Attempts to 'forget'

Unaccompanied refugee adolescents' everyday experiences of psychosocial challenges and coping upon settlement

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Purpose
Poor mental health is common among unaccompanied refugee adolescents and may have serious negative consequences for their successful settlement. The study aims to elucidate unaccompanied adolescents' experiences of psychosocial challenges and what they need to cope with this during their course of settlement in Denmark, particularly focusing on social support.

Design/methodology/approach
The study sample included six male unaccompanied refugee adolescents aged 17-18, living in two residential care facilities. Based on a triangulation of methods (i.e., participant observation, individual interviews and a focus group interview using photo elicitation), a thematic analysis was conducted within the conceptual framework of *stigma* and a *need for relatedness*.

Findings
Several interwoven and on-going psychosocial challenges, including perceived stigma and loneliness and combined with past traumatic experiences and uncertainties about the future, were experienced by the adolescents in this study. As opposed to experiencing emotional distress, stigma and loneliness, various activities of 'forgetting', which involved 1) a sense of momentary relief or bliss, 2) a sense of 'normalcy' and acceptance, and/or 3) a sense of relatedness, helped them to cope.

Practical implications
For psychosocial care services to respond to the adolescents' mental health needs in a more optimal way, the results suggest that activities and social support that are sufficiently adapted to individual needs should be the focal point in their daily lives.

Originality/value
The study offers insights into the needs of unaccompanied refugee adolescents in coping with the psychosocial challenges experienced in their daily lives.

Keywords: Unaccompanied refugee youths, Coping, Relatedness, Social support, Stigma

Introduction

Unaccompanied refugee minors who have settled in high-income countries are at high risk of psychological problems, such as symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, and somatisation (Ikram and Stronks, 2016; Oppedal and Idsoe, 2015; Seglem *et al.*, 2014; Bean *et al.*, 2007), concentration difficulties, sleep problems and hyperactivity (Montgomery, 2011). As unaccompanied refugee minors are children under the age of 18 who have been forced to emigrate from their countries of origin due to a "well-founded fear of being persecuted" (UNHCR, 1994, p. 43), and as they are "separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so" (UNHCR, 1994, p. 52), they are considered particularly 'vulnerable' (UNHCR, 1994).

Compared with refugee minors accompanied by their parents, unaccompanied refugee minors are at higher risk of developing psychopathologies after having experienced traumatic events (Bean et al., 2007; Derluyn *et al.*, 2009), and, in addition, they experience more stressful life events (Bean et al., 2007). These include more traumatic experiences before and during flight, such as witnessing war and being separated from family members (Derluyn et al., 2009; Jensen *et al.*, 2019), and stressors in the post-migration phase, i.e., uncertain immigration statuses, in- and out-group "hassles", lack of social support, racism and discrimination (Oppedal and Idsoe, 2015; Oppedal and Idsoe, 2012; Vervliet *et al.*, 2014; Chase, 2013; Marley and Mauki, 2019; Eide *et al.*, 2018; Seglem et al., 2014), all of which may be experienced as especially challenging during their transition into adulthood (Eide et al., 2018; Sirriyeh, 2008).

Nevertheless, unaccompanied refugee minors also show remarkable resilience (Vervliet et al., 2014; Kohli and Mather, 2003), which is enhanced by diverse protective factors, such as participation in school, acting autonomously and receiving support from and sharing interests with peers (Montgomery, 2011; Sleijpen *et al.*, 2017; Malmsten, 2014; Goodman, 2004). Therefore, other supportive environments and relationships encountered upon settlement play a crucial role in reducing the risk for poor mental health outcomes (Oppedal and Idsoe, 2015; Eide et al., 2018; Marley and Mauki, 2019). Social inclusion, culturally sensitive services, and positive school experiences have, for example, been underlined as crucial (Keles *et al.*, 2018; Fazel and Betancourt, 2018; Watters, 2007; Sirriyeh, 2013; O'Higgins *et al.*, 2018). However, it is also common that (unaccompanied) youths simultaneously move between wanting to be cared for and striving for

independence (Kaukko and Wernesjö, 2017; Eide et al., 2018). Against this background, previous research has focused on unaccompanied refugee children and adolescents as both 'vulnerable' with 'mental health problems', and more recently, as 'independent' and 'resilient' (Rehn-Mendoza, 2020).

In 2017, 173,800 unaccompanied and separated children were registered as new applicants, asylum-seekers and refugees worldwide (UNHCR, 2018). From 2014 to 2018, 4,851 unaccompanied minors applied for asylum in Denmark, of whom 1,309 were granted residence permits. Seven out of ten unaccompanied asylum seekers in Denmark in 2018 were males above the age of 15 (Udlændingestyrelsen, 2019). When an unaccompanied refugee minor is granted a residence permit in Denmark, the assigned municipality is responsible for finding a care arrangement that matches the child's needs of care, i.e., residential care facilities with part-time or full-time professional assistance, foster families, or independent accommodation. The importance of psychosocial care, including practical, emotional and social help from professionals, that matches the needs of unaccompanied refugee adolescents has been underlined (Goldin *et al.*, 2008; Heidi *et al.*, 2011; Jarlby *et al.*, 2018), underscoring the key point of including the adolescents' own perspectives.

Despite various societal efforts that aim to assist unaccompanied refugee adolescents in a smoother settlement, more knowledge on "protective factors and coping strategies that can make a real difference in the unaccompanied minors' lives" (Rehn-Mendoza, 2020, p. 15), especially in a Danish context (Vitus and Nielsen, 2011), is needed. Thus, with this study, we aim to explore the needs of unaccompanied refugee adolescents through their everyday experiences of psychosocial challenges and coping, particularly with a focus on social support, during their settlement process in Denmark.

Method

Participants and data collection

This paper focuses on six male adolescents aged 17-18, who came to Denmark as unaccompanied minor asylum-seekers in 2014/15 from Middle Eastern and South Asian regions. After they were granted temporary residence permits (1-5 years in duration), they settled into a Danish municipality, where they, at the time of data collection in 2017, had lived for 1-3 years on average.

The first author (FIRST AUTHOR) conducted the fieldwork in two semi-dependent residential care facilities, where they lived together with 2-4 or adolescents. This was under the supervision of social

workers for approximately two hours per day during weekdays with the aim of preparing unaccompanied youths for the transition to independent adult life in Denmark. The psychosocial care provided included helping with job applications, facilitating social activities, and counselling when necessary.

All participants spoke Danish, although they had limited vocabulary; however, since they had previously mastered different languages, Danish was a common language between them. Against this background and due to an informal, trusting relationship between the researcher and the participantsan interpreter was not used (Kvale and Brinkmann, 2014). In situations where there was any doubt about the meaning of the words used by the researcher or the adolescents, online interpretation applications were used. Using Danish as a common language was also advantageous during the focus group interview because it made direct communication between the participants and researcher possible.

Participant observation

FIRST AUTHOR participated (100 hours) in daily free-time activities both inside and outside of the residential care facility setting. The activities included playing games, watching movies, making food, going to cafes and football training. The observations also included interactions between adolescents and their social workers, informal in-situ conversations, and methodological reflections on how the researcher impacted the participants. The principal aims of the observation was to build a trusting relationship between the researcher and adolescents prior to conducting the interviews, and to gain insight into what was important to them in their everyday lives, e.g., situations that engaged or frustrated them.

Semi-structured individual interviews

Semi-structured individual interviews were conducted with unaccompanied refugee adolescents in conjuncture with visual mind-maps to add richness to the data (Coyne and Carter, 2018). The first part of the interview was conducted with an interview guide based on what was observed during the participant observations. For example, it was observed that the adolescents enjoyed social company and activities, and thus, questions about their social networks, school, employment and/or leisure time activities were elaborated on during the interviews. In the second part, mind-maps were carried out; participants wrote down catchwords about things that made ‘happy’ and ‘sad’ and then explained

them to the interviewer. This method proved to be a valuable tool to steer the interview towards what the participants found important to discuss. The individual interviews lasted from 45 to 75 minutes and were audio recorded.

Focus group interview

A focus group interview, combined with photo-elicitation, was held with four of the adolescents, who lived together in one of the residential care facilities, after the individual interviews were conducted. Beforehand, they were asked to take photos or draw pictures of what they found important in their everyday lives. In the first part of the focus group interview, the conversation was structured around these photos and pictures (Glaw *et al.*, 2017), which helped them to convey how they experienced or perceived their lives. In the second part, the researcher (FIRST AUTHOR) presented her preliminary findings from the observations and semi-structured interviews. These were written on 'theme cards', which the participants drew and were invited to discuss and comment on. The theme cards included 'past, present and future', 'activities', 'community', 'health' and 'a good life'. For example, the researcher initiated a discussion by asking 'Many of you have expressed that you lack activities in your daily lives; have I understood that correctly? Why is this important to you?'. The focus group interview lasted 95 minutes and was audio recorded.

Research ethics

Prior to the fieldwork, a detailed information sheet about the study was provided to the adolescents living in the residential care facility and their social workers. In accordance with the American Sociological Association's Code of Ethics (ASA, 1997), informed consent was given verbally by all participants before the beginning of the fieldwork. It was agreed upon that no one other than the researcher would have access to the audio recorded interviews and that the participants were free to withdraw from the study at any time. Participants who were 18 years of age gave their own consent. For adolescents younger than 18, an informed consent was given by their legally authorised representatives, as well as the adolescents themselves. All invited participants agreed to participate in this study. In the presentation of the results, all details that might have led to the identification of the participants, were changed (i.e., country of origin and name). The findings of the study were reported back to the adolescents during the focus group interview and to the social workers at the end of the study.

Data analysis and conceptual framework

All transcribed interviews and written field notes were coded using Nvivo 12. Furthermore, a thematic analysis of data was conducted. This method aims at identifying and analysing repeated patterns across the data set (Braun and Clarke, 2006). The thematic analysis was mainly empirically driven, i.e., certain themes emerged to be central during both the fieldwork and data analysis. Through joint discussions with a group of researchers, five main themes were identified: 'social support', 'normalcy/acceptance', 'loneliness', 'deviation/exclusion' and 'activities'. These themes reflected the adolescents' descriptions of isolation, discrimination and barriers of access to social networks, including aspirations for a "normal" everyday life with friends and leisure activities.

