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**Mental Rehabilitation of Asylum
Seekers in Nordic countries:
A Systematic Literature Review**

MASTER'S DEGREE PROGRAMME IN REHABILITATION

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<p data-bbox="264 595 376 629">Abstract</p> <p data-bbox="248 665 1445 987">Mental health is a very important component that makes up an individual total wellbeing hence it is necessary to understand the mental status of asylum seekers. Recently there has been a high influx of asylum seekers in Nordic countries and their different asylum systems were explored in this thesis. Asylum seekers are faced with difficult and unfavorable conditions during their migration process to seek safety which can aggravate their mental-health conditions and trigger some mental health disorder such as post-traumatic stress disorders (PTSD), panic disorder, depression, psychosomatic disorders and anxiety. Mental rehabilitation of asylum seekers is important because it helps to ensure that they are well stabilized in the country where they reside.</p> <p data-bbox="248 1025 1458 1238">The aim of this thesis is to ascertain the common mental health disorders of asylum seekers in Nordic countries and outlining rehabilitation intervention methods that can be used to help asylum seekers achieve a positive mental health. The research aim seeks to ascertain the common mental health disorders amongst asylum seekers and refugees in Nordic countries and the effective mental health rehabilitation interventions used to treat asylum seekers and refugees in the Nordic countries.</p> <p data-bbox="248 1276 1445 1713">The data collection method used is systematic literature review (SLR). Literatures to be reviewed were selected using inclusion and exclusion criteria and specific keywords to search in electronic databases. The NICE (National Institute for Health and Care Excellence) tool was used for assessing the selected literatures and the process of selection was presented in a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart. Also, a PICO analysis was done. The databases used are SAMK Finna, Science Direct, Finna and PubMed. A total of five (5) articles were reviewed using the content analysis method. The results from this research study will be beneficial to health professionals dealing with asylum seekers at reception centers. The results highlight cognitive-behavioral therapy (CBT) and narrative exposure therapy (NET) to be effective standardized rehabilitative interventions for the treatment of mental health problems especially PTSD and depression among asylum seekers and refugees.</p>		
Key words: Asylum seekers, Mental Health, Rehabilitation, Reception centers, Nordic countries.		

CONTENTS

1 INTRODUCTION.....	3
1.1 MENTAL HEALTH AMONG ASYLUM SEEKERS	3
1.2 NORDIC COUNTRIES ASYLUM SYSTEM.....	5
1.3 ASYLUM SEEKERS HEALTH.....	8
1.4 REHABILITATION OF ASYLUM SEEKERS	11
1.5 OBJECTIVES AND AIMS	14
2 METHODOLOGICAL APPROACH.....	15
2.1 SYSTEMATIC REVIEW OF LITERATURE.....	15
2.2 SELECTION OF TOPIC	16
2.3 IDENTIFICATION OF RESEARCH QUESTIONS	16
2.4 PICO ANALYSIS	16
2.5 DATABASE SEARCH	17
2.6 INCLUSION AND EXCLUSION CRITERIA.....	18
2.7 PRISMA FLOWCHART.....	20
2.8 DATA COLLECTION AND SELECTION.....	21
3 DATA ANALYSIS	27
4 FINDINGS.....	28
4.1 MENTAL HEALTH DISORDERS/PROBLEMS AMONGST ASYLUM SEEKERS	28
4.2 EFFECTIVE REHABILITATIVE INTERVENTIONS	30
5 DISCUSSION.....	30
6 CONCLUSION	33
6.1 RECOMMENDATION	33
6.2 LIMITATIONS OF STUDY	34
6.3 ETHICAL CONSIDERATIONS	34
REFERENCES.....	34
APPENDIX 1 (List of excluded studies and reasons for exclusion).....	44

1 INTRODUCTION

1.1 MENTAL HEALTH AMONG ASYLUM SEEKERS

Mental health is based on individualism and personalism because different individuals have their own personal understanding regarding their mental health. It is associated with the condition of a person's mind, but the World Health Organization has declared Mental health to be much more than the absence of mental disorder or problems in the life of a person. (WHO 2013.) Mental health is very important to the overall wellbeing of an individual although it is highly interwoven to the physical, social, and sometimes spiritual state of health of a person. We can say that mental health is a state of total well-being of an individual or community which aids individuals to recognize their own capabilities in the process of envisaging and accomplishing their goals. (Marius 2013.) According to Keyes (2014), mental health can be identified by three major components such as emotional well-being, psychological well-being, and social well-being. Positive mental health aids the individual to manage and contend with daily life stresses and to work effectively to yield positive results in their personal lives and their communities at large. (WHO 2013.)

