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EVIDENCE SUMMARY
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What strategies support the mental health of unaccompanied refugee minors?

Therapeutic and Social Support Strategies

There is strong evidence that therapeutic strategies grounded in cognitive behavioral therapy (CBT) reduce mental health symptoms among unaccompanied refugee minors (URMs).

- Three systematic reviews, three scoping reviews, and five suggestive studies highlight the reduction of post-traumatic stress disorder (PTSD) and trauma-related symptoms and other forms of mental health distress when interventions are grounded in CBT.

Substantial evidence supports group therapy as a strategy to reduce barriers and improve mental health outcomes.

- A systematic review noted that group therapy, where multiple URMs simultaneously participate in an intervention, improved overall engagement and outcomes, regardless of the setting and its combination with other interventions. Group therapy also reduces barriers to continued engagement with interventions, such as stigma and language, while increasing trust and community building.

There is strong evidence of the positive impact of social support systems, such as care arrangements, in improving outcomes for URMs.

- Two systematic reviews indicate that URMs had better mental health outcomes when placed in an ethnically matched care placement setting (i.e., a URM living with at least one other person who identifies with the same ethnicity). Furthermore, the mental health outcomes of URMs are poorer if they have experienced trauma; reside in independent, lone, or large detention institutions; or if they are female.

Adapting Treatment Approaches

Growing evidence encourages adapting treatment approaches and implementation delivery according to the unique needs of URMs.

- A suggestive study underscored the importance of incorporating religion and spirituality into interventions to enable the involvement of URMs in therapy and its role in helping them cope with trauma.
- One systematic review promotes the implementation of trauma-informed interventions within school-based settings.

Purpose of this summary

This document summarizes the state of available evidence on proven strategies and interventions that support positive mental health outcomes for unaccompanied refugee minors. This summary highlights research on URMs' mental state, which affects their entire well-being, with consideration and recognition of their status and experiences as unaccompanied minors. The intended audience is U.S. refugee service providers and other interested stakeholders. This summary seeks to answer the following questions:

1. What is the state of evidence on strategies that support improved mental health outcomes for unaccompanied refugee minors (URMs)?
2. What are the implications of the current evidence on strategies that support the mental health of URMs for practice and research?

What is meant by "unaccompanied minors"?

This summary will focus on the context of an individual forced to flee their home country and will use the United Nations High Commissioner for Refugees (UNHCR) definition of "unaccompanied child": "a person who is under the age of eighteen, unless, under the law applicable to the child, (the) majority is attained earlier and who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so" (p. 1).

Common terms and language used to identify this population include unaccompanied minor (UM or UAM), unaccompanied refugee minor (URM), unaccompanied child (UC), unaccompanied and separated child (UASC), unaccompanied immigrant children (UIC), and unaccompanied refugee youth (URY). This summary will use the terms "**unaccompanied minor (UM)**" and "**unaccompanied refugee minor (URM)**," as these are most common in the presented literature.

Importantly, in the United States, there is a classification distinction and subsequent service provision difference between "unaccompanied child" and "unaccompanied refugee minor."

What is meant by "mental health"?

The World Health Organization defines "**mental health**" as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to

their community. This summary highlights research on the effects of URMs' mental states, which impact their entire well-being, with consideration and recognition of their status and experience as unaccompanied minors.

> "…mental health is not limited to the presence or absence of psychopathological symptoms. There is a need to take into consideration psychopathological symptoms but also social and individual factors, pre-migration and post-migration factors, psychological and social functioning, and resilience."
>
> (Demazure et al., 2022)

What is meant by "care placement" or "placement type"?

A "care placement" or "placement type" is a specialized accommodation and support service for unaccompanied minors. In high-income countries, care placements and provision of services are usually allocated by local or national child welfare agencies or immigration authorities and play a vital role in the youth's integration. Depending on the respective policies, placements can include **foster care** (accommodation with a non-biological individual or family), **kinship care** (accommodation with a member of the child's extended family), **semi-independent accommodation** (shared housing), **or independent accommodations, residential or group homes,** or, in some countries, **detention facilities**.

What does the evidence show?

Overall, the findings of this review indicate that a variety of interventions grounded in cognitive behavioral therapy (CBT), which aim to address and change thinking and behavioral patterns, promote positive mental health outcomes. Social support approaches and location-enhanced strategies also play a significant role in supporting positive mental health outcomes for URMs.