The concepts of *stigma*, *a need for relatedness, and coping* resulted from the analysis. This conceptual framework allowed for a deeper understanding of the adolescents' experiences, including the mechanisms at play when they experience psychosocial challenges, as well as how they cope or do not manage to do so.

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Figure 1: Coded themes and theoretical concepts

The participants' descriptions of 'deviation/exclusion' on the one hand, and 'normalcy/acceptance' on the other, was explained with the concept of stigma. A stigma refers to "an attribute that is deeply discrediting" (Goffman, 1963, p. 3), and these attributes can either be visible (e.g., physical) or invisible (e.g., mental). Stigmatisation is a relational process of defining certain groups as "deviant" or "normal" in a social environment (Goffman, 1963). This may lead to changed self-perception and reduced life chances for the stigmatised person due to, e.g., discrimination and lack of participation (Goffman, 1963).

The concept of relatedness was used to understand the participants' experiences of 'loneliness' and 'social support'. A psychological need for relatedness can be described as a need "to care and to feel

cared for, to love and to feel loved" (Reeve, 2018, p. 142). This involves feeling socially connected through responsive (i.e., understanding, validating and caring) and reciprocal relationships (Reeve, 2018). It also refers to a sense of belonging through feeling significant, valued by and contributing to a community (Reeve, 2018). Loneliness, on the other hand, is a sign of "the absence of intimate, high-quality, relatedness-satisfying relationships and social bonds" (Reeve, 2018, p. 144). The benefits of satisfying needs for relatedness include positive affect, resilience to stress, greater self-esteem and fewer psychological difficulties (Reeve, 2018; Ryan and Deci, 2000).

The adolescents' coping strategies (i.e., various 'activities') can be understood as conscious responses, both cognitive and behavioural, to negative affect resulting from external events, typically described as reactive (emotion-focused) and/or proactive (problem-focused) (Folkman and Lazarus, 1984; Parker and Endler, 1992). Further, the adolescents' coping strategies are here understood as facilitated or constrained by their access to resources (i.e., 'social support') on which they can draw to manage emotional distress and/or to promote their well-being (Hall and Lamont, 2013; Folkman and Lazarus, 1984).

Results

Experiences of emotional distress, stigma and loneliness

The adolescents' in this study described psychosocial challenges related to a perceived stigma of 'being a refugee' and/or having 'mental health difficulties'. The combination of participant observation with both individual and focus group interviews, allowed for nuanced descriptions of ways in which the adolescents experienced 'deviation and exclusion' on the one side, and (strivings for) 'normalcy and acceptance' in social communities on the other.

Perceived stigma related to 'being a refugee'

The adolescents in this study often referred to the negative stereotyping of Muslim refugees, and its impact on the way refugees are treated in Danish society, especially with reference to *temporary* residence permits and, thus, having an *uncertain* future in Denmark. Some of the adolescents exemplified exclusionary mechanisms related to 'being a refugee' as follows: "Politicians and the government do not see the human being, they only follow the rules" (Latif, field notes), and: "[I wish] people would stop being racist. And also, sometimes, media and journalists they say some things, which are not true" (Jamil, individual interview). They also described experiences of other people's (potential) prejudices about and non-acceptance of them in their everyday lives. Consequently, they

also expressed uncertainty in relation to a perceived (visible) stigma, when interacting with the wider social environment:

> Sometimes, when I am at the supermarket, public swimming pools, a shop or on the bus, people turn around and look at me like this (sceptical) […] I do not know why. Then I try not to look at them. I think that they think 'he is a thief' or 'he hits' or 'he is a bad boy' (Sahir, individual interview).

In addition, it was exemplified that a perceived stigma could lead to social withdrawal, for example, by avoiding social interactions. Thus, in conjuncture with language barriers, being positioned and positioning themselves as 'outsiders' hindered socialisation:

> Maybe they (peers with ethnic majority backgrounds) are afraid of talking to me […] because they do not know me, and then I do not want to talk to them. I cannot talk to them because I do not speak Danish very well. Some of them think that I am a foreigner (Michel, individual interview).

> I know many people from my school. But… I cannot really talk with them about my problems. They can just talk about school or, just normal stuff. I cannot tell them about my life (Jamil, individual interview).

A perceived stigma can thus be described as limiting their participation in different communities including their access to social networks, and in particular, to peers with majority ethnic backgrounds which most of them referred to. However, some also described that "… racism also comes from people from [other countries] or other refugees" (Ilyas, individual interview). As indicated above, experiences of 'being a foreigner' and having 'other problems' (stigma) were inextricably linked with experiences of loneliness and feeling misunderstood (relatedness need).

Perceived stigma related to 'mental health difficulties'

Sleep disturbance appeared to be a common and legitimate marker of mental health difficulties among the adolescents. During the field work, they explained that their problems with sleep were due to worries about their uncertain temporary immigration statuses, their families' critical situations

abroad, missing their families, or excessive thoughts about past traumatic events. As an example, one of the participants turned 18 at the time of data collection, and his residence permit had automatically expired that day. Six months prior to this, he was not able to attend school due to heightened anxiety and insomnia. During the participant observation, he drew a picture and explained:

> Jamil: "The boat is me. The ocean is the world."
> Interviewer: "Where is the boat heading?"
> Jamil: "Just the world […] but it does not mean (that I am) free […] it is difficult" (field notes).

He later sent a quote to the researcher explaining what the sun symbolised in his drawing: "sometimes the sun is painful, as is your life" (field notes). At the same time, the adolescents also expressed that they sometimes felt misunderstood. For instance, some of the participants experienced that they could not live up to a dominant cultural norm or the standards of a "normal" adolescence, such as being social or attending school, due to mental health difficulties:

> "I feel unwell and I am sad and tired and have no money and no family. Everything at once […] If I am not happy, why go to school? […] You cannot learn anything if you are worrying and tired […] My support person (social worker) does not understand me. She does not understand why I cannot attend school" (Michel, individual interview).

> "(It makes me sad) When I am having a hard time, and they (people in general or social workers) do not understand that I am having a hard time now. They say, 'you are not social, you should be social' […] They do not understand that I have problems now. They cannot see it" (Jamil, individual interview).

Feeling misunderstood and experiencing too high expectations from others may contribute to and be reinforced by a perceived stigma related to 'mental health difficulties', i.e., feeling different due to experiences of emotional distress, and thus, contribute to a vicious cycle of being an 'outsider'.

Even though it was common among the participants to experience 'mental health difficulties', they did not consider it as a "normal" or "human" reaction to stress. They equated difficulties, such as

concentration problems, with being "crazy" or "divergent", which illustrates a perceived (invisible) stigma. In the focus group interview, FIRST AUTHOR asked the participants what causes people to experience 'mental health difficulties' and some indicated that this was a result of *external* factors: "Not just illnesses, but *many* things […] if you have a bad life" (Jamil, focus group); another participant added, "when people have many problems in their life, then they may get crazy" (Latif, focus group). Nevertheless, poor mental health was still considered a devalued *individual* trait. They were, therefore, aware of controlling symptoms of 'mental health difficulties' which could reveal stigmatising information, such as cutting oneself. One of the participants did not want to show his cuts to any of the social workers or the other adolescents and he explained: "I know that those people who cut themselves… people say, 'he is crazy' and 'he is stupid'. They do not understand why" (Michel, individual interview). However, he shared this information with the researcher (FIRST AUTHOR) during the field work, which indicated a trusting researcher/participant-relationship in which he may have felt accepted and understood beyond categories of being "crazy".

Coping with emotional distress, stigma and loneliness

Various actions and activities were observed, described, or suggested by the participants in relation to coping with psychosocial challenges exemplified with perceived stigma, experiences of loneliness and emotional distress as described above. The activities were numerous, but one common coping strategy was the act of disremembering or attempting to 'forget' traumatic events or current stressors and, thus, alleviate their worries and emotional distress through activities that involved 1) a sense of momentary relief or bliss, 2) a sense of 'normalcy' and acceptance, and/or 3) a sense of relatedness.

A sense of momentary relief or bliss through (bodily) activities

Some of the participants described activities of 'forgetting' that can be referred to as self-harm or self-medication, such as cutting themselves or drinking alcohol. The examples below illustrate how the body was used as a tool, through which otherwise unmanageable 'bad thoughts' and inner pain were temporarily removed:

> "It is a huge problem for me that I cannot sleep. Sometimes, I do not sleep for two or three days. Then I cannot think, and I cannot talk with others […] Look what I have done to myself (shows cutting on arms and breast). I started one month ago […] When I am really tired then I need to do this, because it hurts (physically). When it hurts

(physically), I forget everything. Then I do not have an ache in my head, I do not think about my family" (Michel, individual interview).

Ilyas: "I am drinking alone at home […] Yesterday I drank 24 beers."
Interviewer: "Do you feel better then?"
Ilyas: "No, but I like to drink, because then I forget" (individual interview).

When alcohol was discussed in the focus group interview, there was a consensus about it being unhealthy in the long term, but healthy in the sense that it was creating temporary happiness or reducing psychological stress. Other ways of using the body as a tool to 'forget' was expressed with sports, which consequently led them to experience enjoyment and improved sleep: "When you play football you forget […] you play, you get tired, you come home and go to sleep, relax" (Michel, individual interview).

Other participants described momentary relief or bliss through playing or listening to music: "it calms me down" (Sahir, field notes). These kinds of activities were described as helping them focus on one thing at a time in the present moment and thereby alleviating their worries.

