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## Theoretical Background

- Unaccompanied young refugees (UYRs) show elevated levels of mental distress such as symptoms of post-traumatic stress disorder (PTSD), depression, and anxiety (e.g., Barghadouch et al. 2018; El Baba & Colucci, 2018) leading to a higher need for support and access to appropriate treatment services.
- Mental health problems tend to persist over time even after resettlement in a host country (e.g., Jakobsen et al., 2017).
- The post-arrival situation in the host country plays an important role in increasing or reducing mental health risks for these vulnerable children and youth.
- Particularly, stressors such as precarious living conditions, experiences of discrimination, financial worries, worries about family members, or fear of deportation represent risk factors for the mental health of refugees after arrival in the host country (e.g., Dangmann et al., 2021; Höhne et al., 2020; Jakobsen et al., 2017; Nielsen et al., 2008) as they can impede coping with traumatic experiences and thereby increase the incidence of mental disorders in refugees (Miller & Rasmussen, 2017).

## Study Aims & Research Questions

The study aims to examine the current levels and trajectories of mental health problems in UYRs living in residential group homes and analyze the differential impact of post-migration factors on PTSD, depression, and anxiety. In detail, the study intends to answer the following research questions:

- To what extent do UYRs living in group homes report clinically relevant levels of depression, anxiety disorders, and PTSD?
- How do symptom levels change over 1 year?
- What impact do postmigration factors have on the mental health of UYRs?

## Methods

### DESIGN, SAMPLE, AND PROCEDURE

- The data used in the current study represents baseline data of a predefined subsample of the BETTER CARE study (registered in German Clinical Trials Register DRKS00017453)
- Participants: 131 UYRs living in 22 Children and Youth Welfare Service (CYWS) Facilities in Germany
  - 81.7% male
  - 84.9% Muslim
  - $M=16.95$  years, range 13-20 years
  - 29 different countries of origin (30% from Afghanistan)
- Recruitment and baseline assessments took place between July 2020 and July 2021
- Follow-up assessments took place 6 months ( $n=95$ ) and 12 months ( $n=81$ ) after baseline assessments

MEASURES (all assessments, available in 11 languages)

#### Pre- and postmigration factors

- Number of potential traumatic events (PTEs)
- Daily Stressors Scale for Young Refugees (DSSYR)
- Frequency of contact to family members

