



## How schools in Germany shape and impact the lives of adolescent refugees in terms of mental health and social mobility

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### ABSTRACT

Schools are relevant settings for supporting refugee adolescents' mental health. As education and migration are important social determinants of health, we aim to integrate the qualitative findings of our mixed-methods study into a broader discussion regarding the role of schools and the potential effects on refugee adolescents' lives and mental health, as well as the impact of the COVID-19 pandemic. In this article, we present the findings of school-based actors' (i.e., teachers and school psychologists) perception of refugee adolescents' access to mental health care. The interviews highlight the importance of schools and social activities as main stabilizers and sources of support for refugee adolescents' mental health and the role trusting school-parent relationships play in mental health care help-seeking. Our data indicate that schools lack the resources to properly address these needs. However, these structural gaps are rooted into historical segregation and discrimination in the German educational system and left unaddressed, can increase stigma and intergenerational social inequalities, especially in connection to the COVID-19 pandemic. We conclude our article with a set of recommendations that could be relevant and implemented across different contexts to strengthen the role of the school setting in promoting the mental health and well-being of refugee adolescents.

### 1. Background: what refugee minors need in terms of school setting and mental health

Refugee<sup>1</sup> adolescents have an increased risk of experiencing mental health difficulties than their peers (Blackmore et al., 2020; Fazel et al., 2012). This risk is exacerbated by low availability and accessibility of mental health services, due to structural, legal and language barriers, to name a few (Barghadouch et al., 2016; Costa et al., 2021; Hintzpeter et al., 2015; Nowak et al., 2022).

Many refugee children and adolescents have experienced war and conflict, disruptions in their education and social lives, rights violations and discrimination (Hodes & Vostanis, 2019; Kien et al., 2019; Lebano et al., 2020; Mitra & Hodes, 2019), and therefore need safety and stability after resettlement.

Along with the family, school is an important source of belonging,

and thus psychosocial well-being for adolescent refugees (Cerna, 2019). Since (refugee) adolescents spend most of their day at school where they interact with their peers, it is an important context for their socio-emotional development (Fazel et al., 2016; Schachner et al., 2018). Among (refugee) adolescents, school belonging is associated with key well-being and developmental outcomes such as improved social skills, self-esteem and efficacy, academic achievement, and reduced levels of distress and depression (Due et al., 2016; Kia-Keating & Ellis, 2007; Pagel & Edele, 2021; Pittman & Richmond, 2007; Schachner et al., 2018).

Schools can provide safe spaces for new encounters and learning opportunities (Cerna, 2019), and serve as a protective factor for mental health if they are able to adequately address developmental, educational and emotional needs (Fazel et al., 2016; Tyrer & Fazel, 2014).

School-level experiences also play a role in reflecting broader socio-

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<sup>1</sup> The term "refugee" is used in this article to describe anyone who was forced to leave their home and seek safety in another country, regardless of their legal status. For a more detailed discussion around the different terminologies see (Wenner et al., 2019).

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political signals of where and how refugee adolescents and their families are permitted and able to develop a sense of belonging (Dryden-Peterson et al., 2019).

In this article, we discuss the ways in which German schools have not been able to historically fill this role. We then present the findings from interviews conducted with school-based actors (i.e., teachers and school psychologists) on their perception of refugee adolescents' access to mental health care in Germany and the impact of the COVID-19 pandemic. We conclude with policy recommendation to address the gaps identified by our findings and the current literature.

## 2. Schools as sites of discrimination and structural exclusion for migrants and refugees

### 2.1. Integration of refugee children and adolescents in the German education system

Germany is legally required to grant refugee children and adolescents access to education similar to that of its nationals (Vogel & Stock, 2017). However, refugee adolescents' participation in the educational system are impacted by the variations between the federal states in terms of asylum practices, policies regarding settlement and school integration models (Korntheuer & Damm, 2020).

While 95% of refugees aged 10–17-years are enrolled in school, restrictive asylum policies interfere with this right in practice, mainly for the period they reside in collective reception centers (de Paiva Lareiro, 2019). This leads to a school attendance delay of up to six months in many cases, in clear contravention to the three-month maximum period allowed by EU law (de Paiva Lareiro, 2019; Morris-Lange & Schneider, 2020).