A sense of 'normalcy' and acceptance through (meaningful) activities

Some explained that having many things to do, for example, going to work after school (routine activities), also helped them to 'forget'. Additionally, many of them mentioned school as a meaningful routine activity where they had the opportunity to develop their competences and, thus, create a better future for themselves: "I am also very happy about the future, because when we go to school, we get an education, we have a dream…" (Sahir, focus group, discussing theme card 'past, present, future'). Besides the positive experiences of the activities in themselves (experiences of well-being and functioning), these coping strategies were also a part of the pursuit for an "ordinary" and meaningful everyday life in which they could feel valued and a sense of belonging:

"If I do not work or do other things, then I have many things to think about. That I am alone, why I am alone in Denmark, where my family is, why my family does not live here with me… this is my life… I keep thinking that it could be six or ten or twenty years that I have to live like this, without a family, without a job, without… Just going

to school and coming back […] I like to talk with people, and if I can help people, it makes me happy" (Latif, individual interview).

As illustrated by the example above, a sense of meaningfulness can be generated through future-oriented activities, and/or through contributing to a community, i.e., an expressed need for relatedness, including "both giving and receiving care" (Reeve, 2018, p. 142). Yet, despite the adolescents' eagerness to participate in meaningful activities, they expressed that this was lacking in their daily lives. For instance, only two of the participants in the focus group interviews brought photos of their *lived present* (current everyday lives). The third participant chose to draw a picture of his *aspired future*, while the fourth participant did not bring any photos/pictures to the focus group interview. He described the reason for this as being due to a lack of content in his current life situation, i.e., "I have nothing to take photos of" (Nader, field notes). Another participant described that if children and youths lack activities in their daily lives, there is a risk that they will slip into negative communities: "They [children and youth] need to have more activities with other youths, and adults as well […] because sometimes, they see possibilities in doing bad things, crime and so on" (Ilyas, individual interview).

A sense of relatedness through (shared) activities

In line with the finding above, the participants expressed appreciation of the presence of the researcher (FIRST AUTHOR), so they would not be 'alone'. Moreover, all the adolescents in this study described how social support, or a sense of relatedness, combined with a shared activity, could function as a way of coping with emotional distress as it helped them to change the focus of their thoughts away from the negative aspects of past or current stressors:

> "If I am sad, and I am home alone, then I think a lot about bad things and consequently, I cannot sleep […] If there is someone, for example now, you (FIRST AUTHOR) are here, then I am talking to you, and then I do not think about bad things, because we talk about other things" (Nader, individual interview).

> "It makes me happy when I go out with someone, just walking, just seeing things, and just talking together. Like normal people do. Just talking about good things" (Jamil, individual interview).

At first glance, there appears to be a tension between their expressed needs: their *avoidance* of social interactions, e.g., difficulties with attending school when they are having a hard time, and their *expressed need* for being a part of a community, e.g., in school. An important aspect of this, however, is the *quality* of the relationships within those communities, for example, that they feel understood, valued, liked, cared for and accepted (Reeve, 2018). Thus, the adolescents' previously described experiences of loneliness are not necessarily as a result of lacking *enough* social interactions with people (quantity), but may be due to a lack of *close* social bonds with those who, for example, they feel understood by (quality) (Reeve, 2018). In this regard, *shared* activities, such as music, painting, walking, or eating, can be useful as they allow for mutual understanding, trust and reciprocity between the participants and, thus, (re)build and nourish close bonds. Additionally, as illustrated by the adolescents above, shared activities during FIRST AUTHOR's participant observation gave them the possibility to temporarily 'forget' traumatic events or current stressors. However, these shared activities can also be the catalyst for conversations about those very same issues, for example, when making food, watching movies or listening to music that remind them of their flight or their country of origin.

Discussion

This study gives contextualised in-depth insights into unaccompanied refugee adolescents' experiences of psychosocial challenges related to the perceived stigma of 'being a refugee' and having 'mental health difficulties' (Goffman, 1963). These experiences were intertwined with feelings of loneliness due to a lack of close social bonds and feelings of deviating from the norm or being excluded. For instance, they described others' non-acceptance and misunderstanding in relation to their status as 'refugees', as well as in relation to their 'mental health difficulties'. Various activities were found important to being able to cope with their intertwined experiences of stigma, loneliness and emotional distress. These were clustered into: 1) a sense of momentary relief or bliss through (bodily) activities, 2) a sense of 'normalcy' and acceptance through (meaningful) activities, and 3) a sense of relatedness through (shared) activities. Common to these activities was an attempt to disremember or 'forget' past traumatic events or current stressors.

Other studies echo some of these findings, for example, by underling the healing potential of "silence" among unaccompanied minors, and "as a way of concealing and managing hurt" (Kohli, 2006, p. 710). In addition, experiences of 'ambivalence' during settlement have been associated with, on the

one hand, wanting to create social bonds, and on the other, being uncertain about whom to trust (Eide et al., 2018). Our findings are also consistent with other studies underlining the healing potential of activities in "ordinary life" (e.g., education) that create stability and structure, keep them distracted and make them feel "normal" (Malmsten, 2014; Sirriyeh, 2008; Wade *et al.*, 2005; Chase, 2013). While social support, or lack thereof, was central to the adolescents' coping strategies in this study, others have underlined the central role of religion (Ní Raghallaigh and Gilligan, 2010).

As indicated in this study, the adolescents' coping strategies are affected by the (social) resources they have access to (Hall and Lamont, 2013; Folkman and Lazarus, 1984). Previous studies, although limited, have highlighted the functions of unaccompanied minors' relationships as "practical" or "instrumental", e.g., through which they can access job opportunities (Raithelhuber, 2019) and deal with discrimination through increased cultural competence (Oppedal and Idsoe, 2015), as well as "emotional" or "supportive" with a direct impact on their mental health (Raithelhuber, 2019; Sleijpen et al., 2017; Oppedal and Idsoe, 2015). Our results focus especially on the latter and underline the importance of the *quality* of close, social bonds, i.e., feeling socially connected through reciprocal understanding, caring and liking (a sense of relatedness) (Reeve, 2018). Thus, our study nuances the role and mechanisms of social support, and in particular, the importance of coping and resilience as being contextual and collective (Ní Raghallaigh and Gilligan, 2010; Brook and Ottemöller, 2020; Hall and Lamont, 2013).

Further, *how* the adolescents cope can be understood as either emotion-focused or problem-focused (Folkman and Lazarus, 1984). For instance, the adolescents' activities of 'forgetting' can be described as emotion-focused coping strategies where they attempt to manage the *emotion* caused by the stressor rather than the *stressor* itself, as with problem-focused coping. However, this differentiation may not capture the complexity and sub-dimensions of the adolescents' methods of coping, which may be *both* emotion-focused, i.e., through bodily activities, and problem-focused, i.e., through seeking social support (Biggs *et al.*, 2017).

Our findings also indicate that the adolescents experienced difficulties with seeking social support, i.e., accessing communities with ethnic majority backgrounds, due to perceived stigma and language barriers. Parallel to this finding, other studies have shown that loneliness among unaccompanied refugee minors is due to language barriers and/or experiences of stigma (Pastoor, 2017), as well as

the many losses they have experienced, in particular the loss of/separation from family members (Derluyn and Broekaert, 2007). Experiences of 'misunderstandings', as described by the adolescents in our study, may occur due to silences about mental health issues out of a "fear of being seen as "crazy"" (Shannon *et al.*, 2015, p. 286), perceived expectations of having to "behave in a certain way" (Brook and Ottemöller, 2020, p. 7), or different social positions (i.e., language, contextual resources, attitudes and behaviours) (Shim, 2010), e.g., between adolescents and their social workers.

Limitations and strengths

Several limitations apply to this study. First, our sample only included six male unaccompanied refugee adolescents. The participants' similar characteristics as *male unaccompanied refugee adolescents*, *aged 17-18*, with *temporary* residence permits, living in *residential care facilities*, however, allowed for contextualised in-depth knowledge about the largest group of unaccompanied refugee minors settled in Denmark at that time. Yet, the adolescents had three different countries of origin, which may be a limitation since we cannot provide nuanced knowledge about one specific 'group' of adolescents. Yet again, this can also be considered a strength, as it underlines the *heterogeneity* of these youths and the importance of considering their *individual* needs. Second, an interpreter was not used, which may have negatively affected the descriptive and interpretative validity of the research findings. Likewise, misunderstandings or simplifications of the participants' accounts may have occurred. Yet, the participants were given the opportunity to clarify and interpret some of the findings through a triangulation of methods, which reduced the risks of misinterpretation. Also, it is a strength of the study design that FIRST AUTHOR stayed in the residential care facility for a while and that the data was triangulated, which improve the study's reliability and validity.

Third, the researcher's background as a native-born, Danish-speaking young woman may have affected the data generated. During the fieldwork, the participants explicitly positioned themselves as 'foreigners' and positioned the researcher as 'native-born Dane' to explain mobility levels. However, by actively participating in the adolescents' everyday lives, the researcher tried to overcome potential barriers. The adolescents, for example, made use of humour when they discussed difficult issues and, hence, FIRST AUTHOR also adopted this approach, which was carefully used as a way of getting closer to the dynamics of the field and promoting an informal relationship with the participants. In the beginning of the fieldwork, some participants expressed that they did not want to discuss negative, past experiences. Yet, they mentioned positive as well as negative memories

related to their past during participant observation. In addition, they revealed information that the social workers at the care facility were unaware of, which suggested that a level of trust had been established. It is considered a strength of the study that a trusting relationship between the participants and the researcher was built before conducting the interviews, as it resulted in candid conversations.

Implications for practice, policy and future research

In this study, the adolescents' experiences of psychosocial challenges and coping strategies expressed a need for relatedness (Reeve, 2018) which was not met. The various activities that were practised or suggested by the adolescents in this study can also be understood in relation to the two remaining psychological needs in the Self-Determination Theory (SDT), which the need for *relatedness* is a part of, i.e., the need for both *competence* and *autonomy* (Ryan and Deci, 2000). For example, it can be argued that some of the activities through which the adolescents attempted to cope also involved aspects of learning, mastery and making progress (competence), and that these actions were experienced as self-directed and congruent with their interests and values (autonomy) (Ryan and Deci, 2000). Within this framework, it can hence be argued that all three psychological needs are important to support when psychosocial care for unaccompanied refugee adolescents is planned for and implemented.

