health of URMs at each phase, instead of reactive to already established mental health challenges that may continue to negatively impact their mental health in the long-term, is essential.

#### 6.2 Recommendations

There is a need for continued research that not only looks at one specific risk to URMs during a stage of their journey, but the overall mental health risks of their displacement. As has been established, there are significant protection frameworks in place to ensure well-being, however gaps at each phase pose a risk to the vulnerable population of URMs. Many of the articles analysed for this research were either scientific studies or more policy and humanitarian based academic articles. The research above highlights the necessity of those two disciplines to work at conducting research with the effects to the other in mind. The data surrounding the specific mental health and psychological disorders facing URMs should lead to an impact of policy and humanitarian action or research and vice versa. The understanding of protection gaps or barriers to implementation of the necessary humanitarian action should be considered when analysing the existence of the mental health disorders being reported. Analysis highlighted an increase in URM specific literature surrounding mental health in recent years, however there is still limited literature which solely focuses on the risks and protection for URMs. Continued research which strives to collect and assess mental health and protection risks for URMs should be conducted to enhance protection frameworks. Additionally, research will need to be conducted in different regions, following additional migration paths to determine variations in protection gaps and mental health risks to different groups of URMs across the globe. Additional focus on the effective implementation of protection for URMs by cooperation between governments, NGOs, and mental health professionals throughout the pre-displacement, transit, and arrival phases can mitigate risks and ultimately lead to better overall protection for URMs and their mental health.

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