The educational system in Germany has been criticized for reflecting and reinforcing the *circuits of dispossession and privilege* (Fine & Ruglis, 2009) present in German society (Bellenberg, 2012; Salden & Hertlein, 2020). Evidence in the aftermath of the so-called "PISA-200 shock" (e.g., Morris-Lange and Schneider, 2020 p.126) shows that in Germany the connection between social background and educational success is more pronounced than other OECD countries (Baumert et al., 2002). For example, children from families with a migration background have lower PISA scores, are less likely to acquire higher educational qualifications than their parents, and more likely to live in poverty than their non-migrant peers (30% compared to 12–13%) (OECD, 2018; Salden & Hertlein, 2020).

Despite Germany having a long history of different types of migration, there is limited empirical data on the experience of refugee adolescents in the German educational system. While the different models of integration are contested (Pagel & Edele, 2021), existing studies suggest that the historical institutional discrimination practices are still widespread, despite recent reform attempts (Salden & Hertlein, 2020). Although these have a negative impact on pupils from all marginalised groups, such as those coming from low socio-economic backgrounds, the following section highlights that adolescents from migrant families are disproportionately affected.

### 2.2. Historical segregation of newcomers in the German education system

German schools have a history of segregation, with many of the 16 federal states employing different models until the late 1990's, including *foreigners-only classes* (Langenfeld, 2001). Today, only limited segregation under the form of preparatory classes (in German: *Vorbereitungsklassen*) is legally allowed (Morris-Lange & Schneider, 2020). These are intended to help newcomers (migrants or asylum seekers) learn German before joining their peers into regular classes, usually after one or two years. However, proper integration is still lacking, as many regular schools in inner cities, where most refugee families are relocated, are mainly comprised of a student body with a migration or low socio-economic background (Crul et al., 2019; Morris-Lange &

Schneider, 2020; Korntheuer & Damm, 2020). Earlier studies show that 70% of migrant children attended a segregated primary school (with more than 50% of students with a migration background), compared to 17% of their non-migrant peers (SVR Research Unit, 2013).

This segregation continues after the fourth grade when students are separated into different secondary-level tracks: either targeting vocational training (in German: *Hauptschulen* and *Realschulen*) or higher education (in German: *Gymnasium*). While achievement differences are comparatively small at primary level, studies over the last twenty years show that adolescents with a migration background<sup>2</sup> are over-represented in the lower-level vocational track (Crul et al., 2012, 2017, 2019; Ditton et al., 2005; Salden & Hertlein, 2020) and that they are usually required to achieve higher competence levels than their non-migrant peers to be recommended for the higher-education track by their teachers (Baur & Häussermann, 2009; Ditton, 2019; Gomolla & Radtke, 2009).

This segregation of Germany's migrant population has been criticized for producing learning environments marked by low teacher expectations, limited parental engagement, and student underachievement (Baur & Häussermann, 2009; Morris-Lange & Schneider, 2020; Stanat et al., 2010; SVR Research Unit, 2013). These structures that have generally led to lower social mobility among migrants in Germany (Crul et al., 2017, 2019), would likely also create an accumulation of disadvantage for refugee adolescents (Cerna, 2019; Crul et al., 2019; de Paiva Lareiro, 2019; Morris-Lange & Schneider, 2020).

### 2.3. Persisting discrimination

The discriminatory structures outlined previously "prevent equal participation in education – and thus also a self-determined life for many pupils with a history of (forced) migration, but also an inclusive school life" (Afeworki Abay & Nguyen, 2022, p.17). Multiple studies also show that adolescents with a history of (forced) migration are at a higher risk of discrimination in the German educational sector due to their ethnic origin and religious affiliation or worldview (ADS, 2013; ADAS, 2021). In some schools, as a proposed strategy to increase language proficiency, migrant students are not allowed to speak any language but German (*Deutschlandfunk*, 2020; *GEW Bremen*, 2006; Panagiotopoulou & Rosen, 2018; *WDR*, 2006) and can even receive disciplinary action if they speak their native language during recess (Moody, 2020). These practices signal that multilingual students in particular could be disadvantaged by discriminatory practices in the education system, against best-practice recommendations on inclusion (Afeworki Abay & Nguyen, 2022; Cerna, 2019; Werning, 2017).