As experiences of psychosocial challenges and coping strategies are multiple and intertwined, the development of psychosocial care through interagency work involving the adolescents themselves, the healthcare sector, the school context, social workers and volunteers in the local community, i.e., "an integrated approach", is important (Watters, 2007, p. 168). In addition, this may also help to overcome potential barriers to help-seeking and perceived stigma associated with 'mental health difficulties' through facilitating the children and youths' opportunities to engage with others and access care in trusting, safe, playful and non-stigmatising settings (Thommessen *et al.*, 2017; Tyrer and Fazel, 2014). More shared activities organised in, for instance, care facilities or schools, may reduce negative effects of stigma through mutual learning and recognition, in addition to group-based interventions providing information about mental health issues, and thus, "normalising" normal reactions to strain in a safe space (Shannon et al., 2015). Such initiatives may improve refugee children and youths' community engagement and mental health, but research on this is lacking at present (Fazel and Betancourt, 2018).

Central to this study is that *psychosocial care* must be organised in ways that meet unaccompanied refugee children and youths' heterogenous and individual needs, but many of their psychosocial problems and/or (lack of) coping strategies also relate to a *broader political framework*. This includes their own and their families' immigration statuses, as well as experiences of discrimination due to political discourses of 'othering' (Pedersen and Rytter, 2011), which tend to worsen their mental health, as is also pointed out by other studies (Vervliet et al., 2014; Vitus and Lidén, 2010; Chase, 2013). Parallel to refugee children's experiences of waiting time in the *asylum-system* (Vitus, 2010), this study found that unaccompanied refugee adolescents settled in a Danish municipality *continue* to experience uncertainties about their future due to temporary residence permits, which resulted in, e.g., a lack of participation and concentration problems. These issues entail a broader political response of counteracting negative stereotyping via social inclusion, in which policy makers and providers of psychosocial care (e.g., social workers, teachers, therapists and volunteers) acknowledge and act on the diverse needs of unaccompanied refugee minors.

In future studies, a longitudinal exploration of how different types of social relationships are shaped and experienced during different stages of their settlement (Raithelhuber, 2019), and in particular, how close social bonds are established and maintained, could add more substance to our knowledge on the role and mechanisms of social support. Aspects of this that could be further explored are communication and the use of humour as an 'inclusive practice' to create 'emotional warmth', as underlined in previous foster care research (Hedin *et al.*, 2012), as well as humour as a coping resource (Abel, 2002), to deepen knowledge on how best to support these children and youths.

Conclusion

Unaccompanied refugee adolescents in this study experienced several interwoven and on-going psychosocial challenges in their daily lives, which, in a complex web, included perceived stigma and experiences of loneliness in addition to past traumatic experiences and worries related to uncertain futures. This may become a vicious cycle in which they are positioned and positioning themselves as 'outsiders', i.e., through their status as 'refugees' and 'mental health difficulties', leading to feelings of non-acceptance, misunderstandings and social withdrawal. The adolescents' coping strategies included various activities adapted to their individual needs and interests. Common to these activities was an attempt to 'forget' stressors related to their past, present and/or future. Some of these activities also have the potential of contributing with content in their daily lives and creating a fundament

through which they can 1) seek momentary relief or bliss, 2) (re)generate a sense of 'normalcy' and acceptance, and/or 3) enhance their needs for relatedness. Yet, they experienced a lack of this in their daily lives. It is of utmost importance that policymakers, are aware of the need to counteract negative stereotyping and facilitate unaccompanied refugee adolescents' opportunities to participate in everyday activities that support their healthy coping strategies and development during their transitions into adulthood.

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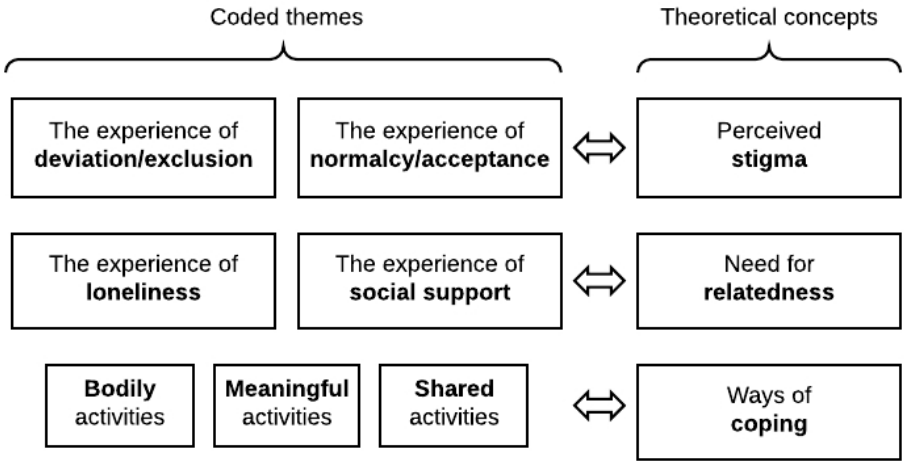

Coded themes and theoretical concepts

Reviewer	Suggestion	Response	Done?		Intro
1	Please provide a short description of 'psychosocial support' in the introduction.	OK will do! I described this in a previous draft, but might have called it something different - add in introduction? I agree that this is a very central concept that should be clarified.	There is a description of what psychosocial support my informants receive p. 4 (method). We added this in the introduction instead, but changed it to psychosocial care instead of support.	OK	Methods
1	You distinguish social capital as bridging across heterogeneous socioeconomic groups and bonding across homogeneous socioeconomic groups, which you define as the young people's native-born peers and refugee peers, respectively (p6). This definition assumes that the young people have an automatic affinity with their refugee peers by virtue of their refugee status – is this actually the case? You may wish to unsettle the concept of 'social capital', or alternatively provide strong evidence for why you have chosen to categorise the URMs and their peers in this way.	Ah ok. The concept of social capital has been questioned a lot in our research group in previous drafts as well. We chose to categorise it in this way due to different social groups the informants described, e.g. 'Danes' 'refugees' 'Afghans' etc. Maybe its more communities based on ethnicity/language/legal status?	As reviewer1 suggested I have narrowed the scope of the paper by leaving out the concept of social capital and the aspects of 'heterogenous' (social bridges) and 'homogenous' (social bonds) as defined by Putnam. The participants described different 'groups' of social relationships, but this may not be the essence of the analysis in this manuscript. Rather, the essence is their need for relatedness (to have friends, someone they can talk to, warm/close and reciprocal relationships with others) - as a contrast to feeling excluded and stigmatised, which is also described as a barrier to satsifying their need for relatedness. Therefore, I have decided to frame it in this way instead.	OK	Analysis
1	The application of the 'social capital' concept is also inconsistent both with the interpretation given in the analytical framework (that bonding = relationships with refugee peers and bridging = relationships with native-born peers) and in its usage throughout the paper. In the results, it is inferred that in this instance, 'bridging' social capital would also be a relationship with anyone who does not 'represent the system', i.e. with a non-professional (p7-8); however, professional support is later referred to as 'bridging relationships' (p14). The former may be a semantic issue – if so, this should be clarified.	Again social capital - see if we can describe this in a different way? Focus on their need for relatedness instead (Deci&Ryan 2000) - and not dividing them into "groups" of relationships, which may be stigmatising in itself. Even though social capital is devided theoretically by Putnam into bonding and bridging social capital.	Same as above	OK	Discussion
1	There is some very interesting analysis in relation to stigma and coping strategies. URM P05 remarks in an individual interview, '…if I can help people, it makes me happy' (p13) – this idea of helping people seems significant as a psychosocial coping strategy but remains unexplored. Perhaps you could also consider this in your analysis.	Thanks! - we will try and elaborate a bit more on this theme in the analysis - look into the data again.	We have added a couple of sentences about helping others as a coping strategy / contributing to a community / reciprocal relationships (need for relatedness).	OK	Overall
1	The idea of 'belonging' is used throughout the paper but never defined. It thus remains somewhat of an abstract concept. Please provide a definition of 'belonging' as you understand it.	Good point. Very central both in relation to need for supportive relationships and stigma.	Belonging as relational - defined in the section about need for relatedness (conceptual framework).		

Generally, the paper covers a lot of theoretical ground. You could potentially consider narrowing the scope of the paper. The findings on stigma and coping strategies are particularly interesting.	Same as above. This is a good suggestion.	Narrowed the focus: 1) psychosocial challenges (intertwined experiences of stigma, loneliness, emotional distress) 2) coping
Some syntactical issues such as 'On the opposite' (abstract and p9), 'little is known on' (p2). - + improve readability	Language editing?	Language editing service
The acronym 'URM' is used inconsistently throughout the paper, sometimes being used and at other times written in full as 'unaccompanied refugee adolescents'. Plural use of 'URM' is also inconsistent – sometimes as 'URM' and at other times 'URMs'.	I have also thought about this- What acronym should I use then? Unaccompanied refugee adolescents and maybe after this just 'young people' (YP) Check what other researchers have done in other articles. They are still minors? But they are not children but youth...	We now consistently use (unaccompanied refugee) 'adolescents' or youths when referring to the participants as they are between 17-18 years of age... In the introduction we state that we refer to the young participants in this way. And only URMs in the beginning or when referring to other litterature (as they arrived in Denmark as URMs, and some of them still are)
Some semantic issues e.g. 'hassles' (p2); 'it may also maintain the young people in a low socio-economic position...' (p9).	Check this! - language editing?	Language editing service
Some grammar issues e.g. 'After they have been granted..., they have settled...' (p3); 'due to an informal, trusting relationship...was being preferred' (p4); 'things that makes them "happy"' (p5); 'how different types of support and relationships are shaped, experienced, and giving shape to...' (p15).	Language editing?	Language editing service
Some spelling mistakes e.g. p5 'unaccompacomnied'.	OK! - check language	Edited
Originality: The paper finds that meaningful activities are protective as they create a space for social support and/or regenerate a sense of 'normalcy'. The authors write that the originality/value of the paper is in its 'insights about which psychosocial factors are important for unaccompanied refugee adolescents in order for them to experience good mental health'; this is corroborated by the findings.	Glad to hear. Thank you!	OK