Therapeutic Strategies

There is strong evidence that therapeutic strategies grounded in cognitive behavioral therapy (CBT) reduce mental health symptoms among unaccompanied refugee minors (URMs).

- Two scoping reviews (Moutsou et al., 2023; Demazure et al., 2018) and one systematic review (Anders & Christiansen, 2016) indicate that **interventions grounded in cognitive behavioral therapy (CBT)**, which aim to address and change thinking and behavioral patterns, show **positive results in addressing mental health concerns among URM populations**. These interventions decrease trauma-related symptoms and other forms of mental distress, such as depression and anxiety, and improve overall well-being, positive affect, social relationships, and academic attendance or performance.

- In a systematic review of treatment (e.g., CBT) or nontreatment (e.g., care arrangements) of URM mental health interventions (Mitra & Hodes, 2019), **CBT improved post-traumatic stress disorder (PTSD) symptoms with as much as an 83% recovery rate** in one sample, while a PTS diagnostic scale score **dropped from a severe 42 to 9 (minor symptoms)** in another.

Group Therapy

Substantial evidence supports group therapy as a strategy to reduce barriers and improve mental health outcomes.

- Group therapy occurs when multiple individuals simultaneously participate in a psychological intervention by one (or a few) licensed clinician(s). A systematic review (Hutchinson et al., 2022) indicated that group intervention was quantitatively and qualitatively **effective in improving overall engagement and outcomes for URMs**, regardless of the setting or whether it is in combination with other interventions.

- Group therapy is also more economical and reinforces continued engagement with interventions by reducing stigma and language barriers while increasing trust and community building (Hutchinson et al., 2022).

Social Support Strategies

There is strong evidence of the positive impact of social support systems, such as care arrangements, in improving outcomes for URMs.

- Unaccompanied minors' mental health outcomes can vary depending on environmental and social supportive factors in the host country. Findings from two systematic reviews (O'Higgins et al. &2018; Mitra & Hodes, 2019) revealed that **URMs had better mental health outcomes when placed in an ethnically matched setting or care placement** (i.e., a URM living with at least one other person who identifies with the same ethnicity). The research indicates that the mental health outcomes of minors are poorer if they have experienced trauma; reside in independent, lone, or large detention institutions; or if they are female. For instance, the odds ratio of worse mental health outcomes in a study of Sudanese URMs was 2.7 times higher when they lived with a family of a different ethnicity (Mitra & Hodes, 2019). Other determinant factors include placement in group settings, which is linked to higher levels of social support.

- Studies in a systematic review (O'Higgins et al., 2018) indicate that **foster placements that mirror a nuclear family environment are associated with better outcomes**, particularly for unaccompanied children who are younger and have fewer presenting mental health problems.

- Evidence from a suggestive study (Sierau et al., 2019) indicates that in addition to accommodation types, **family contact is an essential consideration** for strategies to improve mental health outcomes for URMs. For instance, the females were consistently associated with higher depressive symptoms, while the males were correlated with PTSD symptoms. Furthermore, engagement with the host country (e.g., through sports), opportunities for contact with family, and language skills supported positive mental health outcomes.

- A suggestive study (Sierau et al., 2019) identifies **host-country social support from peers and adult mentors** as helpful for URMs coping with stressful experiences.

- Three studies (Demazure et al., 2018; Mitra & Hodes, 2019; O'Higgins et al., 2018) posit that **social support strategies enhance resilience**, represent positive adaptation, social results, and emotional adjustment in the face of considerable hardship.

Adapting Treatment Approaches

Growing evidence encourages adapting treatment approaches and implementation delivery according to the unique needs of URMs.

- A suggestive study (Fortuna et al., 2023) underscored the crucial role of **incorporating religion and spirituality into interventions** to help participants cope with and conceptualize trauma. This evidence, from a study in Latino communities, suggests the adaptation functioned as an enabler for involving unaccompanied minors in interventions and was associated with **improved post-traumatic cognition and symptoms**. Furthermore, integrating religion and spirituality into existing programs engages the unique culture of the URM population to improve mental health outcomes.

- One systematic review (O'Higgins et al., 2018)) highlights the role of education—with **schools serving as institutions of socialization and primary providers of youth mental health services**—in mental health outcomes for URMs. One systematic review (Anders & Christiansen, 2016) further promotes the implementation of **trauma-informed interventions**, tailored and targeted specifically **within school-based settings**, due to school social workers' unique access, engagement, and expertise with the URM population and the opportunity for group effect and multisystem interactions.

