

New Perspectives on the European Refugee Crisis. An Empirical Review. Introduction to the special issue.

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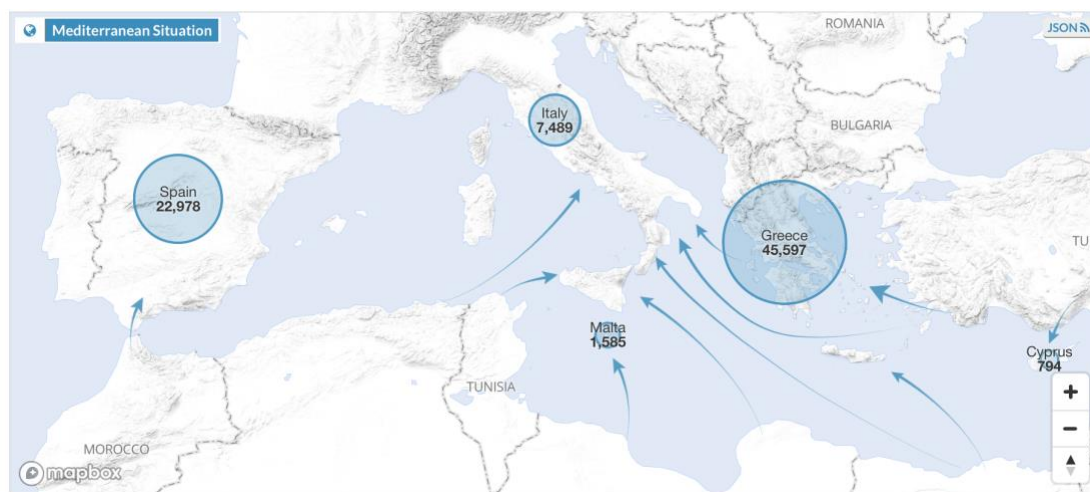
Introduction

The current special issue in the Journal of Refugee studies provides new evidence about refugees' situation in reception and destination countries in Europe. It reviews mental health screening tools and survey methodology, and highlights priorities for policy and future research.

Greece in particular has been the main gateway to Europe since 2014, receiving massive inflows of asylum seekers and migrants, reaching a peak of 857.000 arrivals in the autumn of 2015. The numbers continue to be substantial in 2019. Furthermore, the EU-Turkey agreement in March 2016 and the subsequent closure of the Balkan route resulted in the entrapment of nearly 60 000 refugees in Greece erupting a humanitarian crisis (Cavounidis, 2018). Since then, reception conditions have been a "persistent challenge" (FRA 2019), as Greece is struggling with a disproportional share of burden to accommodate and provide sufficient care for the new coming populations.

According to estimates provided by the UNHCR (UNHCR, 2019a), more than 2,000,000 people have crossed the Greek border since 2015. In the first months of 2019 alone, some 11,000 with main country of origin Afghanistan entered the country following the Eastern Mediterranean route from Turkey (Figure 1).

Figure 1: Arrivals in Europe across the Mediterranean routes



Source: UNCHR 2019 Operational Portal (September 2019).

Approximately one third (2.000) of the 60,000 refugees and asylum seekers who live in Greece today, are underage children in Reception and Identification Centers (RICs) in the North Aegean and Thrace. The islands of North Aegean (Lesvos, Samos, Chios, Kos) in particular continue to receive hundreds of asylum-seekers arriving at their shores on a weekly basis until today (September 2019) (UNCR, 2019b). The majority is arriving at Lesvos island where the accommodation capacity in the Reception and Identification camp of Moria has long before reached an end; more than 10.000 people from 58 different ethnicities have to live in a place provisioned to host only 3.000. The situation has sparked new concerns about a replication of the 2015 refugee crisis. Asylum applications in Europe have also shown a considerable increase; some 62.900 applications were lodged as of July 2019, which is the highest number since March 2017 (EASO 2019).

The eighteen articles included in this special issue contribute with much-needed evidence concerning refugees' situation in European reception and destination countries from a multi-disciplinary perspective, highlighting priorities for policy and future research. The contributions consists of studies from destination countries in Northern Europe (Norway, Sweden, Germany) and reception or transit countries in Southern Central Europe (Slovenia, Croatia) and Eastern Mediterranean (Greece and Italy, which are first line reception countries and mainly considered to be transit countries).