The literature review adequately covers the relevant literature in the field. The concept of 'psychosocial support' is introduced in the introduction without a definition.	Same as comment above.	Same as above
The paper uses method triangulation (participant observation, individual interviews and a focus group using photo elicitation) with six male URMs. The methodology is explained very clearly. Limitations and strengths of the research are considered. A major theoretical issue is the authors' understanding and concomitant application of the concept of 'social capital'.	Same as comment above.	Same as above
The authors distinguish **social capital** as bridging across heterogeneous socioeconomic groups and bonding across homogeneous socioeconomic groups, which they define as the young people's native-born peers and refugee peers, respectively (p6). This definition assumes that the young people have an automatic affinity with their refugee peers by virtue of their refugee status – is this actually the case? Furthermore, the application of the concept to the findings is inconsistent both with the interpretation given in the analytical framework (that bonding = relationships with refugee peers and bridging = relationships with native-born peers) and in its usage throughout the paper. In the results, it is inferred that in this instance, 'bridging' social capital would also be a relationship with anyone who does not 'represent the system', i.e. with a non-professional (p7-8); however, professional support is later referred to as 'bridging relationships' (p14). The former may be a semantic issue – if so, this should be clarified. More generally, the authors may need to unsettle the concept of 'social capital' as they currently understand it, or alternatively provide strong evidence for why they have chosen to categorise the URMs and their peers in this way.	Same as above. Consider using the concept of social capital - maybe not the best concept to describe what is actually going on here. Social capital is more a ressource, whereas 'need for relatedness' is better to describe social support as a coping resource.	Same as above
There is some very interesting analysis in relation to stigma and being positioned/positioning oneself as an outsider either in relation to being a 'foreigner' or having mental health difficulties (p10-11). The concept of the coping strategy is also well-applied to the URMs' experiences and perspectives (p11-13). URM P05 remarks in an individual interview, '…if I can help people, it makes me happy' (p13) – this seems significant as a psychosocial coping strategy but is unexplored by the authors.	Yes, helping others was actually something that was important for them - also in relation to taking part in the research project. They wanted to contribute. Make others happy. Thank you for pointing this out. We will elaborate a bit more on this theme.	Same as above
The idea of 'belonging' is used throughout the paper but never defined. It thus remains somewhat of an abstract concept.	Same as above.	Same as above
The conclusions adequately tie together the paper's findings. However, it feels like the authors are **juggling a lot of concepts in the paper as a whole.** The authors could potentially consider narrowing the scope of the paper.	In line with comment above (about narrowing the scope). Thank you so much for suggesting this. Focus on stigma and coping strategies would be useful here.	Same as above
Implications are clearly identified for future research, policy, and practice and are consistent with the findings and conclusions of the paper.	Good, thank you.	OK

This is a interesting and well-written article on an important topic. I think it has a potential to be a valuable contribution to the field when some issues have been addressed.	Good, thank you.	OK
The literature review should be expanded. Very little other qualitative research on UMs is cited and there is a lot out there! I was particularly surprised that Eide et al. Trajectories of ambivalence and trust: experiences of unaccompanied refugee minors resettling in Norway. Eur J Soc Work was not cited. It could be used to broaden the discussion on "bonding" in this article.	Different from Reviewer 1. But we agree that more articles could strengthen the article. We will include Eide et al.	We have included Eide et al. (2018) and other qualitative studies (Kaukko & Wernesjö 2017; Sirriyeh 2013, 2008; Watters 2007; Kohli & Mather 2003 in the introduction, and also in the discussion. We have deleted parts of the analysis on social bridges/bonds, but there is still some relevant findings in relation to this which we have added in the discussion, p. 14.
The fact that the study is based on six interviews representing one group home only is not given enough consideration **in the interpretation** of the results and t**he limitations section**. It's completely ludicrous to state that this study confirms the high level of poor mental health problems found in large European surveys. Mental health wasn't measured at all and the representativity of the interviewees to the entire population of UMs is unclear, to say the least. Your discussion needs to stay within the qualitative framework of this study and to be clear about the limitations this implies for generalising to all UMs.	Very important comment, thank you! I agree and this aspect is of course very important to make sure is clear in the discussion. Maybe its about language? The way it is formulated? Should it be more clear in the 'limitations' section as well?	We have done some language editing in the way it is presented in the 'discussion of results in relation to other studies. We have also added that the participants had different countries of origins (limitations section), and that it is important to take into account their individual and hetereogenous needs.
Originality: Does the paper contain new and significant information adequate to justify publication?: Maybe. Not really new.	We believe that the findings add some nuance to the role and mechanisms of social support or lack thereof.	We hope that our contribution is more clear now.
So, so. There is a lot of relevant literature missing. No Watters, no Eide...	Again, Eide, and Watters. We included it in previous drafts - add again.	Same as above
Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: Yes, I think the theoretical framework is OK	Taking into account what Reviewer 1 suggests (narrowing the focus) would strengthen the article I think.	We have, as reviewer 1 suggested, narrowed the analysis which means I have deleted the theoretical concepts of social capital.
The results are well presented. But the article goes way beyond what's reasonable in the interpretation of the results in the discussion. The study is built on interviews with 6 boys from the same group home. To go from them to unaccompanied minors in general is a long reach. And this limitation is not even mentioned.	In line with comment above. Limitations are mentioned, but maybe not clear enough.	Same as above: In the limitation section we have added that the study only included six youths. They live in two different group homes.
Are these implications consistent with the findings and conclusions of the paper?: Yes, but I think writing Implications to all UM based on one group home of six informants is problematic.	Very important to address the needs of UM and UM as heterogenous - take into account their individual needs. Maybe not clear enough - edit language	We have re-written the implications of the findings and underlined their different/individual/heterogenous needs.
Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: Yes	OK	OK

Attempts to 'forget': unaccompanied refugee adolescents' everyday experiences of psychosocial challenges and coping upon settlement

Purpose
Poor mental health is common among unaccompanied refugee adolescents and may have serious negative consequences for their successful settlement. The study aims to elucidate unaccompanied adolescents' experiences of psychosocial challenges and what they need to cope with this during their course of settlement in Denmark, particularly focusing on social support.

Design/methodology/approach
The study sample included six male unaccompanied refugee adolescents aged 17-18, living in two residential care facilities. Based on a triangulation of methods (i.e., participant observation, individual interviews and a focus group interview using photo elicitation), a thematic analysis was conducted within the conceptual framework of *stigma* and a *need for relatedness*.

Findings
Several interwoven and on-going psychosocial challenges, including perceived stigma and loneliness combined with past traumatic experiences and uncertainties about the future, were experienced by the adolescents in this study. As opposed to experiencing emotional distress, stigma and loneliness, various activities of 'forgetting', which involved 1) a sense of momentary relief or bliss, 2) a sense of 'normalcy' and acceptance, and/or 3) a sense of relatedness, helped them to cope.

Practical implications
For psychosocial care services to respond to adolescents' mental health needs in an optimal way, the results suggest that activities and social support that are sufficiently adapted to individual needs should be the focal point in their daily lives.

Originality/value
The study offers insights into the needs of unaccompanied refugee adolescents in coping with the psychosocial challenges experienced in their daily lives.

Keywords: Unaccompanied refugee youths, Coping, Relatedness, Social support, Stigma

Introduction

Unaccompanied refugee minors who have settled in high-income countries are at high risk of psychological problems, such as symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, and somatisation (Ikram and Stronks, 2016; Oppedal and Idsoe, 2015; Seglem *et al.*, 2014; Bean *et al.*, 2007), concentration difficulties, sleep problems and hyperactivity (Montgomery, 2011). As unaccompanied refugee minors are children under the age of 18 who have been forced to emigrate from their countries of origin due to a 'well-founded fear of being persecuted' (UNHCR, 1994, p. 43), and as they are 'separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so' (UNHCR, 1994, p. 52), they are considered particularly 'vulnerable' (UNHCR, 1994).

Compared with refugee minors accompanied by their parents, unaccompanied refugee minors are at higher risk of developing psychopathologies after having experienced traumatic events (Bean et al., 2007; Derluyn *et al.*, 2009), and, in addition, they experience more stressful life events (Bean et al., 2007). These include more traumatic experiences before and during flight, such as witnessing war and being separated from family members (Derluyn et al., 2009; Jensen *et al.*, 2019), and stressors in the post-migration phase, i.e., uncertain immigration statuses, in- and out-group 'hassles', lack of social support, racism and discrimination (Oppedal and Idsoe, 2015; Oppedal and Idsoe, 2012; Vervliet *et al.*, 2014; Chase, 2013; Marley and Mauki, 2019; Eide *et al.*, 2018; Seglem et al., 2014), all of which may be experienced as especially challenging during their transition into adulthood (Eide et al., 2018; Sirriyeh, 2008).

Nevertheless, unaccompanied refugee minors also show remarkable resilience (Vervliet et al., 2014; Kohli and Mather, 2003), which is enhanced by diverse protective factors, such as participation in school, acting autonomously and receiving support from and sharing interests with peers (Montgomery, 2011; Sleijpen *et al.*, 2017; Malmsten, 2014; Goodman, 2004). Therefore, other supportive environments and relationships encountered upon settlement play a crucial role in reducing the risk for poor mental health outcomes (Oppedal and Idsoe, 2015; Eide et al., 2018; Marley and Mauki, 2019). Social inclusion, culturally sensitive services, and positive school experiences have, for example, been underlined as crucial (Keles *et al.*, 2018; Fazel and Betancourt, 2018; Watters, 2007; Sirriyeh, 2013; O'Higgins *et al.*, 2018). However, it is also common that (unaccompanied) youths simultaneously move between wanting to be cared for and striving for

independence (Kaukko and Wernesjö, 2017; Eide et al., 2018). Against this background, previous research has focused on unaccompanied refugee children and adolescents as both 'vulnerable' with 'mental health problems', and more recently, as 'independent' and 'resilient' (Rehn-Mendoza, 2020).