What are the implications for practice and research?

Implications for Research

- There is significant research on mental health challenges and effective interventions for refugee youth overall; however, there is a **gap in the literature** about studies focusing specifically on unaccompanied minors. More research is needed on this specific population.

- Researchers can focus on URMs' complex needs at the **individual, community, and societal levels** to address and protect against the further progression of mental health concerns and provide additional evidence to support and inform the field.

- The field will benefit from **more pragmatic and effectiveness studies** that have the potential to identify what interventions can and should be used by host-country service providers for URMs. Given the changing demographics, researchers need to conduct tailored research on the prevalence of mental health concerns and the evidence-based interventions that support mental health for youth classified and receiving services as "unaccompanied children" compared to those classified and receiving services as "unaccompanied refugees."

- In addition, the field needs more empirical or **quantitative studies** that elucidate the mechanism of impact of **care arrangements**.

Implications for Practice

- *Adoption of Strategies*
    - Refugee service providers need an implementation science approach that ensures the adoption of **evidence-based psychotherapeutic interventions** that hold promise in

addressing URM mental health concerns, primarily **trauma-focused cognitive behavioral therapies** (Moutsou et al., 2023).

- Practitioners and service providers can take advantage of the psychological and social benefits of **group interventions and community-building approaches**, which can lead to positive effects on URMs' livelihoods and, subsequently, reduce mental health concerns (Hutchinson et al., 2022).

- *Adaptation of Strategies*
  - Stakeholders can strongly advocate for **adapting existing trauma-informed/focused, preventive and community-based interventions** for URMs and integration into host country placement programs (Oldroyd et al., 2022).

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention.

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms.

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques.

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper-middle-income countries, including but not limited to the United States. Studies included must have been published since 2014. To identify evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
Pubmed PsycINFO WebofScience ASSIA Social Service Abstracts Social Work Abstracts Migration Policy Google Scholar	unaccompanied AND "minor" OR "youth" OR "child" OR "adolescent" OR "refugee" OR "migrant" OR "refugee minor" OR "asylee" OR "asylum seeker"	evaluation OR impact OR program OR intervention OR policy OR project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	“mental health” OR “depression” OR “anxiety” OR “post-traumatic stress disorder” OR PTSD

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected from the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we used relevant available filters.

All search terms were examined in the title and abstract fields only to exclude studies that made only passing mention of the topic under consideration.

Switchboard’s evidence-based summary library contains literature on effective mental health interventions for the refugee youth population. As such, and to avoid duplicating research, this search protocol excluded studies that did not specifically focus on unaccompanied minors.

After initial screening, Switchboard evidence mapping is prioritized as follows: Priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 305 studies. Of these, 54 were determined to be irrelevant to this search. Two hundred fifty-one full-text articles were assessed for eligibility. After removing duplicates, One hundred eighty-seven studies were then screened. One hundred seventy-nine full-text articles were excluded due to not meeting one or more inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Eight studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Anders, M., & Christiansen, H. (2016). Unbegleitete minderjährige Flüchtlinge: Eine systematische Übersicht über psychologische Interventionen [Unaccompanied refugee minors: A systematic review of psychological interventions]. *Kindheit und Entwicklung*, *25*(4), 216–230. Abstract.

Demazure, G., Gaultier, S., & Pinsault, N. (2018). Dealing with difference: A scoping review of psychotherapeutic interventions with unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, *27*(4), 447–466. Abstract.

Hutchinson, R., King, N., & Majumder, P. (2022). How effective is group intervention in the treatment for unaccompanied and accompanied refugee minors with mental health difficulties: A systematic review. *International Journal of Social Psychiatry*, *68*(3), 484–499. Abstract.

Mitra, R., & Hodes, M. (2019). Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child: Care, Health and Development*, *45*(2), 198–215. Abstract.

Moutsou, I., Georgaca, E., & Varaklis, T. (2023). Psychotherapeutic and psychosocial interventions with unaccompanied minors: A scoping review. *Healthcare*, *11*(6), 918. Full Text.

