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Pandemic Exacerbates Challenges for Refugee Children and Families

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Abstract

Coronavirus pandemic exacerbates challenges for refugees' children and their families. It burdens refugees with additional threats and has impacts in all fields of their life. The pandemic seems to be affecting refugee protection policies as well as intercepting any effort to integrate them socially. Immediate measures are needed to improve conditions so pandemic won't discourage solidarity and inclusion. The pandemic era also needs more than ever mental health protection policies as it seems to demonstrate an enormous burden. Promoting refuge's mental health seems to be imperative for a future harmonious coexistence in a society that promotes acceptance of diversity and multicultural differences.

Key Words: Refugee Crisis; Covid-19; Pandemic; Refugee families; Refugee children

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Introduction

On March 11, 2020, the World Health Organization (WHO) announced that the COVID-19 infection caused by SARS-COV-2 had developed into a pandemic. By the end of May, more than 100 countries had closed their borders without excluding asylum seekers. The world community is being tested. The pandemic feeds a multidimensional crisis, social, cultural, economic, ecological. The pandemic exposes refugees to a new threat, which can be even more dangerous than the reasons that led them to flee their homelands **[1]**. In the midst of the crisis, solidarity and the value of including displaced refugees in national security and protection policies, are entrenched. The Greek economic crisis, changes in EU funding and the lack of interpreters and doctors has impacted access to healthcare services for refugees either for organic nor mental health problems.

Biological threat of COVID-19

As in all pandemics over time, so in the Covid-19 pandemic, different population groups are disproportionately affected with greater losses in the socially disadvantaged **[2, 3]**. Minority populations appear to be sick more often, with more severe symptoms while also showing increased mortality rates **[4]**. The majority of the refugees are younger than the indigenous population, so they are theoretically less vulnerable to Covid-19 but refugees in camps, are even more vulnerable because of lack of spatial/social distancing and basic sanitation and hygiene. Most facilities such as toilets and kitchens are shared by more people than they should and without proper sanitation. Insufficient presence of health personnel, lack of basic sanitation and lack of information about the pandemic, combined with the difficulty of implementing basic protection measures in refugee camps need to be addressed immediately so the importance of an outbreak of COVID-19 in the camps could be overstated **[5]**.

Stigma due to COVID-19

Anticipated stigma and stereotypes seem to represent barriers to testing in the context of COVID-19, similar to other diseases such as HIV **[6]**. Refugees who anticipate greater COVID-19 stigma and endorse COVID-19 stereotypes to a greater degree may avoid testing which leads to illness concealment, delay treatment, no compliance and prolong recovery **[7]**. Avoiding test involves risk for greater spread of the virus mainly among refugees with the possibility of a kind of self-fulfilling prophecy in the context of stigmatization.

"*if men define situations as real, they are real in their consequences*" **[8]**

Among refugees' fear is the fear of being isolated and separated from their families, or even to be killed to slow the spread of pandemic **[9]**.

Interpreter's mediation

Refugees seeking asylum in western countries speak languages that are not widely spoken and mainly by therapists **[10]**. Conducting psychotherapy with an interpreter may raise many issues. If the interpreter isn't the same person throughout the psychotherapy, coherence cannot be maintained **[11]**. The existence of an interpreter in the therapeutic process brings changes in the hitherto dyadic relationship between therapist and the patient. Interpreters several times seem to take on roles in the session that go beyond simple translation and involve cultural counseling and advocacy **[12]**. Several times the communication with the refugee child goes through multiple translations. The refugee child speaks to the father in a specific dialect, the father translates to the interpreter in another language and the interpreter translates to the therapist in a language that may not be the mother tongue of the latter. The risk of losing a lot of important information from multiple translations is high. Many times, the interpreters come from the same country and their translations go through the filter of their own traumas and experiences. They are involved in processes that are emotionally very intense, often involving traumatic experiences of separation and loss that reflect their own life experiences **[10]**. It should also be emphasized that how we work with interpreters for refugees is not universally agreed and each interpreter has different skills and requirements **[13]**. To all the above issues the pandemic comes to

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add extra burden. Repeated lockdowns limit the number of people who can attend a session. The need to use an interpreter is violated by the limitations of the pandemic. Many therapists are forced to make use of telephone communication making the procedure even more difficult.