Moreover, as reported by teachers' trade unions in various states, harmful experiences in schools go as far as them serving as sites of unannounced deportations (*GEW*, 2017). One response to these discriminatory practices came from within schools, where teachers and school staff took on the roles of crisis workers, legal and psychological counsellors advocating<sup>3</sup> for their students' rights. Thus, while school historically holds disadvantages for migrants and refugees, individual and mostly unsystematic efforts from within schools try to overcome this injustice, by making the school environment inclusive and providing marginalized groups with activities and interactions that promote their sense of belonging and mastery, as highlighted by the results in the next section.

<sup>2</sup> A controversial term describing a person as having a migration background "if s/he or at least one of his/her parents did not acquire the German citizenship at birth" (Statistisches Bundesamt, 2017p.4). For more details, see Will (2019).

<sup>3</sup> <https://www.roma-center.de/zukunft-fuer-alle-schule-ohne-abschiebung-2/> accessed on 18.03.2022.

### 3. The school setting as a protective factor for mental health – insights from the qualitative findings of the YOURCARE study

#### 3.1. The YOURCARE study and methodology

We share experiences from the YOURCARE research project, where we assess refugee adolescents' perceptions, knowledge of, and barriers in accessing mental health care services in Germany. Using a mixed-methods approach based on interviews with gatekeepers (N=12) and longitudinal surveys with adolescents (N=216), we investigate the gap between the refugee adolescents' needs and available services, exploring the barriers that may prevent them from using existing mental health care services (Fretian, Podar, Razum, & Namer, 2020). For our longitudinal quantitative survey, we included adolescents aged 12–18 years who resettled in Germany since 2015 from Syria, Iraq and Afghanistan. Almost all of them (97%) reported being accompanied by their parents or other family members.

One of our critical findings from the first wave of survey data collection between February 2019 and November 2020 is that among the many social resources we considered (such as parental or peer support), school integration was the factor with the strongest statistically significant association to fewer perceived barriers (Fretian, Podar, Razum, & Namer, 2021). In other words, the more positively refugee adolescents perceived their school climate, the fewer mental health service access barriers they expected to face.

These initial findings led us to speak to school psychologists to have a better understanding of the role of schools as mental health care access points — spaces where adolescents could be assessed and supported for mental health difficulties, or receive referrals to the appropriate services.

Following a situational analysis framework (Clarke, 2003; Clarke et al., 2017), we approached the situation of *refugee adolescents' access to mental health care in Germany* naively, allowing the gathered data to guide the processes of data collection and constant comparative analysis (i.e., coding, memos and mapping). Throughout the process prioritized ongoing theorizing of the data and dynamic situation, over establishing a theory, following Clarke's guidelines (Clarke, 2003; Clarke et al., 2017).

#### 3.2. Findings situated in current literature: mental health care for adolescent refugees

Semi-structured interviews with four teachers and five school psychologists revealed that refugee adolescents and their families face multiple access barriers to mental health services, including long waiting times, difficulty navigating a health system which “*is kind of a jungle [even] for professionals*”<sup>4</sup> and limited entitlement to interpreters during psychotherapy sessions.

Both our results and previous studies suggest that navigating (mental) health services is difficult for all members of the German (statutory) health system, but particularly so for persons with migration histories (Schaeffer et al., 2021). For example, less than a third of children and adolescents with general mental health difficulties in Germany get the care they need (Hintzpetter et al., 2015). For many refugee adolescents, an additional bureaucratic barrier is their inclusion in this system only 18 months after arrival, leaving them entitled only to “emergency” health services – a term left open to the interpretation of gatekeepers who often lack mental health training (Wenner et al., 2022). Physicians can apply for exemptions from these constraints, but this does not happen on a systematic basis (Razum, Wenner, & Bozorgmehr,

<sup>4</sup> All quotes in italics are direct quotes from our interview partners, translated from German and edited for clarity.