Evidencing the health status of refugees is one of our key priorities. In line with the latest mandate by WHO that there is "no public health without migrant and refugee health" (WHO 2018) we argue that health and especially mental health care provision should be the basis for the implementation of integration policies should they have chances to be successful. Several studies in refugee research

have documented the adverse health effects of displacement (Poole et.al, 2018, Mollica, 2004, Lindert et.al 2016) and the distress of relocation in new countries (Hebebrand et.al 2016, Silove, Ventevogel and Rees 2017).

The first aim of the special issue is therefore to obtain more knowledge about the physical and mental health of refugees who arrived in Greece shortly after the overwhelming peak of 2015. In doing so we aim to contribute to the public debate and scientific discussion concerning migrant health as a priority for “an increasingly diverse Europe” (Rechel et.al 2013) whose health systems have been under severe pressure during the financial crisis. However, this is only possible if we have reliable screening tools.

The second aim of the issue is therefore to evaluate existing measurement tools for the screening of mental health among refugee children and adolescents and to provide new insights about the development of culturally appropriate questionnaires for refugee populations. This part of the special issue partly builds on our own experiences with the REHEAL survey. However, we also need to understand more about the integration process of refugees, and particularly children, in reception and destination countries.

The third aim of this special issue is therefore to provide new knowledge about the conditions under which refugees live in terms of the attitudes of host populations, the media discourses that frame these attitudes, and the asylum policies in several European countries.

Coherence across the contributions is assured through the fact that the empirical analyses are primarily based on the REHEAL study. The REHEAL Study was conducted in 2016 during the early phase of refugees’ settlement in the Greek refugee camps. REHEAL (Refugees’ Healing) was funded by the National Centre for Social Research in Greece (EKKE) and by the Centre for Global Health Inequalities Research (CHAIN) at the Norwegian University for Science of Technology (NTNU), and conducted by EKKE. Our data provide a unique snapshot of the early phase of accommodation in Greece, less than a year after the peak of arrivals in the country in autumn 2015. The goal of the survey was to investigate the reasons for fleeing the homeland, the potential traumatic and discriminative experiences while fleeing, the self-assessment of health status, the evaluation of reception conditions by the respondents and the use of social media. A total of 367 people were surveyed in the camps of Eleonas, Diavata, Veroia, Skaramangas, Schisto and Samos Island during the summer of 2016. In addition, a corollary pilot study was undertaken by EKKE and the Harvard Program in Refugee Trauma for the unaccompanied children living in the shelters of the Attica region in Greece (Stahopoulou 2019).

The REHEAL dataset is complemented by other sources of data drawn from European large-scale surveys like the European Social Survey (ESS), the European Union Labour Force Survey (EU-LFS), or from parallel national studies like the German General Social Survey (ALLBUS) and the MIGHEAL study on health inequalities among native and migrant populations in Greece (Stathopoulou et.al 2018).

Summary and discussion of key findings

In this section we summarize and discuss the key findings from the eighteen contributions according to the three main aims of the issue.

The first aim of the special issue was to obtain further understanding of the health situation among newly arrived refugees in Greece. Six articles of the issue were carried out in the context of the REHEAL study, which has provided new evidence about the health needs, health status, the feelings of loss and safety and the individual assessments of reception conditions by refugees themselves during the early, emergent phase of accommodation in the Greek camps.

