

CONFERENCE ABSTRACT

Investigating the post-migration risk factors of unaccompanied minor refugees' mental health – From a systems perspective in Austria

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Arleta Anna Franczukowska¹, Lydia Theresia Rössl¹,

1: Danube University Krems, Krems/Donau, Niederösterreich Austria

Introduction

In view of recent refugee movements into European countries, numerous studies highlight the large representation and special vulnerability of unaccompanied minor refugees (UMR) to mental health problems. For a more effective treatment of UMRs' mental health needs in the host country, more knowledge on factors determining the prevalence of psychiatric disorders in this high-risk group is needed. Therefore, the aim of this study was to identify post-migration risk factors and to investigate their potential interrelationships and impact on UMRs' mental health based on the example of Austria.

Methods

Following an interdisciplinary and system approach, we used the technique of fuzzy-logic cognitive mapping (FCM), a commonly used form of semi-quantitative system modelling, to graphically model the complex system of risk factors of UMRs' mental health. After developing system models in two separate workshops, one conducted with scientists from different disciplines (n=5) and one with practitioners (n=5), both models were merged to a shared system model.

Results

The final system model consists of eleven post-migration risk factors and visualizes their various interrelationships and impact on UMRs' mental health. The identified factors are listed in descending order of their impact on UMRs' mental health as follows: social contacts and relationships, housing situation, professional health care services, professional social care services, daily structure and leisure activities, residence security, access to education and training, income security, political and social climate, sociocultural adaptation, and German language skills.

Discussion

Our final system model reveals that UMRs' mental health results from a complex interplay of individual and system level factors, which are discussed within the context of the specific legal and policy framework in Austria. It emphasizes the need for a holistic

approach to tackle UMFs' mental health problems by providing plausible explanations on the insufficient effectiveness of isolated measures.

Conclusions

Our research is of special importance as complex phenomena and their triggers are often poorly understood and seldom considered from holistic and systemic points of view. Consequently, they may be inadequately addressed, which in the case of UMRs' mental health needs can hinder their integration into society and raise costs for care. Based on our model, recommendations for the optimization of the integration process and health promotion policies can be derived.

Lessons learned

One of the lessons learned was that the collaborative approach of FCM can be used in similar settings where specialized knowledge from different fields of expertise is needed to describe and understand complex causal relations.

Limitations

Since our system model reflects the knowledge and expertise of the study participants, an objective, universally valid system model can hardly be created. Besides, there may be important risk factors or connections that have not been considered or have been underestimated and therefore are not represented in our model.

Suggestions for future research

The identified risk factors of UMRs' mental health and their interrelationships call for a more detailed substantive analysis and discussion in order to derive recommendations. We encourage other researchers to empirically test our identified factors' interrelationships.