#### Mental health outcomes

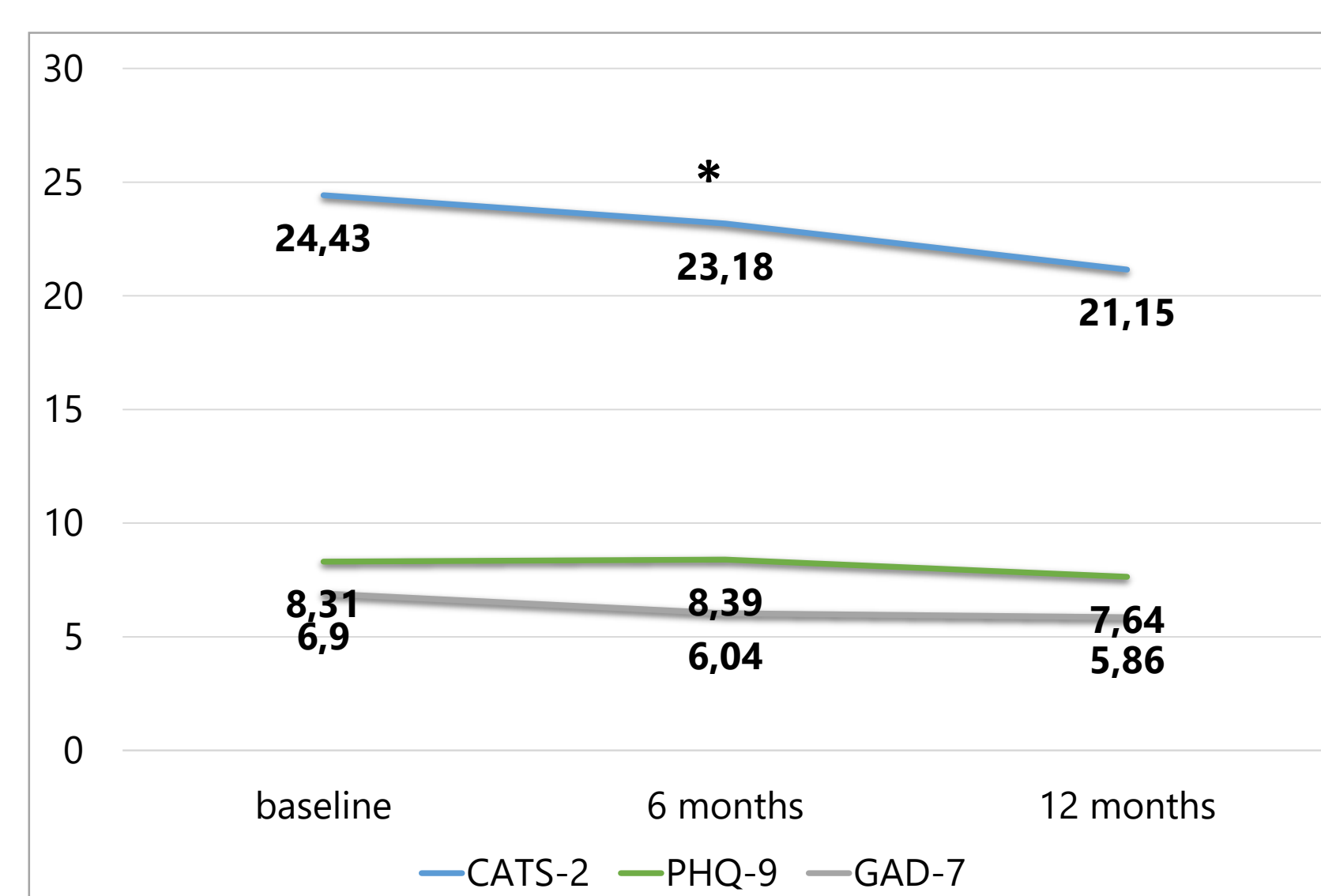
- PTSS (CATS-2)
- Depression (PHQ-9)
- Anxiety (GAD-7)

## Results

### Trajectory of mental health outcomes

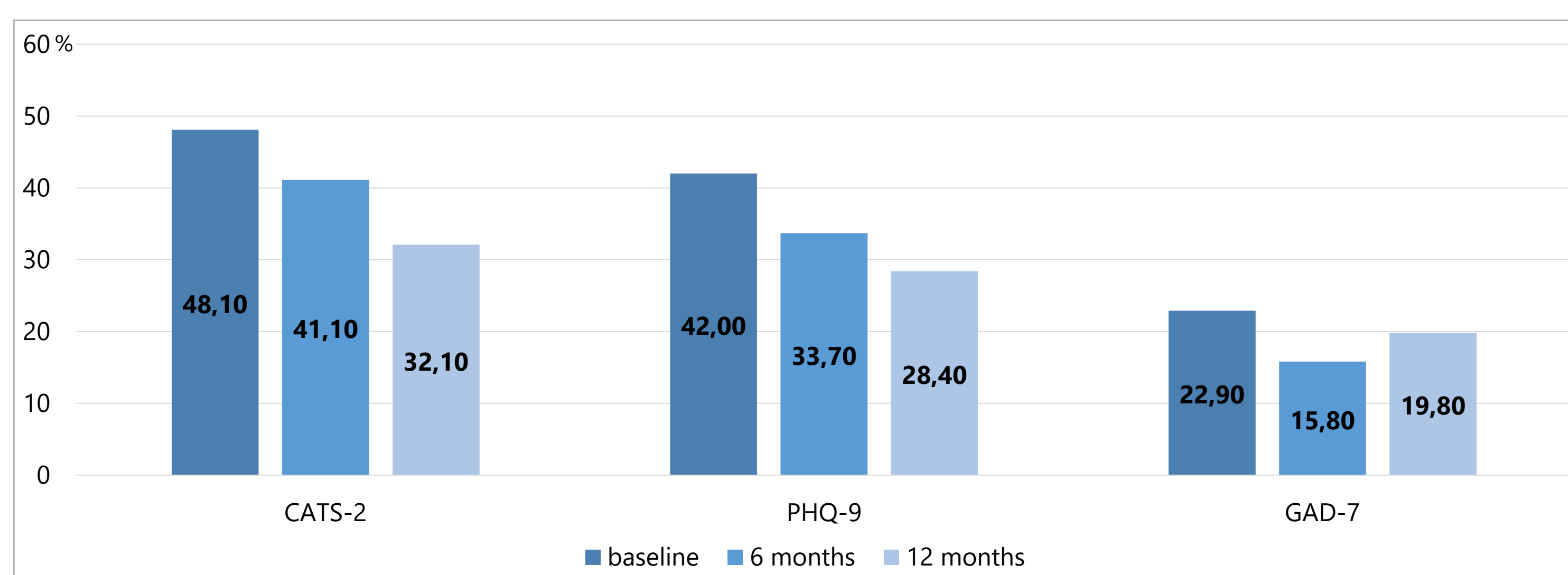
On average, symptom severity for PTSS, depression, and anxiety was moderate to high at baseline (see figure 1). Based on a repeated measures ANOVA, no significant changes were found over time for depressive and anxiety symptoms, but a significant decline in symptom severity was found for PTSS,  $F(2,142)=3.902$ ,  $p=.022$ .