Kandylis (this issue) visited some of the camps during the REHEAL data collection. Based on the notes taken during the fieldwork, the author stresses the spatial aspects of displacement that turn accommodation into a prolongation if not replication of displacement rather than a remedy for the displaced. The paper discusses the symbolic complexities that make the accommodation of refugees a selective humanitarian act. The first empirical article making use of the REHEAL data examines self-reported health in relation to feelings of safety and trauma among newly arrived refugees in Greece (*Stathopoulou et. al., this issue*). The analysis indicates that the post-migration physical and psychological wellbeing of refugees and asylum seekers is associated with the policy effectiveness and institutional capacity of the host country. Poor living conditions, limited access to health care and uncertainty about the future are key post-displacement factors that may compromise the health of refugees. In addition, feelings of safety depend on past traumatizing experiences, and being accompanied by children. Surprisingly, *Smith Jervelund and colleagues (this issue)*, identified a trend in which the reporting of non-communicable diseases (NCDs) increased substantially *after* arriving Greece. They also observed that while the majority of the respondents reported that their needs were met, the medical needs of younger refugees were met to a greater extent as compared to the medical needs of older ones. The authors suggest that the variation in NCD prevalence may be due to different health beliefs, behaviors and health literacy among the ethnic groups represented in the study. The finding that the health situation is getting worse after arrival was analyzed in further detail by *De Montgomery et.al. (this issue)* who found that more than half of the parents in the REHEAL sample reported that their children's health had deteriorated considerably since commencing their flight and the longer the time spent in Greece, the larger the share. Again, this suggests that feelings of uncertainty and insecurity have negative effects on the mental health of children. This observation was further supported by *Bjørneseth and colleagues (this issue)* who examined how gender and parenthood affect feelings of safety in the refugee settings. Using empirical data from the REHEAL study, the authors confirm that the prolonged stay of refugees in detrimental living-conditions in the Greek reception centers threatens the sense of safety, especially for women. However, gender differences in the feelings of safety are minimal for those who are not accompanied by children. The authors conclude that the individual experiences

of displacement and the respective feelings of safety are associated with parenting and gender and family roles. In addition, experiences of discrimination at different stages of the migration process also seem to have an impact on refugees' personal health, particularly among women, as shown by *Rapp (this issue)*. The article confirms similar findings in the special issue collection that pre displacement discriminating experiences are more damaging for the health of refugees than those potentially experienced when arriving in Greece.

All of these findings support the common view that European health systems and health professionals are challenged by the unprecedented needs for health care provision for refugees and asylum seekers. The scoping study by *Girardi et. al (this issue)* provides evidence on the provision of infectious disease services in six countries along three different reception stages; first-entry (Greece/Italy), transit (Croatia/Slovenia), and destination (Austria/Sweden) during 2016. These findings suggest that early identification, linkage to care, prevention and treatment of infectious diseases among asylum seekers and refugees is essential to identify and address their health needs. Although the paper shows that the emergency care systems have performed well in all six countries with no significant differences in the provision of services with respect to migration status, more needs to be done to meet the urgent health challenges identified in this issue, including the identification of better screening tools.

The second aim of the issue was therefore to evaluate measurement tools for the screening of mental health problems among refugee children and adolescents and to provide new insights about the development of culturally appropriate questionnaires for refugee populations. The article by *Stathopoulou, Krajeva, Menold and Dept (this issue)* fills a gap in a rather neglected methodological aspect of survey design for refugee populations; the design, translation and verification of survey questionnaires. Based on an analysis of the Arabic and Farsi versions of the REHEAL questionnaire the authors reinforce the idea that the traditional model of designing and piloting a master questionnaire in a Western language and then adapting it into languages spoken by the refugee population may not be the best approach in measuring trauma or health outcomes in refugees. The authors conclude that the validity of measurement instruments like questionnaires for use in diverse, multicultural and multinational populations especially in complex emergent conditions may be compromised when prevalent Western assumptions are replicated without proper linguistic verification. Next, *Fangstrom et. al (this issue)* review the utility and reliability of Refugee Health Screener (RHS-13) in a pilot study conducted in refugee centers in Sweden. The participants were accompanied and unaccompanied adolescents aged 14-18-year-old in different stages of the asylum process. Emotional distress was found higher in the group of unaccompanied minors and those whose asylum application was pending. The study confirms previous evidence that associates asylum processes with increased anxiety. The findings also suggest that asylum seeking unaccompanied minors are a particularly vulnerable group with a large burden of mental health problems. A related study by *Sarkadi and colleagues (this issue)* examines the utility of the Strengths and Difficulties Questionnaire (SDQ) with a trauma supplement of six items for preschool refugee children in routine care in Sweden.

Findings indicate that the tool is appropriate for detecting emotional symptoms and prosocial behavior. The authors suggest that mental health care and screening upon arrival in host countries is vital for mitigating mental health problems and difficulties during the integration process. Mental health practitioners, who are in the front line of refugee receptions, are often struggling with scarce resources or screening tools that are not designed to capture the cultural specificities of mental health symptoms and the varying manifestations of trauma among people in distress. Diagnosis and treatment is thus limited to the Western context. A narrative review undertaken by *Modesti and colleagues (this issue)* draws attention into the cultural appropriateness of the available assessment tools in the field of mental health, stressing the need for a validation consensus among health providers. The paper concludes that particular attention should be given to the diverse cultural responses to trauma and the need for cultural sensitivity in screening culturally heterogeneous, non-Western populations within Western contexts.