2016; Rolke et al., 2019; Wenner et al., 2020).<sup>5</sup> Otherwise, only unaccompanied adolescents (i.e., until their 18th birthday) are exempted from this entitlement restriction.

Our interviews with school psychologists highlighted that refugee families' unfamiliarity with mental health services, and the roles and reputations of different mental health professions are major barriers leading to delayed or no help-seeking. While fear of stigmatization related to mental health issues is a common phenomenon (Clement et al., 2015; Kantor et al., 2017; Lersner et al., 2019; Zartaloudi & Madianos, 2010), our interview partners emphasized that this is even more so for newly arrived refugee adolescents and families who are unfamiliar with the German mental health services: “... *the worry that the child will then be treated differently or might have disadvantages./Or also simply really having a label, such as “out of his/her mind ... Then we try to explain that this [...] is almost normal here [in Germany], that there are psychologists and that you can talk about it ...”*.”

#### 3.3. Findings situated in current literature: school as a protective factor for mental health and mental health care access points for adolescent refugees

In this context, our interviewees highlighted the main roles schools can play in promoting the mental health of refugee adolescents and facilitating help-seeking.

First, they underscored the importance of stabilizing and protective care over therapeutic care, highlighting the potential schools have in promoting safety and resilience, especially in the context of low service availability: “*And even if a child somehow ends up in trauma therapy after two months, that's an hour a week at best. And if we now convert that into hours, how many hours, so to speak (out of) everyday life, are behind it, deducting sleep and then looking again how many hours of this everyday life still belong to the school system. Then one must almost HOPE that the school is the better layperson therapist. And [...] with its hourly share somehow can contribute to the topic of recovery and stabilization. And there we believe completely firmly in it*” (emphasis in original).

Making sure that schools are able to provide this was the main priority for school psychologists, whose main task is to offer teachers training and support:

*“First we go to the school, to the class, first we look at the child and then we discuss with the teachers what is actually feasible, what school can do at that moment. So it's really a bit like a safe place, that the structure is good for the children within the school[...]. And therefore, first of all, really strengthen the teachers a little bit, what can they do. The relationship is important, that the pupil knows who he or she can turn to. That's exactly what we do first and foremost.”*

Second, teachers not only play an essential role in providing “*structure, daily routine, and security*”, but they are the main intermediaries between refugee adolescents, their families and mental health services, as school psychologists noted: “*particularly with refugees, the teachers contact us because most of the time the parents are not able to establish contact because of the language barrier and the teachers always do this with the consent of the parents [...]. So it is really the teachers who somehow keep an eye on it and get in touch*”.

While teachers received training on the complex factors impacting the mental health of refugee adolescents and are dedicated and eager to help, they are aware of their professional responsibilities and limitations, seeing their role mainly in terms of creating a safe, supportive climate where “*everyone feels welcome*”. They mentioned feeling overwhelmed when trying to address the needs of their students, especially in contexts where professionals such as school psychologists or social workers are lacking or are only working part-time. Talking about the

<sup>5</sup> This is the case for accompanied minors and those living in areas where refugees are not being granted an electronic health card on arrival.

additional task of psychosocial counselling, one teacher noted: “*Sometimes when we have one out of thirty [students], it’s not a problem, then you have conversations. I’m a guidance counsellor. I bring them in here. [...] That’s just the way it is, right? And that’s no problem either. We can refer them, but we can’t provide for ten out of fifteen. WE CAN’T*” (emphasis in original). He then followed: “*The social worker then tells us that he only has half a job and can’t/accordingly can’t do anything, right? These are sometimes things where we think that we have nothing to do, but that a filter should be installed upstream, or a care system should be installed upstream that makes sure that there are social workers who have ENOUGH time to take care of it and not 0.5 positions*” (emphasis in original).