In 2017, 173,800 unaccompanied and separated children were registered as new applicants, asylum-seekers and refugees worldwide (UNHCR, 2018). From 2014 to 2018, 4,851 unaccompanied minors applied for asylum in Denmark, of whom 1,309 were granted residence permits. Seven out of ten unaccompanied asylum seekers in Denmark in 2018 were males above the age of 15 (Udlændingestyrelsen, 2019). When an unaccompanied refugee minor is granted a residence permit in Denmark, the assigned municipality is responsible for finding a care arrangement that matches the child's needs of care, i.e., residential care facilities with part-time or full-time professional assistance, foster families, or independent accommodation. The importance of psychosocial care that matches the needs of unaccompanied refugee adolescents has been underlined, including practical, emotional and social help from professionals (Goldin *et al.*, 2008; Heidi *et al.*, 2011; Jarlby *et al.*, 2018), underscoring the key point of including the adolescents' own perspectives.

Despite various societal efforts that aim to assist unaccompanied refugee adolescents in a smoother settlement, more knowledge on 'protective factors and coping strategies that can make a real difference in the unaccompanied minors' lives' (Rehn-Mendoza, 2020, p. 15), especially in a Danish context (Vitus and Nielsen, 2011), is needed. Thus, with this study, we aim to explore the needs of unaccompanied refugee adolescents through their everyday experiences of psychosocial challenges and coping, particularly with a focus on social support, during their settlement process in Denmark.

Method

Participants and data collection

This paper focuses on six male adolescents aged 17-18, who came to Denmark as unaccompanied minor asylum-seekers in 2014/15 from Middle Eastern and South Asian regions. After they were granted temporary residence permits (1-5 years in duration), they settled into a Danish municipality, where they, at the time of data collection in 2017, had lived for 1-3 years on average.

The first author (FIRST AUTHOR) conducted the fieldwork in two semi-dependent residential care facilities, where they lived together with 2-4 adolescents. This was under the supervision of social

workers for approximately two hours per day during weekdays with the aim of preparing unaccompanied youths for the transition to independent adult life in Denmark. The psychosocial care provided included helping with job applications, facilitating social activities, and counselling when necessary.

All participants spoke Danish, although they had limited vocabulary; however, since they had previously mastered different languages, Danish was a common language between them. Against this background and due to an informal, trusting relationship between the researcher and the participants, an interpreter was not used (Kvale and Brinkmann, 2014). In situations where there was any doubt about the meaning of the words used by the researcher or the adolescents, online interpretation applications were used. Using Danish as a common language was also advantageous during the focus group interview because it made direct communication between the participants and researcher possible.

Participant observation

FIRST AUTHOR participated (100 hours) in daily free-time activities both inside and outside of the residential care facility setting. The activities included playing games, watching movies, making food, going to cafes and football training. The observations also included interactions between adolescents and their social workers, informal in-situ conversations, and methodological reflections on how the researcher impacted the participants. The principal aims of the observation was to build a trusting relationship between the researcher and adolescents prior to conducting the interviews, and to gain insight into what was important to them in their everyday lives, e.g., situations that engaged or frustrated them.

Semi-structured individual interviews

Semi-structured individual interviews were conducted with unaccompanied refugee adolescents in conjuncture with visual mind-maps to add richness to the data (Coyne and Carter, 2018). The first part of the interview was conducted with an interview guide based on what was observed during the participant observations. For example, it was observed that the adolescents enjoyed social company and activities, and thus, questions about their social networks, school, employment and/or leisure time activities were elaborated on during the interviews. In the second part, mind-maps were carried out; participants wrote down catchwords about things that made them ‘happy’ and ‘sad’ and then

explained them to the interviewer. This method proved to be a valuable tool to steer the interview towards what the participants found important to discuss. The individual interviews lasted from 45 to 75 minutes and were audio recorded.

Focus group interview

A focus group interview, combined with photo-elicitation, was held with four of the adolescents, who lived together in one of the residential care facilities, after the individual interviews were conducted. Beforehand, they were asked to take photos or draw pictures of what they found important in their everyday lives. In the first part of the focus group interview, the conversation was structured around these photos and pictures (Glaw *et al.*, 2017), which helped them to convey how they experienced or perceived their lives. In the second part, the researcher (FIRST AUTHOR) presented her preliminary findings from the observations and semi-structured interviews. These were written on 'theme cards', which the participants drew and were invited to discuss and comment on. The theme cards included 'past, present and future', 'activities', 'community', 'health' and 'a good life'. For example, the researcher initiated a discussion by asking 'Many of you have expressed that you lack activities in your daily lives; have I understood that correctly? Why is this important to you?'. The focus group interview lasted 95 minutes and was audio recorded.

Research ethics

Prior to the fieldwork, a detailed information sheet about the study was provided to the adolescents living in the residential care facility and their social workers. In accordance with the American Sociological Association's Code of Ethics (ASA, 1997), informed consent was given verbally by all participants before the beginning of the fieldwork. It was agreed upon that no one other than the researcher would have access to the audio recorded interviews and that the participants were free to withdraw from the study at any time. Participants who were 18 years of age gave their own consent. For adolescents younger than 18, an informed consent was given by their legally authorised representatives, as well as the adolescents themselves. All invited participants agreed to participate in this study. In the presentation of the results, all details that might have led to the identification of the participants were changed (i.e., country of origin and name). The findings of the study were reported back to the adolescents during the focus group interview and to the social workers at the end of the study.

Data analysis and conceptual framework

All transcribed interviews and written field notes were coded using NVivo 12. Furthermore, a thematic analysis of data was conducted. This method aims at identifying and analysing repeated patterns across the data set (Braun and Clarke, 2006). The thematic analysis was mainly empirically driven, i.e., certain themes emerged to be central during both the fieldwork and data analysis. Through joint discussions with a group of researchers, five main themes were identified: 'social support', 'normalcy/acceptance', 'loneliness', 'deviation/exclusion' and 'activities'. These themes reflected the adolescents' descriptions of isolation, discrimination and barriers of access to social networks, including aspirations for a 'normal' everyday life with friends and leisure activities.

The concepts of *stigma*, *a need for relatedness, and coping* resulted from the analysis. This conceptual framework allowed for a deeper understanding of the adolescents' experiences, including the mechanisms at play when they experience psychosocial challenges, as well as how they cope or do not manage to do so.

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Figure 1: Coded themes and theoretical concepts

The participants' descriptions of 'deviation/exclusion' on the one hand, and 'normalcy/acceptance' on the other, were explained with the concept of stigma. A stigma refers to 'an attribute that is deeply discrediting' (Goffman, 1963, p. 3), and these attributes can either be visible (e.g., physical) or invisible (e.g., mental). Stigmatisation is a relational process of defining certain groups as 'deviant' or 'normal' in a social environment (Goffman, 1963). This may lead to changed self-perception and reduced life chances for the stigmatised person due to, e.g., discrimination and lack of participation (ibid.).

The concept of relatedness was used to understand the participants' experiences of 'loneliness' and 'social support'. A psychological need for relatedness can be described as a need 'to care and to feel

cared for, to love and to feel loved' (Reeve, 2018, p. 142). This involves feeling socially connected through responsive (i.e., understanding, validating and caring) and reciprocal relationships (Reeve, 2018). It also refers to a sense of belonging through feeling significant, valued by and contributing to a community (Reeve, 2018). Loneliness, on the other hand, is a sign of 'the absence of intimate, high-quality, relatedness-satisfying relationships and social bonds' (Reeve, 2018, p. 144). The benefits of satisfying needs for relatedness include positive affect, resilience to stress, greater self-esteem and fewer psychological difficulties (Reeve, 2018; Ryan and Deci, 2000).

The adolescents' coping strategies (i.e., various 'activities') can be understood as conscious responses, both cognitive and behavioural, to negative affect resulting from external events, typically described as reactive (emotion-focused) and/or proactive (problem-focused) (Folkman and Lazarus, 1984; Parker and Endler, 1992). Further, the adolescents' coping strategies are here understood as facilitated or constrained by their access to resources (i.e., 'social support') on which they can draw to manage emotional distress and/or to promote their well-being (Hall and Lamont, 2013; Folkman and Lazarus, 1984).

Results

Experiences of emotional distress, stigma and loneliness

The adolescents in this study described psychosocial challenges related to a perceived stigma of 'being a refugee' and/or having 'mental health difficulties'. The combination of participant observation with both individual and focus group interviews allowed for nuanced descriptions of ways in which the adolescents experienced 'deviation and exclusion' on the one side, and (strivings for) 'normalcy and acceptance' in social communities on the other.

Perceived stigma related to 'being a refugee'

The adolescents in this study often referred to the negative stereotyping of Muslim refugees, and its impact on the way refugees are treated in Danish society, especially with reference to *temporary* residence permits and, thus, having an *uncertain* future in Denmark. Some of the adolescents exemplified exclusionary mechanisms related to 'being a refugee' as follows: 'Politicians and the government do not see the human being, they only follow the rules' (Latif, field notes), and: '[I wish] people would stop being racist. And also, sometimes, media and journalists they say some things, which are not true' (Jamil, individual interview). They also described experiences of other people's (potential) prejudices about and non-acceptance of them in their everyday lives. Consequently, they

also expressed uncertainty in relation to a perceived (visible) stigma, when interacting with the wider social environment:

> Sometimes, when I am at the supermarket, public swimming pools, a shop or on the bus, people turn around and look at me like this (sceptical) […] I do not know why. Then I try not to look at them. I think that they think 'he is a thief' or 'he hits' or 'he is a bad boy' (Sahir, individual interview).