O'Higgins, A., Ott, E. M., & Shea, M. W. (2018). What is the impact of placement type on educational and health outcomes of unaccompanied refugee minors? A systematic review of the evidence. *Clinical Child and Family Psychology Review*, *21*(3), 354–365. Full Text.

Impact Evaluations

None

Suggestive Studies

Fortuna, L. R., Martinez, W., & Porche, M. V. (2023). Integrating spirituality and religious beliefs in a mindfulness based cognitive behavioral therapy for PTSD with Latinx unaccompanied immigrant children. *Journal of Child & Adolescent Trauma*, *16*(3), 481–494. Full Text.

Sierau, S., Schneider, E., Nesterko, Y., & Glaesmer, H. (2019). Alone, but protected? Effects of social support on mental health of unaccompanied refugee minors. *European Child & Adolescent Psychiatry*, *28*(6), 769–780. Abstract.

Supplemental Studies

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Chierici, D. K., & Hamdan, A. C. (2023). Cognitive evaluation in unaccompanied refugee children: A systematic review. *Revista Paulista de Pediatria, 41*, e2022079. Full Text.

Daniel-Calveras, A., Baldaquí, N., & Baeza, I. (2022). Mental health of unaccompanied refugee minors in Europe: A systematic review. *Child Abuse & Neglect*, *133*, 105865. Full Text.

Demazure, G., Baeyens, C., & Pinsault, N. (2022). Review: Unaccompanied refugee minors' perception of mental health services and professionals: A systematic review of qualitative studies. *Child and Adolescent Mental Health*, *27*(3), 268–280. Abstract.

El Baba, R., & Colucci, E. (2018). Post-traumatic stress disorders, depression, and anxiety in unaccompanied refugee minors exposed to war-related trauma: A systematic review. *International Journal of Culture and Mental Health*, *11*(2), 194–207. Abstract.

Fazel, M., & Betancourt, T. S. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet Child & Adolescent Health*, *2*(2), 121–132. Full Text.

Jakobsen, M., Demott, M. A. M., & Heir, T. (2014). Prevalence of psychiatric disorders among unaccompanied asylum-seeking adolescents in Norway. *Clinical Practice & Epidemiology in Mental Health*, *10*(1), 53–58. Full Text.

Jin, S. S., Dolan, T. M., Cloutier, A. A., Bojdani, E., & DeLisi, L. (2021). Systematic review of depression and suicidality in child and adolescent (CAP) refugees. *Psychiatry Research*, *302*, 114025. Abstract.

Kien, C., Sommer, I., Faustmann, A., Gibson, L., Schneider, M., Krczal, E., Jank, R., Klerings, I., Szelag, M., Kerschner, B., Brattström, P., & Gartlehner, G. (2019). Prevalence of mental disorders in young refugees and asylum seekers in European countries: A systematic review. *European Child & Adolescent Psychiatry*, *28*(10), 1295–1310. Full Text.

Majumder, P., O'Reilly, M., Karim, K., & Vostanis, P. (2015). 'This doctor, I not trust him, I'm not safe': The perceptions of mental health and services by unaccompanied refugee adolescents. *International Journal of Social Psychiatry*, *61*(2), 129–136. Abstract.

Müller, L. R. F., Büter, K. P., Rosner, R., & Unterhitzenberger, J. (2019). Mental health and associated stress factors in accompanied and unaccompanied refugee minors resettled in Germany: A cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, *13*(1), 8. Full Text.

Rassenhofer, M., Fegert, J. M., Plener, P. L., & Witt, A. (2016). Validierte Verfahren zur psychologischen Diagnostik unbegleiteter minderjähriger Flüchtlinge—Eine systematische Übersicht [Validated instruments for the psychological assessment of unaccompanied refugee minors—A systematic review]. *Praxis der Kinderpsychologie und Kinderpsychiatrie, 65*(2), 97–112. Abstract.

Witt, A., Rassenhofer, M., Fegert, J. M., & Plener, P. L. (2015). Hilfebedarf und Hilfsangebote in der Versorgung von unbegleiteten minderjährigen Flüchtlingen: Eine systematische Übersicht [Demand for help and provision of services in the care of unaccompanied refugee minors: A systematic review]. *Kindheit und Entwicklung*, *24*(4), 209–224. Abstract.

Additional Resources

ORR Unaccompanied Children Program Policy Guide: Guide to Terms
UNHCR Refugee Data Finder
ORR Unaccompanied Refugee Minors Program