To address our final aim, we make a shift of focus from reception to destination countries, in terms of how asylum policies and media discourses frame the refugee crisis, the integration perspectives of the refugee populations, and the attitudes towards refugees, migrants and asylum seekers in several European countries.

Media and asylum frames

Valenta (this issue) discusses the deterrence mechanisms of the European asylum system that are defined by each country's geographical position, position in the EU cooperation and the broader migration system. The author argues that Greece and other countries in Southern Europe have been acting as buffer zones hindering the vast majority of prospective asylum seekers from entering. Valenta presents deterrence policies as a key element of the European asylum system prone to the changing political dynamics in the European continent. Media framing of the refugee crisis is an important element for the construction of the public discourse shaping dominant narratives and attitudes towards refugees and asylum seekers in hosting countries (*Triandafyllidou 2017*). In this respect *Boomgaarden and colleagues (this issue)* examine how media framing of the refugee crisis has evolved during 2015 and 2016, in five countries across Europe, namely Hungary, Germany, Sweden, UK and Spain with the use of topic modeling. They distinguish between discourses characterized by themes such as "Welfare", "Crime and Security", "Economy", "Humanitarian" and the "Border", each revealing the dynamics of coverage in the countries. Destination countries like the UK, Sweden and Germany are preoccupied with the long-term consequences of refugee arrivals affecting their respective welfare systems, while Sweden the humanitarian aspect of the crisis is more prominent in media framing. The salience of topics is frequently defined by the country's geographical position as in the case of Hungary and Germany where the "Border" frame is more evident.

Integration perspectives

Solheim (this issue) analyses data from the European Labour Force Survey (LFS, 2014) to explore the association between self-reported reasons for migration, age upon arrival and country of birth classification, to a series of integration outcomes such as education and employment. His results indicate a significant variation in education, employment and language-skills by reasons for migration within country-groups and vice versa, with (female) refugees and family migrants arriving as adults faring worse than other migrants in language-skills and employment. Arriving as a child or adolescent in the host country, the so-called generation one and a half is a predictor of good integration prospects. The author argues that the inclusion of reason of migration and age upon arrival in large-scale quantitative data sources will refine the comparability and harmonization of data for several migrant groups, in Western Europe, including refugees. The integration of refugee children and youth in host countries is the topic of the next paper by *Maehler and colleagues (this issue)* who present a systematic review of English and German literature on refugee children and youth's integration over a 20-year period. The authors discuss three key domains of the integration process that emerge from their study: language and learning, social integration, and wellbeing. They find that the integration of children and youth is highly dependent on family relations or family dynamics, and secondly by the educational systems in the receiving societies. While children are often discriminated against in schools due to their ethnic background, educational success seems to be a protective factor for resettlement and social integration. A traumatizing pre-migration history and exposure to violence also seems to negatively affect children's wellbeing and their mental and physical health. The authors also find that there is little consensus in the literature on the definitions of children and youth and a significant lack of longitudinal and quantitative studies.

Attitudes towards refugees

The social interaction of refugees with host populations depends largely on the prevailing attitudes towards "foreigners" within receiving societies. Societal responses to the refugee crisis thus vary over time in each particular country depending on the perceived out-group threats. The exposure to massive numbers of newcomers, as in the case of Greece, may have a "spillover effect" causing negative attitudes towards long settled migrants in the country (Hangartner et al, 2019: 13). By analyzing data from the 2016 General Social Survey (ALLBUS) in Germany, *Rapp and Meinard (this issue)* find that increased feelings of threats about basic in-group values or resources are related to negative attitudes towards refugees. Additional reasons for negative public responses to newcomers relate to competition over limited resources like welfare benefits or employment opportunities. Migrants originating from Europe are perceived less negatively than refugees. The paper concludes that a negative public can have severe consequences for refugees' integration process. The next paper by *Lund Bjånesøy (this issue)* makes use of panel data from a representative sample of the Norwegian population to examine the effects of the refugee crisis on perceptions about asylum seekers. Results show that public opinion in Norway changed over time, perceiving refugees as "deserving"