In addition, it was exemplified that a perceived stigma could lead to social withdrawal, for example, by avoiding social interactions. Thus, in conjuncture with language barriers, being positioned and positioning themselves as 'outsiders' hindered socialisation:

> Maybe they (peers with ethnic majority backgrounds) are afraid of talking to me […] because they do not know me, and then I do not want to talk to them. I cannot talk to them because I do not speak Danish very well. Some of them think that I am a foreigner (Michel, individual interview).

> I know many people from my school. But… I cannot really talk with them about my problems. They can just talk about school or, just normal stuff. I cannot tell them about my life (Jamil, individual interview).

A perceived stigma can thus be described as limiting their participation in different communities including their access to social networks, and in particular, to peers with majority ethnic backgrounds which most of them referred to. However, some noted that '… racism also comes from people from [other countries] or other refugees' (Ilyas, individual interview). As indicated above, experiences of 'being a foreigner' and having 'other problems' (stigma) were inextricably linked with experiences of loneliness and feeling misunderstood (relatedness need).

Perceived stigma related to 'mental health difficulties'

Sleep disturbance appeared to be a common and legitimate marker of mental health difficulties among the adolescents. During the field work, they explained that their problems with sleep were due to worries about their uncertain temporary immigration statuses, their families' critical situations

abroad, missing their families, or excessive thoughts about past traumatic events. As an example, one of the participants turned 18 at the time of data collection, and his residence permit had automatically expired that day. Six months prior to this, he was not able to attend school due to heightened anxiety and insomnia. During the participant observation, he drew a picture and explained:

> Jamil: *The boat is me. The ocean is the world.*
> Interviewer: *Where is the boat heading?*
> Jamil: *Just the world […] but it does not mean (that I am) free […] it is difficult'*
> (field notes).

He later sent a quote to the researcher explaining what the sun symbolised in his drawing: 'sometimes the sun is painful, as is your life' (field notes). At the same time, the adolescents also expressed that they sometimes felt misunderstood. For instance, some of the participants experienced that they could not live up to a dominant cultural norm or the standards of a 'normal' adolescence, such as being social or attending school, due to mental health difficulties:

> I feel unwell and I am sad and tired and have no money and no family. Everything at once […] If I am not happy, why go to school? […] You cannot learn anything if you are worrying and tired […] My support person (social worker) does not understand me. She does not understand why I cannot attend school (Michel, individual interview).

> (It makes me sad) When I am having a hard time, and they (people in general or social workers) do not understand that I am having a hard time now. They say, 'you are not social, you should be social' […] They do not understand that I have problems now. They cannot see it (Jamil, individual interview).

Feeling misunderstood and experiencing overly high expectations from others may contribute to and be reinforced by a perceived stigma related to 'mental health difficulties', i.e., feeling different due to experiences of emotional distress, and thus, contributing to a vicious cycle of being an 'outsider'.

Even though it was common among the participants to experience 'mental health difficulties', they did not consider them as 'normal' or 'human' reactions to stress. They equated difficulties such as

concentration problems with being 'crazy' or 'divergent', which illustrates a perceived (invisible) stigma. In the focus group interview, FIRST AUTHOR asked the participants what causes people to experience 'mental health difficulties' and some indicated that they were a result of *external* factors: 'Not just illnesses, but *many* things […] if you have a bad life' (Jamil, focus group); another participant added, 'when people have many problems in their life, then they may get crazy' (Latif, focus group). Nevertheless, poor mental health was still considered a devalued *individual* trait. They were, therefore, aware of controlling symptoms of 'mental health difficulties' which could reveal stigmatising information, such as cutting oneself. One of the participants did not want to show his cuts to any of the social workers or the other adolescents and he explained: 'I know that those people who cut themselves… people say, 'he is crazy' and 'he is stupid'. They do not understand why' (Michel, individual interview). However, he shared this information with the researcher (FIRST AUTHOR) during the field work, which indicated a trusting researcher/participant-relationship in which he may have felt accepted and understood beyond categories of being 'crazy'.

Coping with emotional distress, stigma and loneliness

Various actions and activities were observed, described, or suggested by the participants in relation to coping with psychosocial challenges exemplified in perceived stigma, experiences of loneliness and emotional distress as described above. The activities were numerous, but one common coping strategy was the act of disremembering or attempting to 'forget' traumatic events or current stressors and, thus, alleviate their worries and emotional distress through activities that involved 1) a sense of momentary relief or bliss, 2) a sense of 'normalcy' and acceptance, and/or 3) a sense of relatedness.

A sense of momentary relief or bliss through (bodily) activities

Some of the participants described activities of 'forgetting' that can be referred to as self-harm or self-medication, such as cutting themselves or drinking alcohol. The examples below illustrate how the body was used as a tool, through which otherwise unmanageable 'bad thoughts' and inner pain were temporarily removed:

> It is a huge problem for me that I cannot sleep. Sometimes, I do not sleep for two or three days. Then I cannot think, and I cannot talk with others […] Look what I have done to myself (shows cutting on arms and chest). I started one month ago […] When I am really tired then I need to do this, because it hurts (physically). When it hurts

> (physically), I forget everything. Then I do not have an ache in my head, I do not think about my family (Michel, individual interview).

> Ilyas: *I am drinking alone at home […] Yesterday I drank 24 beers.*
> Interviewer: *Do you feel better then?*
> Ilyas: *No, but I like to drink, because then I forget* (individual interview).

When alcohol was discussed in the focus group interview, there was a consensus about it being unhealthy in the long term, but healthy in the sense that it was creating temporary happiness or reducing psychological stress. Other ways of using the body as a tool to 'forget' were expressed with sports, which consequently led them to experience enjoyment and improved sleep: 'When you play football you forget […] you play, you get tired, you come home and go to sleep, relax' (Michel, individual interview).

Other participants described momentary relief or bliss through playing or listening to music: 'it calms me down' (Sahir, field notes). These kinds of activities were described as helping them focus on one thing at a time in the present moment and thereby alleviating their worries.

A sense of 'normalcy' and acceptance through (meaningful) activities

Some explained that having many things to do, for example, going to work after school (routine activities), also helped them to 'forget'. Additionally, many of them mentioned school as a meaningful routine activity where they had the opportunity to develop their competences and, thus, create a better future for themselves: 'I am also very happy about the future, because when we go to school, we get an education, we have a dream…' (Sahir, focus group, discussing theme card 'past, present, future'). Besides the positive experiences of the activities in themselves (experiences of well-being and functioning), these coping strategies were also a part of the pursuit for an 'ordinary' and meaningful everyday life in which they could feel valued and a sense of belonging:

> If I do not work or do other things, then I have many things to think about. That I am alone, why I am alone in Denmark, where my family is, why my family does not live here with me… this is my life… I keep thinking that it could be six or ten or twenty years that I have to live like this, without a family, without a job, without… Just going

> to school and coming back […] I like to talk with people, and if I can help people, it makes me happy (Latif, individual interview).

As illustrated by the example above, a sense of meaningfulness can be generated through future-oriented activities, and/or through contributing to a community, i.e., an expressed need for relatedness, including 'both giving and receiving care' (Reeve, 2018, p. 142). Yet, despite the adolescents' eagerness to participate in meaningful activities, they expressed that this was lacking in their daily lives. For instance, only two of the participants in the focus group interviews brought photos of their *lived present* (current everyday lives). The third participant chose to draw a picture of his *aspired future*, while the fourth participant did not bring any photos/pictures to the focus group interview. He described the reason for this as being due to a lack of content in his current life situation, i.e., 'I have nothing to take photos of' (Nader, field notes). Another participant described that if children and youths lack activities in their daily lives, there is a risk that they will slip into negative communities: 'They [children and youth] need to have more activities with other youths, and adults as well […] because sometimes, they see possibilities in doing bad things, crime and so on' (Ilyas, individual interview).

A sense of relatedness through (shared) activities

In line with the finding above, the participants expressed appreciation of the presence of the researcher (FIRST AUTHOR), so that they would not be 'alone'. Moreover, all the adolescents in this study described how social support, or a sense of relatedness, combined with a shared activity, could function as a way of coping with emotional distress as it helped them to change the focus of their thoughts away from the negative aspects of past or current stressors:

> If I am sad, and I am home alone, then I think a lot about bad things and consequently, I cannot sleep […] If there is someone, for example now, you (FIRST AUTHOR) are here, then I am talking to you, and then I do not think about bad things, because we talk about other things (Nader, individual interview).

> It makes me happy when I go out with someone, just walking, just seeing things, and just talking together. Like normal people do. Just talking about good things (Jamil, individual interview).

At first glance, there appears to be a tension between their *avoidance* of social interactions, e.g., difficulties with attending school when they are having a hard time, and their *expressed need* for being a part of a community, e.g., in school. An important aspect of this, however, is the *quality* of the relationships within those communities, for example, that they feel understood, valued, liked, cared for and accepted (Reeve, 2018). Thus, the adolescents' previously described experiences of loneliness are not necessarily as a result of lacking *enough* social interactions with people (quantity), but may be due to a lack of *close* social bonds with those who, for example, they feel understood by (quality) (Reeve, 2018). In this regard, *shared* activities, such as music, painting, walking, or eating, can be useful as they allow for mutual understanding, trust and reciprocity between the participants and, thus, (re)build and nourish close bonds. Additionally, as illustrated by the adolescents above, shared activities during FIRST AUTHOR's participant observation gave them the possibility to temporarily 'forget' traumatic events or current stressors. However, these shared activities can also be the catalyst for conversations about those very same issues, for example, when making food, watching movies or listening to music that remind them of their flight or their country of origin.

