

## Statement from the Board of Research and Implementation of the Children and War Foundation

### Unaccompanied minors – can we live with our conscience?

As board members of the Children and War Foundation’s Board of Implementation and Research we represent several hundred years of clinical and research experience working with children who experience war and disaster situations. As a group we are appalled by the way we treat unaccompanied minor asylum seekers in the Western world. It runs against all we know about how to meet the needs of traumatized people. To prevent further difficulties, we need humane institutions and care to secure their physical and mental health for the future. Instead we have erected systems that in many respects can be likened to a production line for future mental and physical health problems. This for a group already heavily burdened by many adverse life experiences at their young age.

Refugees fleeing war and war-like situations have a high degree of traumatic experiences in their baggage resulting in a variety of health and mental health consequences especially post-traumatic stress disorder as well as other mental health disorders (Lorek et al., 2009; von Wertheim et al., 2018). While detainees have documented severe mental health consequences, there should be special consideration of detention-related harm in young people. In a review of studies by von Wertheim and co-workers (2018) they write: “All children evidenced at least one psychiatric disorder, most frequently depression, anxiety, PTSD and somatization, depending on the diagnostic categories used. The overwhelming majority also struggled with sleeping (65–100%) and eating problems (100%), suicidal ideation (50%), and self-harm (25–80%) (p.13)”.

When entering western countries, young unaccompanied asylum seekers are often kept in detention centres that add harm to injury. In their already vulnerable situation they meet systems where their mental health is not assessed, treatment or help not offered, and have to live in limbo, not knowing what their future will bring. They live with great fear of being deported, are in an uncontrollable and unpredictable situation away from their family, often in isolation without adequate help to master daily living. Often, they will be deported as soon as they reach 18 years of age, thus choosing to go into hiding or living on the street when this age approaches. The return process in itself poses fear and new stressors during and following return, and Save the Children recommend that return to a country such as Afghanistan should stop (Save the Children, 2018).

The politicians and authorities in our countries disregard how this situation produces mental health problems. They fear being the most liberal country and getting an influx of refugees. Though we understand that it is impossible to accommodate all the people in this world that hope to better their future, it is our common responsibility to offer humane care, protect them from further harm, and provide treatment and mental health care for those in need. Not doing so is in breach of the UN Conventions on the Rights of the Child.

In several countries including the UK and Scandinavia, a group approach developed by our foundation, the Teaching Recovery Techniques, is successful in reducing traumatic stress

reactions (Ehnholt, Smith, & Yule 2005; Yule, Dyregrov, Raundalen, & Smith, 2012). This and similar approaches have the potential to help these youngsters. However, many suffer so much that they will need individual therapy. This is not a priority today in most western countries. It should be. Adequate help and treatment must follow proper assessments. But in addition to therapeutic help, much misery and extra harm can be prevented by adequate psychosocial support, education while in waiting, and adequate resources for daily living. The more we can do to reduce their daily worry about the future and help to deal with the stressors involved in their uncertain situation, the better. We should have room for those already here – their striving for a better future should not be met with inhumanity, but by letting them have security for the future.

As professionals we cannot passively accept that our policies regarding this group can create or increase mental health problems. We need to minimize further harm by formulating more humane policies. The production of trauma must be stopped!

## References

- Ehnholt, K. A., Smith, P. A., & Yule, W. (2005). School-based cognitive-behavioural therapy group intervention for refugee children who have experienced war-related trauma. *Clinical Child Psychology and Psychiatry*, *10*, 235–250.
- Lorek A, Ehnholt K, Nesbitt A, Wey E, Githinji C, Rossor E, et al. (2009). The mental and physical health difficulties of children held within a British immigration detention Centre: a pilot study. *Child Abuse and Neglect*, *33*, 573–85.  
<https://doi.org/10.1016/j.chiabu.2008.10.005>
- Save the Children (2018). *From Europe to Afghanistan*. Experiences of child returnees. Sweden.
- von Werthem, M., Robjant, K., Chui, Z., Ottisova, L., Mason, C., & Katona, C. (2018). The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry*. 18:382. <https://doi.org/10.1186/s12888-018-1945-y>
- Yule, W., Dyregrov, A., Raundalen, M., & Smith, P. (2013). Children and War: Past and present. The work of the Children and War Foundation. *European Journal of Psychotraumatology*, *4*: 18424 - <http://dx.doi.org/10.3402/ejpt.v4i0.18424>