Mental health concentrates on the ability for a person to build his/her competencies, strength and to prevent any problem that generates adverse effects on the mind. Good mental health status is achievable based on both environmental and psychological factors. (WHO 2013.) Factors such as accessibility to social and health resources, good living conditions, employment and income, basic life needs etc. play a major role in balancing the mental health of a person obtaining an optimal health. Good mental health depends on how an individual feel about himself and his ability to build and maintain healthy relationships with others. It focuses on having positive feelings and attitude for yourself and others. (WHO 2013.)

Majority of asylum seekers are victims of war, they have witnessed or participated in war due to the conflicts in their country of origin and will therefore need extra support and guidance to manage or re-stabilize their life. Having participated in or witnessed acts of war they likely to need extra support and assistance to recover and to manage their life. Asylum seekers are more likely to face exclusive and complicated challenges which relates to their psychosocial and mental health well-being because they are more often at a greater

risk of developing a mental and psychosocial health related problem. (Humphris, Bradby, Newall & Phillimore 2015.)

According to United Nations High Commissioner for Refugees (2015), asylum seekers are be faced with severe difficult and congested conditions in camps or even on their way to safety, which can aggravate their mental-health conditions. Coffey, Kaplan, Sampson & Tucci (2010), asserted that mental health has always been a critical issue which undergoes several discussions for decades which has made it a crucial issue to be investigated especially in the case of the well-being of asylum seekers who might have experienced tragic trauma.

Montgomery (2011), opined that most of the asylum seekers tend to suffer from mental disorders such as depression and post-traumatic stress disorder (PTSD), because they have been faced with traumatic events in their different countries of origin and even on their way to seek asylum in any host country. Majority of asylum seekers were living in painful situations in their home country, some faced dreadful violence and even torture on their way to seek asylum. Most asylum seekers spend a long period of time in highly populated and confined reception centers while awaiting the fate of their future, experiences such as these can trigger hopelessness, fear and uncertainty which leads to mental imbalance. It should also note that asylum seekers may find it difficult to remember or narrate their ordeal to the asylum officers when they are trying to seek asylum due to PTSD and other mental health disorders. (Montgomery 2011.)

Furthermore, asylum seekers go through a mental and physical journey in search of safety, they are mostly exposed to lurking horrifying events due to pre-migration and post-migration experiences. Studies have revealed that asylum seekers are exposed to some traumatic events during their flight for safety and settlement because of several different stages in the course of their journey which could trigger them to suffer multiple mental health disorders. The most common traumatic events faced by asylum seekers includes witnessing violence, death of loved ones, sexual assault, torture, harsh weather conditions and incessant worry about the whereabouts of family members among other things. (Coffey, Kaplan, Sampson & Tucci 2010.) Most times, even after asylum seekers are granted legal status to stay in the country, they continue to suffer traumatization due to the inability to integrate properly into the system and financial settlement (Reavell & Fazil 2017).

There has been an increased and tremendous vulnerability to mental health related problems faced by asylum seekers. These problems can be categorically linked to pre-migration experiences such as war trauma, loss of freedom and loss of loved ones and post-migration experiences (such as separation from loved ones, difficulties with settling in new country, inability to communicate in new environment due to language and poor standard of living etc. A previous study has shown that asylum seekers are five times more likely to encounter mental health needs than people with legal residence and more than 61% of displaced persons suffer from serious mental distress. (Eaton, Ward, Womack & Taylor 2011.)

1.2 NORDIC COUNTRIES ASYLUM SYSTEM

The Nordic countries are countries located in the northern region of Europe. These countries include Finland, Denmark, Norway, Sweden, and Iceland. The Nordic countries have similarity in culture, Language, Climate, in their way of life, social structure, history and government structures (UNHCR 2015).