Our results confirm that despite their many years of experience with diverse groups of students, schools attended mainly by migrant and low-income children lack the human resources to properly address the complex developmental and educational needs of a multicultural and socially disadvantaged student body. Furthermore, needs-oriented school financing is not the norm across Germany. As data around the characteristics and challenges faced by schools mainly serving students from low socio-economic or migration background are scarce, they receive as much or even less funding than the “average” school, despite higher need—much to the detriment of pupils with a migration background (Morris-Lange & Schneider, 2020; SVR Research Unit, 2013; SVR Research Unit, 2016).

Moreover, the school psychologists we interviewed reported that while different mental health services specialized in helping cope with trauma are available, they are not well interconnected with the school system. Their solution to this gap entailed interdisciplinary outreach initiatives to raise awareness and build trust among refugee families. However, this raises the question of which institution has the responsibility, capacity, and capability of parent involvement. While it might seem appropriate to assume that schools can fulfill this role, it is relevant to consider that without providing them with necessary financial and/or personnel resources this is not feasible. Strengthening school resources seems now especially relevant, also in the light of the exacerbated challenges due to the COVID-19 pandemic, with the potential of leading to increased inequalities and worsening of conditions and (mental) health of refugee adolescents.

#### 4. Schools in the COVID-19 pandemic

In Germany, depending on the state, schools were closed for more than 17 weeks, the longest period among OECD countries (OECD, 2021). Contact between teachers and students, as well as among students, were very limited and challenging, according to the teachers we interviewed. This disproportionately affected unaccompanied minors, with one teacher mentioning a student describing the lockdown-induced distress “*almost as bad as the time in the Libyan prison*”.

While the long-term impacts of the prevention measures such as school closures are still unclear, studies suggest an increase in emotional distress among children and their caregivers (COVID-19 Mental Disorders Collaborators, 2021; Creswell et al., 2021; Foulkes & Blakemore, 2021; Shah et al., 2020). In Germany, the rise of psychological distress was especially reported among children with a migration as well as low socioeconomic background, living in limited space (Ravens-Sieberer et al., 2022).

This is particularly important for refugee adolescents, as the steps taken to prevent the spread of infection have added new layers of disruption in their lives, depriving them of important mental health protective factors such as a sense of structure and normalcy (Orben et al., 2020; You et al., 2020). The shift to online learning only added to their struggles and increased inequalities in accessing and benefiting from educational or social support, due to limited access to adequate devices or internet (Karpenstein & Rohleder, 2020) or even the financial bonuses aimed at helping low-income families (Karpenstein & Rohleder, 2020; Kollender & Nimer, 2020; Terre des Hommes, 2021). Due to language or administrative barriers, many face difficulties learning

about or benefiting from the existing support services without the help of important gatekeepers such as teachers and school psychologists. Throughout Germany, school staff needed to continuously look for creative solutions to address these deficiencies (Rude, 2020) and make sure they leave no one behind. For the educators in our study, this included regular check-ins via phone, contacting relatives, or even doing home visits when students could not be reached.

The pandemic has also meant a worsening of living conditions for refugee adolescents and families living in collective accommodation centers under already precarious conditions. Discriminatory confinement measures, which intensified during the pandemic (Bozorgmehr et al., 2020), along with the negative impact of the pandemic on the social support and protective services (Silva Junior et al., 2020), may have exacerbated social exclusion and isolation, increasing the risk of re-traumatization and mental health difficulties (Penning et al., 2021; Rude, 2020).

In addition to the already exclusionary asylum and education policies, lockdown measures can lead to unforeseen long-term negative effects such as lower educational attainment and decreased earning potential, locking young refugees and their families into unfair circles of inequality and exclusion (Kollender & Nimer, 2020). Refugees are resourceful and resilient throughout their efforts to settle and integrate, but they cannot be expected to overcome accumulating hurdles in the absence of systematic inclusionary measures.

#### 5. Summary of findings and recommendations

Education and (forced) migration are important social determinants of health inequalities, shaping opportunities, income, as well as the resources and experiences that foster health (Castañeda et al., 2015; TheLancet Public Health, 2020; Solar & Irwin, 2010; Telfair & Shelton, 2012).