Further analyses of baseline data revealed that 48.1% of UYRs showed clinically relevant levels of PTSD symptoms (see figure 2). Moreover, 42.0% of UYR scored above the clinical cut-off for depressive symptoms, and 22.9% for anxiety. 19.1% of UYR showed elevated levels in all three domains at baseline, and 14.7% and 14.8% at 6- and 12-months-follow up. However, the reduction in the prevalence of severe mental health problems reached no statistical significance.



Note.  $n = 72$ , \*  $p < .05$ , CATS-2 Child and Adolescent Trauma Screen 2, PHQ-9 Patient Health Questionnaire-9, GAD-7 Generalized Anxiety Disorder Scale-7.

**Figure 1.** Means of CATS-2, PHQ-9 and GAD-7 at baseline, 6- and 12-months-follow up assessment.

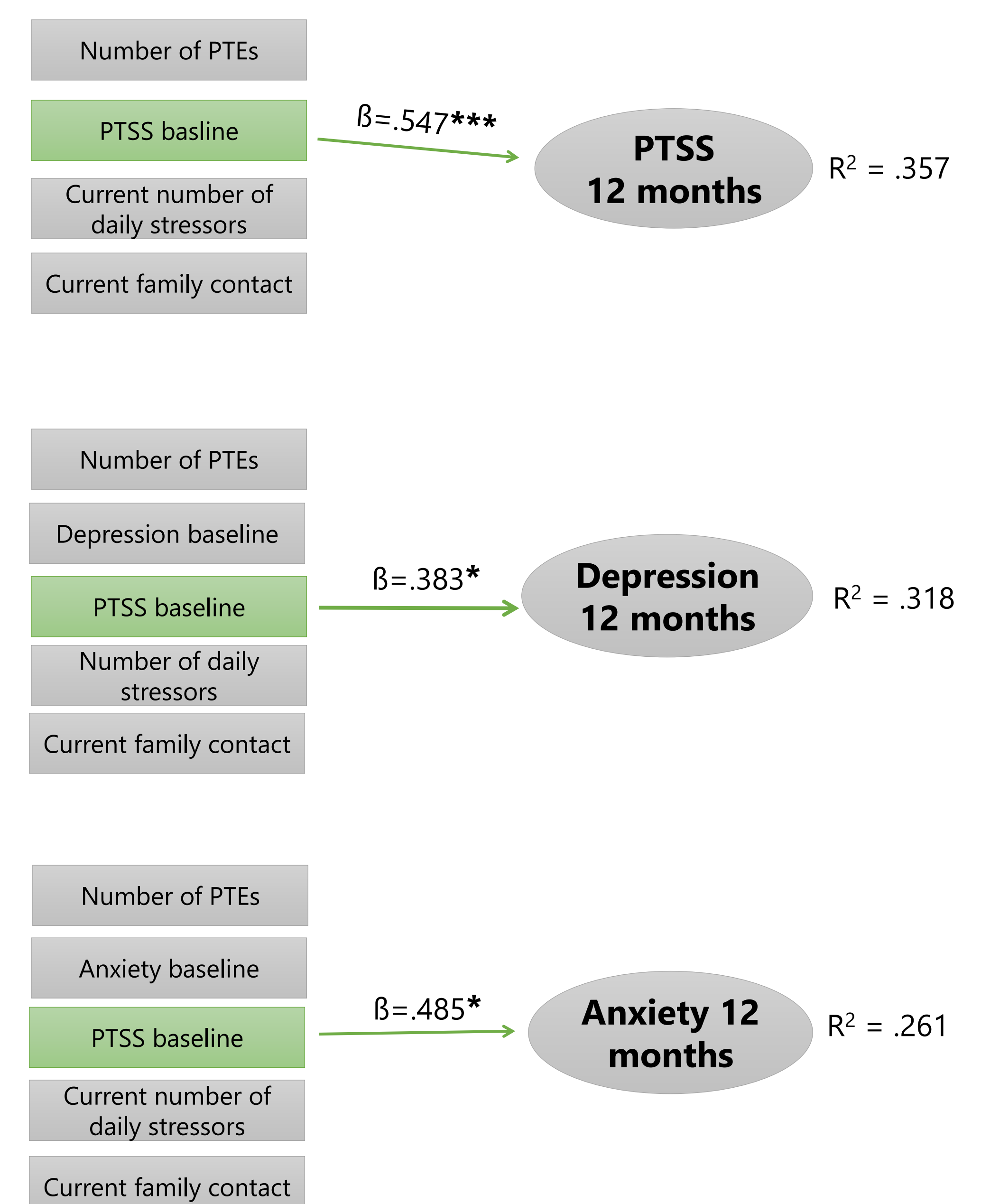


Note.  $n = 81-131$ , \*  $p < .05$ , CATS-2 Child and Adolescent Trauma Screen 2, PHQ-9 Patient Health Questionnaire-9, GAD-7 Generalized Anxiety Disorder Scale-7.

**Figure 2.** Frequency of sum scores above the cut-off for CATS-2, PHQ-9, and GAD-7.

### Prediction of mental health outcomes after 12 months

The results of hierarchical regression analyses (see Figure 3) indicate that mental health outcomes 12 months after baseline assessment are only predicted by the symptom severity of PTSS at baseline assessment. Neither the number of PTEs assessed at baseline nor postmigration factors assessed at 12-months-follow up turned out to be significant predictors.



Note.  $n=80$ , \*\*\*  $p < .001$ , \*  $p < .05$ .

**Figure 3.** Hierarchical regression analyses predicting mental health outcomes at 12-months-follow up.

## Summary & Conclusions

The results of the study are in line with recent findings indicating that UYR are a highly vulnerable group and confirm the high prevalence of PTSD, depression, and anxiety. The findings further indicate that anxiety and depressive symptoms do not change substantially over time, while PTSS tend to decline in a 12-months-period. Moreover, early PTSS symptoms seem to be the major risk factor for later mental health outcomes.

Thus, practitioners and stakeholders of the mental health system in the host countries are called for implementing effective interventions to reduce PTSS in UYRs at an early stage after arrival. However, more research is needed to achieve a systematic understanding of the complexity of factors that may increase mental health risks for UYR after arrival in a host country in order to provide adequate support. Furthermore, more data is needed on the trajectories of mental health problems in UYR and the impact of post-migration factors over time, especially when the UYRs leave the care system.

## CONTACT

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