The Nordic countries experienced the highest influx of asylum seekers between the year 2014 to 2017. Sweden, Finland and Norway received more asylum seekers in 2015-2016 while Denmark was at its peak already in 2014. Iceland rejected most asylum applicants after year 2016. (Karlsdóttir, Rispling, Norlén & Randall 2018.) In 2014, the European Union (EU) together registered over 500,450 asylum seekers. All around the world, millions of people are suffering, fleeing from famine, war, violence, and persecution. Many of these people who manage to survive these harsh and traumatic circumstances come to European countries to seek asylum or refuge. (UNHCR 2015.)

In Norway, newly arrived asylum seekers are assigned to live in reception centers located in different parts of the country. Asylum seekers are required to participate in an introduction program which is organized by the Norwegian Welfare and Administration and some adult education organizations with the objective of teaching asylum seekers about the Norwegian language and Norwegian society. (The directorate of integration and diversity; IMDi 2019.) Asylum seekers have rights to healthcare services such as mental and dental health services. They are entitled to receive essential medical care upon their arrival and must undergo tuberculosis examination. Asylum seekers who have experienced torture, war, conflict abuse or violence are entitled to professional medical care. Every asylum

seeker or refugee in Norway must be offered a complete medical examination which is mostly carried out by a Nurse after three months of arriving to Norway. If the asylum seeker or refugee is need of extra treatment, they are given appointment to a doctor and an interpreter for free. (Norwegian Directorate of Immigration; UDI 2020.)

In Iceland, the Directorate of Immigration (UTL or Utlendingastofnun) in agreement with the Icelandic Red cross provides international protection to asylum seekers. When asylum seekers first arrive to Iceland, they are solely responsible for processing their application but the red cross personnel provide asylum seekers with an attorney to help them with their application. This attorney provides them with social advice and appears with the asylum seeker at interviews with the Directorate of Immigration. Asylum seekers undergoes medical examination immediately they arrive to Iceland to check if they have any contagious sickness. The Directorate of Immigration and the Social Services of Reykjavík, Reykjanesbær or Hafnarfjarðarbær municipalities provides the asylum seeker with financial assistance and services to the asylum ser while he/she application is being processed. (The Directorate of Immigration; UTL 2020.)

In Denmark, the Danish Immigration service (DIS or Udlændingestyrelsen) takes the responsibility of the provision of shelter and accommodation for asylum seekers, DIS does this in partnership with the Danish Red Cross to run about thirteen asylum centers while some municipalities run their own asylum centers. Asylum seekers who recently arrived in Denmark are accommodated in the reception centers while they await their decision but a special accommodation is provided for unaccompanied minors and asylum seekers who has a special need for care while asylum seekers who got a negative decision of final rejection are sent to the departure centers. (New to Denmark, The official Portal for Foreigners 2014.)

Finland is a Nordic state among the Nordic countries that symbolizes human universal right to social and health care services where its government agency called KELA (Social Insurance Institution of Finland) provides monetary coverage or reimbursement for medicine, rehabilitation and any sickness-related expenses for all permanent residents (Castaneda et al... 2020). The Finnish asylum system has grown over the years. Finland recorded about 1,500-6,000 asylum seekers each year since 2000 but in 2015, it recorded about 32,476 asylum seekers because of the global refugee crisis since the second world war (WHO 2013). Finnish Immigration Services (2019), states that the system offers a

reception allowance to the asylum seekers while they await their decision with regards to their application for seeking asylum in Finland. In 2018, there exist a total of 49 reception centers in Finland, 43 centers are for adults and families while 6 are for unaccompanied minors. Asylum seekers awaiting their asylum application interviews are directed to transit reception centers which located in Turku, Oulu, Helsinki and Joutseno. Some of the asylum seekers stay in private houses which they arrange for themselves but they are allocated houses in areas that are very close to the reception centers for easy accessibility to health and social services within the duration of their asylum process. (Skogberg et al... 2019.)

Asylum seekers must submit their application for asylum at the police station immediately when they arrive to Finland or at border to the border control officials. The police or border officials will interrogate the asylum seeker in order to get his/her identity, means of migration into Finland and reason for seeking asylum. (Act on the Integration of Immigrants and Reception of Asylum Seekers: 493/1999; amendments up to 324/2009.)

According to the Finnish Immigration Services (2011), the average waiting time for a decision to be made is between ten to eleven months. An asylum seeker has the right to appeal a negative decision within a period of thirty days, this appeal must be made to the administrative court with the assistance of a legal advisor. Directorate of Immigration (2010), explains that if he/she gets another negative decision based on the appeal to the administrative court, the asylum seeker must apply for permission to redirect his/her appeal to the supreme administrative court.