Schools shape young people’s lives not just through education, but also as spaces for social and emotional development, safety, health and wellbeing (Colao et al., 2020). For this reason, exclusionary and discriminatory practices need to be addressed, especially in the aftermath of the COVID-19 pandemic.

Our findings suggest that 1) school integration is associated with fewer perceived barriers in accessing mental health services, 2) although mental health services are difficult to access for all adolescents in Germany, refugee adolescents face additional and multiple access barriers, 3) unfamiliarity with mental health services and fear of stigmatization further complicate access for refugee adolescents, 4) available mental health services are not well interconnected with the school system, and 5) in the absence of therapeutic care, schools have a great potential in providing in stabilizing and protective care.

Our research shows that *structural integration* (Ager & Strang, 2008; Dryden-Peterson, 2020) — providing access to refugees in the national education system is not enough.

Through inclusive environments, teaching practices and relationships, schools can facilitate *relational integration*— a sense of belonging, connection, and send a message of broader social cohesion, safety and freedom from discrimination (Dryden-Peterson, 2020).

Based on our discussion of the role of schools in psychosocially supporting refugee adolescents, we put forward several recommendations that can be adapted to different country settings.

First, given the importance of school integration in perceived navigation of other systems, it is essential to foster anti-racist education practices, specifically tailored to the multi-ethnic school landscape, while supporting diversity in schools. Schools and places of education must be safe, without the threat of forced deportation. Intersectional inclusion and anti-discrimination should be anchored as comprehensive educational goals, by not only teaching students to value diversity, but also by training the staff (i.e., teachers, administrators, school psychologists, social workers) on intercultural awareness, inclusive teaching and strategies to support students who experience discrimination

(Afeworki Abay & Nguyen, 2022). Schools and places of education must be safe, without the threat of forced deportation.

Second, given the COVID-19 pandemic, strategies should be developed to break the isolation and to promote the sense of belonging of refugee children and adolescents as schools around the world are going back to “normal”. The focus should not only be on knowledge retention, or following curricula, but also on reminding the students that their school community perseveres outside of school walls. In Germany this took the form of teachers sending students personalized letters, dropping off homework in person when possible, offering phone calls during previously regular school hours, often at teachers’ own time and expense. In order to deem teachers’ community-building efforts more sustainable, already depleted resources of the school staff should be replenished and schools mainly serving children from marginalized communities should be systematically supported by state administrators proportionately to need and not following a one size fits-all approach (Morris-Lange & Schneider, 2020; SVR Research Unit, 2016).

Third, it is essential that refugee and migrant communities are consistently, meaningfully and respectfully included in research, the development and implementation of recommendations and interventions. Reflecting on the research landscape, including our study, their concerns, assets and recommendations often remain underrepresented and undervalued. Participatory or arts-based approaches value and amplify different types of knowledge, marginalized voices and experiences, and have the potential to make research more inclusive, relevant and accessible to wider audiences (Lenette, 2019; Nunn, 2022). Without acknowledging, valuing and appropriately rewarding the experiential knowledge of marginalized groups, inequalities in research, education and broader society cannot be dismantled.

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## Author contributions

Monica-Diana Podar- Conceptualization, data collection and analysis, writing (original draft & editing); Alexandra-Maria Frejtan - Conceptualization, data collection and analysis, writing (review & editing); Zeynep Demir - Conceptualization and writing (review & editing); Oliver Razum- Funding acquisition, methodology, supervision and writing (review & editing); Yudit Namer- Project administration and supervision, conceptualization, methodology, data analysis, and writing (review & editing); All authors read and approved the final submitted manuscript.

## Institutional review board statement

The study was approved by the ethics committee of Bielefeld University (applications EUB 2018-174, EUB 2020-039). Participation in the study was voluntary and all participants gave their consent in writing or orally (for online interviews), had the possibility to ask questions about the study, request deletion of their data within 4 weeks (before anonymization of transcript and deletion of interview) and contact a data-protection authority if needed.

## Declaration of competing interest

None.

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