Mental health

All global forces focus on the pathogen and biological threats of the coronavirus while psychological well-being issues are frequently shunned. Although, stable psychological well-being is an essential part of our toolbox to reestablish a post-pandemic culture **[14]**. Henrietta Fore, the Executive Director of UNICEF noted that children could be the "hidden victims" of the coronavirus. Repeated exposure to violence and forced migration increases the risk of developing mental disorders **[15]**. Children are affected by interventions to limit the spread of the virus. Lockdowns and school closures enhance the occurrence of phenomena of domestic violence, exploitation, abuse and negative impact on their mental health. Access to health services is difficult due to the treatment of the virus but also often due to priorities that can be set by the services. The minimal work choices of adult refugees tend to be eliminated and that brings even more uncertainty and insecurity with also a significant impact on children's mental health. For better comprehension of the psychological impact of a pandemic, we need to recognize emotions joined to it like fear, anxiety, and anger **[14]**. These emotions appear primarily in adult parents and secondarily affect children. Refugees parents are traumatized parents with increased emotional burden. Parent psychopathology is strongly associated with increased rates of depression and other psychopathology to children **[16,17,18]**. Children will seek answers from their parents or caregivers without receiving an answer as the latter walk the line between their own mental difficulty and lack of information about covid-19.

The pandemic has brought additional trauma to the refugee children and their families, adding to their already strained psychology. The new situation is very frightening and refugee children are expressing anger and aggressiveness. The additional isolation of the pandemic disrupted any attempt to socialize the refugee children and integrate them into a functional daily life. They do not go to school, their social interactions decreased and their daily life became even more difficult with all the consequences for their mental health.

Social integration and COVID-19

The COVID-19 pandemic is having an unprecedented impact on immigration policies and processes worldwide. Like many crucial incidents that disproportionately impact vulnerable populations, we expect that the coronavirus disease pandemic will inequitably affect the health and livelihoods of immigrant families. According to OECD **[19]** due to a range of vulnerabilities such as higher incidence of poverty, overcrowded housing conditions, and high concentration in jobs where physical distancing is difficult, immigrants are at a much higher risk of COVID-19 infection than the native-born. Also, COVID-related mortality rates for immigrants could also be significant, exceeding those of the native-born population.

Immigrants are potentially in a more vulnerable position in the labor market due to their generally less stable employment conditions and lower seniority on the job. The negative impact on immigrants' labor market outcomes is increased still further by the fact that they are strongly overrepresented in those sectors most affected by the pandemic to date. As far as the education concerns, the school closures and distance learning measures put in place to slow the spread of COVID-19 put children of immigrants at a disadvantage, in several ways. Their parents tend to have fewer resources than native-born parents to help them in their homework, and 40% of native-born children of immigrants do not speak the host-country language at home. Such children are also less likely than students with native-born parents to have access to a computer and an internet connection at home or to a quiet place for study. The pandemic gave a push for remote language learning for adults as well.

In the course of the COVID-19 pandemic, governments needed to adapt their communication on migrant inte-

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gration to set of additional objectives. In order to limit the spread of the virus, governments needed to provide immigrants with timely and accurate information on the pandemic itself, public health measures as well as access to medical services. In light of growing unemployment and the role of international travel in the initial spread of the pandemic, there is a risk of a backlash in public opinion against immigrants.

World is facing new challenges and it is now commonly accepted that the current situation will leave a significant imprint on the mental health of children and their families. We need a more empathetic society that can offer its solidarity and relieve the unprecedented burden of the socio-economic impact.

Conclusion

The pandemic protection and counter-pandemic policies so far seem to foster discrimination and inequality and to reinforce the hitherto difficulties but also unsuccessful efforts to provide substantial aid to the refugee population. The already poor mental health of the latter is bound to lead to a further worsening in pandemic conditions while their access to health services is hampered to the maximum. Families with young children and unaccompanied minors need immediate multifactorial interventions. However, despite the vulnerability of young children, they are the ones who show the greatest adaptability and "plasticity" so that we can intervene effectively for their future harmonious social integration.

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