In Finland, asylum seekers are faced with a challenge of restricted healthcare services but are entitled to basic or essential need of care. This financial assistance is given to them by the reception centers and it is paid by the Finnish state for their basic daily needs but can only be gotten by applying for it. The reception centers are categorized based on age, gender, and other circumstances but an accommodation can be provided if asylum seeking families wish to live together in the same place. The maintenance of the reception centers is handled by the Finnish municipalities and the Finnish immigration system healthcare. (Finnish Immigration Service 2011.)

The reception centers are solely responsible for the social and health services of the asylum seekers according to the Ministry of Social Affairs and Health (MSAH) in Finland. According to the National Institute for Health and Welfare, asylum seekers (both minor and

adult) are entitled to education, urgent and necessary healthcare. (Finnish Institute for Health and Welfare; THL 2020.)

Every reception center in Finland offers similar reception services to the asylum seekers and they operate based on similar principles. The reception centers are under the supervision, direction, and guidance of the Finnish Immigration Service. It helps to coordinate all practical operations in every reception center. The reception of asylum seekers is managed by the Finnish Immigration Service, Finnish municipalities, organizations and companies in the municipalities where the asylum seekers are located. This is based on the Act on the Reception of Persons Applying for International Protection. (Finnish Immigration Services 2019.)

In Sweden, a governmental structure called the Migration Board (Migrationsverket) handles every issue concerning the reception of asylum seekers and is responsible for their daily livelihood. Accommodation centers and everyday support is provided by the migration board. In Sweden, asylum seekers have rights to healthcare, asylum seeking minors have rights to schooling and dental care services as other children in Sweden. The Swedish asylum system is basically focused on sector responsibility because the health for asylum seekers is shared among the government, municipalities, and the county councils. Migration Board and municipalities in Sweden often use sub-contractors such as an organization named Attendo to provide housing services for asylum seekers. (Migrationsverket 2014.)

In Nordic countries, the asylum system is similar because asylum seekers in Finland and Denmark have complete access to the labor markets while asylum seekers in Norway and Sweden are required to fulfill various formal requirements such as having a valid identity (ID) card. (Karlsdóttir, Rispling, Norlén & Randall 2018.)

1.3 ASYLUM SEEKERS HEALTH

This chapter discusses about the general health status of asylum seekers. Asylum seekers comprise of both children and adult who has migrated due to various socioeconomic factors and reasons. Crisis, war, violation of human rights and conflict have caused increased rate of unwilling displacement of people causing millions of people to seek protection in

another country. Nordic countries in Europe have experienced high influx of asylum seekers from countries like Afghanistan, Syria, Iraq and many more and the EU reception directive to all member state is to ensure that all member state in the EU should provide good standard of living to asylum seekers in order to protect their mental and physical well-being. (Montgomery 2011.)

An asylum seeker is an individual who is applying for asylum or refugee status in another country because his life is being threatened in his/her country of origin and when the application for asylum is granted, the individual becomes a refugee in that country (Montgomery 2011). In 1948, WHO asserts that Health could be described as the complete state where the total well-being of an individual is in a positive state. Different people have different understanding of health, to some people, health can be either negative or positive depending on their cultural belief or background. (Huber, M. et al... 2011.)

According to Montgomery (2011), he believes that a person's health is an ongoing changing process because the health of a person is always influenced by their physical and social environment. Personal values, experiences and attitudes reflect on their health status and the way an individual defines his/her own health differentiates from that of another individual. Well-being is considered to be in an optimal or balanced state when it is an entity of spiritual, mental, psycho-social, and physical wellness.

The health and general well-being of every person seeking asylum should be really considered immediately they arrive at the reception center because most asylum seekers face physical, emotional, and psychological trauma during their process of migration. These life conditions have a toll on their general health, wellbeing, and status. When an asylum seeker first arrives in a country, they are accommodated in reception centers by the officials of the given country. (Slobodin & De Jong 2015.)

In Denmark, the Red Cross offers and immediate physical health examination to asylum-seeking children with the aim to discover the health status of the child or needs any kind of medical care while asylum seekers at the reception centers are also treated if they have health issues or need medical care (Montgomery 2011).

