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Mental Health of Migrant Children

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IOM Psychosocial Programs Worldwide

- **Active since 1998**
  - Capacity building for professionals, Governments, Agencies, IOM Departments
  - Direct service provision to the populations
  - Development of an international expert network

- **In 2014-2017**
  - Psychosocial support provided to more than 720,000 individuals, with a focus on youth
  - 4,500 professionals were trained worldwide
  - In Europe, active programs Italy, Greece, Portugal,
Definitions and scope of the problem
What is Mental Health?

“State of well-being in which an individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2002)

Mental health is not only the absence of mental disorders. Abnormal distress brings to a different definition of incapacity to cope. For migrants and refugees communities multiply and some are stigmatizing them.
Identity/Role is the Key Concept of Well-Being of Migrants and Refugees

- Who I am to myself (Individual differences)
- The interiorized societal factors: gender culture, traditions, traditional roles, etc.
- How others perceive me. Can also be a self perception

- The three factors can have different weight in different cultures.
- The construction is dynamic, not still.
- Migration and forced migration shake this construct, because two factors change drastically, and the others change by default, but more slowly.
Differences in identity formation between Accompanied and Unaccompanied and Separated Children?

For accompanied migrant children

Identity formation is mediated by

▪ The parents as significant others (when younger)
▪ By the external non migrant world at a later stage

Second generation migrants are more at risk of mental disorders than first generation migrants in the same families

For unaccompanied and separated migrant children

Identity formation may reflect the lack of attachments with significant positive adults or values.

UASC are more likely to develop behavioural problems than other children
# Psychosocial Consequences of Migration

## Stressors
- Changes in identity/roles
- Change in surrounding social, economic and cultural structures
- Devaluation of traditional values
- Stigmatization
- Instances of violence and/or exploitation
- Lack of access to necessary services

## Psychological Reactions
- Disorientation
- Confusion
- Sense of instability
- Sense of loss
- Lack of trust
- Sense of inferiority
- Isolation
- Looking at the past, the future, but not the present.
Child development

<table>
<thead>
<tr>
<th>Fundamental factors for a healthy child development</th>
<th>For Unaccompanied and Separated Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Basic needs are satisfied</td>
<td>□ Basic needs are not met</td>
</tr>
<tr>
<td>□ Safety and security are granted</td>
<td>□ Safety and security are not granted</td>
</tr>
<tr>
<td>□ Positive attachments with significant others</td>
<td>□ No attachments and negative role modelling</td>
</tr>
<tr>
<td>□ Stimuli that are age appropriate</td>
<td>□ Stimuli that are not age appropriate</td>
</tr>
</tbody>
</table>
Psychosocial consequences of migration for Unaccompanied and Separated Children

**Psychological Reactions**

- Behavioral problems
- Developmental problems
- Complacency to maltreatment
- Lack of education and “negative” role modelling/delinquency
- Alcohol and/or drug abuse
- “Adultization” in certain aspects of life/development
Administrative detention determines bad mental health outcomes over the long term for children.

Children are more at risk to develop mental disorders and consider/at tempt suicide, even after detention and directly proportionally to the time spent in detention (Robjiant et al. 2009; Steel at al. 2005).

The Case of Greece
The case of Greece - some data

- May 2016-September 2017: IOM assisted a total of 408 UASC, of those
  - 72 have received social supports
  - 190 were referred to protection partners
  - 60 have received psychosocial support (support groups, lay counselling)
  - 90 received individual psychological assistance
    - 40% of those were referred to psychiatric care
      - Drug use
      - Suicidality and self-harm
      - Depression and anxiety
      - Sexual abuse
Other Issues of Concern

- Isolation
- Adaptation disorder
- Aggressiveness and anger as a reaction to the situation
- Eating problems
- Negative role modelling
- Gap of specialized services for child drug users
  - Hyperactivity and aggressiveness more prevalent in pre-teens.
  - Depression, anxiety and self-harming more prevalent in teenagers.
  - UASC anxiety related with existing or perceived family pressures ("child anchors").
Psychosocial Programs and Responses
Psychosocial Support along the actions of the Priority Actions for Children of the EU (I)

- **Identification** – psychological first aid-positive communication
- **Adequate reception** - includes psychosocial support, recreation, counselling and parenting skills
- **Effective guardianship** - MHPSS training for guardians, special rules and pathways for children with mental disorders and those who are mentally disabled.
- **Durable solution and early integration** - reestablish healthy developments determinants, including access to culturally adequate and age appropriate psychosocial care and guidance
Psychosocial Support along the actions of the Priority Actions for Children of the EU (II)

- **Addressing causes and protect along migrant routes** - psychosocial and child and youth friendly huns in reception, information and identification centers

- **Develop Psychosocial support systems in origin and transit countries**

- As much as possible **these systems should not be separated but integrated in the existing child protection, social, educational and health structures** (cultural diversity competences)