humanitarian aid and coverage during the early phases of the crisis in 2015, and that the “deservingness” either led to a more active involvement or to a more distanced one by the host population. The paper also examines perceptions of recipients according to party politics showing a change in attitude among those voting for the left parties in opposition to far-right voters who remained relatively stable over the period examined. Even if the authors did not observe an expected change from perceptions of asylum seekers as deserving to undeserving, the findings do improve our knowledge about how the refugee crisis affect public opinion in recipient populations. In the final paper by *Rapp and colleagues (this issue)*, the same questions are asked in the context of the Greek financial and social crisis. In this paper, data from the MIGHEAL study (Stathopoulou et.al, 2018, Eikemo et.al 2018, Stathopoulou and Eikemo 2018) are used to examine the drivers of anti-migrant attitudes and their potential relationship with individual health status. The authors argue that poor health can trigger basic safety concerns or even disgust to recipient populations, thus leading to less tolerant attitudes towards migrants. Interestingly, the paper finds that opposition to new migrants in Greece was stronger by migrants already settled in the country compared to the native population.

Concluding remarks

In the current collection we argue that the health needs of refugee populations should be a priority when designing and prioritizing policy measures for refugee populations. Our special issue has showcased that lengthy operational and asylum procedures have a detrimental effect on the health of refugees, and particularly children, both accompanied and unaccompanied, who have different coping mechanisms than adults. Their health situation seems to be worsening over time in the camps and they are also experiencing difficulties regarding issues of discrimination and integration in their destination countries. Proper housing conditions are thus essential in providing a sense of safety and protection particularly in reception countries.

Estimates for arrivals in Europe in 2019 show that more than half (57%) were men, but a demographic breakdown by country reveals a reversed pattern in the case of Greece; more than 60% of the arrivals were women and children (UNCHR 2019c). This implies that the health needs of children, should be a top-priority during the design and priority setting of policy measures for refugee populations, including education, housing, health care, employment and language learning. Thus, early assessment of the physical and mental health needs of refugees is important to minimize future disability and chronic distress among refugees, thereby contributing to public health and facilitating the integration of refugees in host countries. In order to do this, we need to improve our screening procedures, especially in the area of mental health, aiming at ensuring the wellbeing and integration prospects of the refugee populations. Hostility towards refugees may also have a negative effect for their health and the host populations as well. As the literature for Europe is rather limited on the topic (Bhopal 2017, Horton 2017, Khan et.al 2016) we encourage further research on the relationship between migration, ethnicity, racism and health.

Policies have to take into account the persistent needs of the displaced, but as our special issue has demonstrated, the way countries have responded to the crisis varies substantially. In a report from the Migration Policy Institute, which examines the EU responses to the 2015-16 crisis along distinct phases, it is noted that:

“There is no consensus on the timeline and origins of the crisis situation that reached its peak in Europe during Autumn 2015. For many observers, unmanageable mixed flows across European sea borders have been a crisis several decades in the making, made more precarious by the incomplete design and implementation of EU immigration and asylum policy. Deeply uneven national experiences with migration and capacity to respond across the European Union exacerbated this sentiment.” (Collete and le Coz 2018:3)

One of the main characteristics of the European Refugee Crisis is the ongoing policy and scholarly debate about labeling the inflows of people in Europe, especially after the peak of 2015. Clearly, there is a lack of consensus. The distinction between forced and unforced movement (UNCHR 2016), which is delineating the categories of migrants and refugees, is often used to define the entitlements regarding care and protection. However, labels often fall short of distinguishing the motives of people on the move leading to a “categorical fetishism” (Crawley and Scleparis 2018), that is frequently used for political reasons. The puzzle of the complexities and dynamics of movement is not resolved by the widely used term “mixed migration flows”. Furthermore, the crisis is neither one-directional, nor stable; rather it is a fluctuating phenomenon that is directly affected by the international geo-political relationships and the subsequent political responses at the European level. Greece is an indicative example of the latter (Papastergiou and Takou 2019). Labeling the refugee crisis as “the Syrian crisis”, the “Greek Refugee crisis”, or the “crisis of the Greek islands” often fails to address the challenges of a “World crisis” (Suarez-Orosco, 2019), which is evident in the numbers of arrivals that showcase a continuing state of emergency, particularly among the countries that are at the gates of Europe.

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