In Sweden, asylum seekers are medically examined and offered medical advice by public health care centers on a voluntary basis upon their arrival. Since asylum seekers do not know what their fate would be and are not sure if they would be granted residence in the

country, they are seeking asylum or if they would be denied residence and deported. (Montgomery 2011.)

In Norway, newly arrived asylum seekers are accommodated in different reception centers located throughout the country and are obliged to participate in an introduction standardized-oriented program which is organized by the Norwegian government in collaboration with the Norwegian Welfare and Administration (NAV), NGOs, Adult education centers etc. (Montgomery 2011). In Norway, asylum seekers have rights to healthcare services as the citizens as long as they have applied for protection from the Norwegian government. Asylum seekers are placed in asylum reception centers during the processing of their application until they are accepted and settled in a municipality or sent back to their country. (Montgomery 2011.) Upon their arrival to Norway, asylum seekers are examined, tested, and screened for HIV, tuberculosis, dental check, and mental health status. Additionally, asylum seekers who are below the age of twenty are offered a vaccine program (Eiset et al... 2020). Despite all these structures that have been set up asylum seekers, the Norwegian government still faces several challenges helping asylum seekers access and utilize the healthcare services provided to them (Eiset et al... 2020).

In Finland, there exists three types of reception centers which are Group homes (Ryhmäkoti) for unaccompanied children below the age of sixteen (16), reception centers/homes for families with children or matured adult and finally, the supported housing services (tukisasunnot) for adolescents between age 16 and 17 years old (Act on the Integration of Immigrants and Reception of Asylum Seekers. (493/1999; amendments up to 324/2009).

Asylum seekers health and total well-being which includes physical and mental health could be drastically altered by sleeplessness, trauma, war experiences, the loss of loved family members, physical and psychological stress, means of migration, sexual abuses, inaccessibility to medical resources, unfavorable weather conditions when migrating etc. all these conditions put asylum seekers health at risk. The process of migration has increased the transmission rate of infectious diseases but can be minimized if every host country can set up medical screening programmes for newly arrived asylum seekers. (Heeren et al... 2012.) Physical stress that leads to body ache or pain can also cause health risk and the process involved in seeking asylum in any country has major effects on the

health and well-being of asylum seekers (Eiset et al... 2020). In the EU countries, the medical screening of asylum seekers is mostly focused on communicable diseases but some countries in the European union also offer mental health screening on asylum seekers of which it could be either voluntary or compulsory but Denmark and Norway offer asylum seekers similar range of medical services as their citizens whereas Sweden offers a more restrictive approach (Wittchen et al... 2010).

Wittchen et al... (2010), asserted that the right to mental health is credibly recognized in almost all the state members in the EU, but some members of the EU states face great difficulties in ensuring and protecting their right to mental health services in the case of asylum seekers. Despite the basic and initial medical screenings which only focuses on non-communicable and communicable diseases, current health status, hereditary illnesses and physical disabilities of these asylum seekers, several asylum seekers are suffering from mental issues are alarmingly undetected (Wittchen et al... 2010).

1.4 REHABILITATION OF ASYLUM SEEKERS

The term Rehabilitation is defined as care measures offered to a person to assist them to maintain optimum interaction with the environment they find themselves. It aids to restore or improve a person's abilities (physical, cognitive, and mental). Rehabilitation is a series of interventions that are implored to help a person who is experiencing specific limitations in their full functionality due to health issues, chronic diseases, disorders, traumas, injuries, and ageing. Rehabilitative interventions are highly person centered oriented and can be delivered through certain specialized rehabilitative intervention programmes and can also be integrated to other health services such as mental health programmes for persons with mental health disorders. It is a combination of both psychosocial and physical processes which involves a team of professionals who use counselling, therapies, and practical life experiences to treat a patient. Rehabilitation measures are voluntary, it is carried out by health professionals who provide rehabilitative care in hospitals or specialized rehabilitation centers. (WHO 2011.)

The ability to recognize mental health related problems is a huge challenge, and if not recognized at the early stage can be both challenging to an individual and mental health professional. It is very important for mental health care to be readily available to asylum

seekers from the beginning of their arrival to the host country through the application phase until the decision is given and it is quite important to be able to recognize if the person has a previous traumatic experience in order for the individual to commence treatment required immediately (McColl et al... 2010). Mental health needs as well as physical health illnesses which are generated as a result of trauma from an asylum seeker past experiences require special attention such as counselling or therapy (Valentina et al.... 2020).