Discussion

This study gives contextualised in-depth insights into unaccompanied refugee adolescents' experiences of psychosocial challenges related to the perceived stigma of 'being a refugee' and having 'mental health difficulties' (Goffman, 1963). These experiences were intertwined with feelings of loneliness due to a lack of close social bonds and feelings of deviating from the norm or being excluded. For instance, they described others' non-acceptance and misunderstanding in relation to their status as 'refugees', as well as in relation to their 'mental health difficulties'. Various activities were found important to being able to cope with their intertwined experiences of stigma, loneliness and emotional distress. These were clustered into: 1) a sense of momentary relief or bliss through (bodily) activities, 2) a sense of 'normalcy' and acceptance through (meaningful) activities, and 3) a sense of relatedness through (shared) activities. Common to these activities was an attempt to disremember or 'forget' past traumatic events or current stressors.

Other studies echo some of these findings, for example, by underling the healing potential of 'silence' among unaccompanied minors, and 'as a way of concealing and managing hurt' (Kohli, 2006, p. 710). In addition, experiences of 'ambivalence' during settlement have been associated with, on the one hand, wanting to create social bonds, and on the other, being uncertain about whom to trust (Eide et

al., 2018). Our findings are also consistent with other studies underlining the healing potential of activities in 'ordinary life' (e.g., education) that create stability and structure, keep them distracted and make them feel 'normal' (Malmsten, 2014; Sirriyeh, 2008; Wade *et al.*, 2005; Chase, 2013). While social support, or lack thereof, was central to the adolescents' coping strategies in this study, others have underlined the central role of religion (Ní Raghallaigh and Gilligan, 2010).

As indicated in this study, the adolescents' coping strategies are affected by the (social) resources they have access to (Hall and Lamont, 2013; Folkman and Lazarus, 1984). Previous studies, although limited, have highlighted the functions of unaccompanied minors' relationships as 'practical' or 'instrumental', e.g., through which they can access job opportunities (Raithelhuber, 2019) and deal with discrimination through increased cultural competence (Oppedal and Idsoe, 2015), as well as 'emotional' or 'supportive' with a direct impact on their mental health (Raithelhuber, 2019; Sleijpen et al., 2017; Oppedal and Idsoe, 2015). Our results focus especially on the latter and underline the importance of the *quality* of close, social bonds, i.e., feeling socially connected through reciprocal understanding, caring and liking (a sense of relatedness) (Reeve, 2018). Thus, our study nuances the role and mechanisms of social support, and in particular, the importance of coping and resilience as being contextual and collective (Ní Raghallaigh and Gilligan, 2010; Brook and Ottemöller, 2020; Hall and Lamont, 2013).

Further, *how* the adolescents cope can be understood as either emotion-focused or problem-focused (Folkman and Lazarus, 1984). For instance, the adolescents' activities of 'forgetting' can be described as emotion-focused coping strategies where they attempt to manage the *emotion* caused by the stressor rather than the *stressor* itself, as with problem-focused coping. However, this differentiation may not capture the complexity and sub-dimensions of the adolescents' methods of coping, which may be *both* emotion-focused, i.e., through bodily activities, and problem-focused, i.e., through seeking social support (Biggs *et al.*, 2017).

Our findings also indicate that the adolescents experienced difficulties with seeking social support, i.e., accessing communities with ethnic majority backgrounds, due to perceived stigma and language barriers. Parallel to this finding, other studies have shown that loneliness among unaccompanied refugee minors is due to language barriers and/or experiences of stigma (Pastoor, 2017), as well as the many losses they have experienced, in particular the loss of/separation from family members

(Derluyn and Broekaert, 2007). Experiences of 'misunderstandings', as described by the adolescents in our study, may occur due to silences about mental health issues out of a 'fear of being seen as "crazy"' (Shannon *et al.*, 2015, p. 286), perceived expectations of having to 'behave in a certain way' (Brook and Ottemöller, 2020, p. 7), or different social positions (i.e., language, contextual resources, attitudes and behaviours) (Shim, 2010), e.g., between adolescents and their social workers.

Limitations and strengths

Several limitations apply to this study. First, our sample only included six male unaccompanied refugee adolescents. The participants' similar characteristics as *male unaccompanied refugee adolescents*, *aged 17-18*, with *temporary* residence permits, living in *residential care facilities*, however, allowed for contextualised in-depth knowledge about the largest group of unaccompanied refugee minors settled in Denmark at that time. Yet, the adolescents had three different countries of origin, which may be a limitation since we cannot provide nuanced knowledge about one specific 'group' of adolescents. Yet again, this can also be considered a strength, as it underlines the *heterogeneity* of these youths and the importance of considering their *individual* needs. Second, an interpreter was not used, which may have negatively affected the descriptive and interpretative validity of the research findings. Likewise, misunderstandings or simplifications of the participants' accounts may have occurred. Yet, the participants were given the opportunity to clarify and interpret some of the findings through a triangulation of methods, which reduced the risks of misinterpretation. Also, it is a strength of the study design that FIRST AUTHOR stayed in the residential care facility for a while and that the data was triangulated, which improves the study's reliability and validity.

Third, the researcher's background as a native-born, Danish-speaking young woman may have affected the data generated. During the fieldwork, the participants explicitly positioned themselves as 'foreigners' and positioned the researcher as 'native-born Dane' to explain mobility levels. However, by actively participating in the adolescents' everyday lives, the researcher tried to overcome potential barriers. The adolescents, for example, made use of humour when they discussed difficult issues and, hence, FIRST AUTHOR also adopted this approach, which was carefully used as a way of getting closer to the dynamics of the field and promoting an informal relationship with the participants. At the beginning of the fieldwork, some participants expressed that they did not want to discuss negative, past experiences. Yet, they mentioned positive as well as negative memories related to their past during participant observation. In addition, they revealed information that the

social workers at the care facility were unaware of, which suggested that a level of trust had been established. It is considered a strength of the study that a trusting relationship between the participants and the researcher was built before conducting the interviews, as it resulted in candid conversations.

Implications for practice, policy and future research

In this study, the adolescents' experiences of psychosocial challenges and coping strategies expressed a need for relatedness (Reeve, 2018) which was not met. The various activities that were practised or suggested by the adolescents in this study can also be understood in relation to the two remaining psychological needs in the Self-Determination Theory (SDT), which the need for *relatedness* is a part of, i.e., the need for both *competence* and *autonomy* (Ryan and Deci, 2000). For example, it can be argued that some of the activities through which the adolescents attempted to cope also involved aspects of learning, mastery and making progress (competence), and that these actions were experienced as self-directed and congruent with their interests and values (autonomy) (Ryan and Deci, 2000). Within this framework, it can hence be argued that all three psychological needs are important to support when psychosocial care for unaccompanied refugee adolescents is planned for and implemented.

As experiences of psychosocial challenges and coping strategies are multiple and intertwined, the development of psychosocial care through interagency work involving the adolescents themselves, the healthcare sector, the school context, social workers and volunteers in the local community, i.e., 'an integrated approach', is important (Watters, 2007, p. 168). In addition, this may also help to overcome potential barriers to help-seeking and perceived stigma associated with 'mental health difficulties' through facilitating the children and youths' opportunities to engage with others and access care in trusting, safe, playful and non-stigmatising settings (Thommessen *et al.*, 2017; Tyrer and Fazel, 2014). More shared activities organised in, for instance, care facilities or schools, may reduce negative effects of stigma through mutual learning and recognition, in addition to group-based interventions providing information about mental health issues, and thus 'normalising' normal reactions to strain in a safe space (Shannon et al., 2015). Such initiatives may improve refugee children and youths' community engagement and mental health, but research on this is lacking at present (Fazel and Betancourt, 2018).

Central to this study is that *psychosocial care* must be organised in ways that meet unaccompanied refugee children and youths' heterogenous and individual needs, but many of their psychosocial

problems and/or (lack of) coping strategies also relate to a *broader political framework*. This includes their own and their families' immigration statuses, as well as experiences of discrimination due to political discourses of 'othering' (Pedersen and Rytter, 2011), which tend to worsen their mental health, as is also pointed out by other studies (Vervliet et al., 2014; Vitus and Lidén, 2010; Chase, 2013). Parallel to refugee children's experiences of waiting time in the asylum-system (Vitus, 2010), this study found that unaccompanied refugee adolescents settled in a Danish municipality continue to experience uncertainties about their future due to temporary residence permits, which resulted in, e.g., a lack of participation and concentration problems. These issues entail a broader political response of counteracting negative stereotyping via social inclusion, in which policy makers and providers of psychosocial care (e.g., social workers, teachers, therapists and volunteers) acknowledge and act on the diverse needs of unaccompanied refugee minors.

In future studies, a longitudinal exploration of how different types of social relationships are shaped and experienced during different stages of their settlement (Raithelhuber, 2019), and in particular, how close social bonds are established and maintained, could add more substance to our knowledge on the role and mechanisms of social support. Aspects of this that could be further explored are communication and the use of humour as an 'inclusive practice' to create 'emotional warmth', as underlined in previous foster care research (Hedin *et al.*, 2012), as well as humour as a coping resource (Abel, 2002), to deepen knowledge on how best to support these children and youths.

Conclusion

Unaccompanied refugee adolescents in this study experienced several interwoven and on-going psychosocial challenges in their daily lives, which, in a complex web, included perceived stigma and experiences of loneliness in addition to past traumatic experiences and worries related to uncertain futures. This may become a vicious cycle in which they are positioned and position themselves as 'outsiders', i.e., through their status as 'refugees' and 'mental health difficulties', leading to feelings of non-acceptance, misunderstandings and social withdrawal. The adolescents' coping strategies included various activities adapted to their individual needs and interests. Common to these activities was an attempt to 'forget' stressors related to their past, present and/or future. Some of these activities also have the potential to contribute meaning to their daily lives and create an opportunity through which they can 1) seek momentary relief or bliss, 2) (re)generate a sense of 'normalcy' and acceptance, and/or 3) enhance their needs for relatedness. Yet, they experienced a lack of this in their

daily lives. It is of utmost importance that policymakers are aware of the need to counteract negative stereotyping and facilitate unaccompanied refugee adolescents' opportunities to participate in everyday activities that support their healthy coping strategies and development during their transitions into adulthood.

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