Rehabilitation for mental health disorders for asylum seekers faces a major challenge because there exists no established universal model that has been laid to meet the rehabilitative needs of asylum seekers or even refugees. Host countries need to evaluate every asylum seeker's mental needs and prioritize their needs for personal rehabilitation, they need to incorporate rehabilitative intervention medicines into the health benefits of asylum seekers in reception centers in order to improve asylum seekers mental and psychological health. (McColl et al... 2010.)

Over the years, several rehabilitation methodologies and treatment techniques have been developed and actively used by professionals to help asylum seekers maintain a positive mental health status. Mental health professionals that work with asylum seekers make use of rehabilitative psychological intervention treatments which is mostly a mixture of psychotherapeutic theories which are not really evidenced-based to treat mental health disorders in asylum seekers. There has been a debate on which rehabilitative intervention is standard for the treatment of mental disorders (McColl et al... 2010).

According to Aspinall & Watters (2010), most data from research studies shows that asylum seekers are less likely to receive support than the general population. The Centre for Torture Survivors (CTSf) in Finland is a psychiatric outpatient clinic, which evaluates, assesses, treats, and rehabilitates traumatized immigrants (refugees and asylum seekers). These immigrants are firstly assessed for any health problems before the commencement of treatment which starts during the evaluation and analysis phase. The Centre for Torture Survivors (CTSf) rehabilitation procedures involve psycho, physio, activity, and family therapy, as well as guidance on social services; their activities are legally based on international compliance done by Finland on conduct toward refugees and asylum seekers. (Deaconess Foundation's Centre for Psychotraumatology 2020.)

In Denmark, the STROF model (S means structure, T means talking, trust and time, R means rituals, O means organized play and F stands for parental support) is employed to improve the mental health, psychological and psychosocial wellbeing of unaccompanied asylum-seeking children. This STROF model creates a structure or daily routine that gives the child a sense of safety and belonging. (Tonheim, Derluyn, Rosnes & Zito 2015.) This model is used by mental health professionals as a rehabilitative tool to improve the asylum-seeking child's mental wellbeing through creating time and conducive atmosphere for the child to talk about his/her past traumatic experiences or fears and to help establish trust between the child and the healthcare professionals (Montgomery 2011).

In Norway, the Transcultural center was established in 2014 with the sole aim of providing a different approach of specialized mental health services for tortured and traumatized refugees and asylum seekers. The Transcultural center offers counselling, and consultation to asylum seekers through social workers, psychologists, and psychiatrists. This center was developed by the Norwegian Health Authorities to develop techniques, procedures for the easy assessment and treatment of asylum seekers who have experienced trauma and also to effectively reduce any form of barrier and increasing accessibility to mental health services or professionals. (Tonheim, Derluyn, Rosnes & Zito 2015.)

There should be an understanding concerning the assumption that only the socio-economic integration of asylum-seekers is not a potent tool or equally powerful as a rehabilitation factor. In other words, catering only for social and economic needs of asylum seekers will not enhance their stability rather the whole process should incorporate social, economic, and mental aspects of their lives. Despite the provision of individualized psychological counselling, psycho-social support for integration, the asylum seekers should be enabled to participate effectively in several educational and recreational activities, which includes the learning of language and vocational training. These different activities will help to facilitate interaction, socialization, and integration in the country of reception. (Deaconess Foundation's Centre for Psychotraumatology 2020.)

The Process of recognition and orientation of torture victims in European countries to facilitate care and treatment (PROTECT) project was first launched in 2010. This project was created by six partner Non-governmental organizations (NGOs) from some EU member states such as France, Germany, Hungary, Bulgaria along-side an international NGO in Netherlands with the purpose to create an instrument which can help most EU member

states to easily recognize vulnerable persons among asylum seekers who must have being subjected to psychological, physical or sexual trauma and begin early treatment (Pharos 2019). The PROTECT project assisted the authorities, asylum officers, social workers, and lawyers with dealing with the reception of asylum seekers and also recognizing early signs of PTSD or mental health related issues. Also, they developed a ten (10) point questionnaire to help evaluate the mental health status of these asylum seekers when they arrive at the reception centers. A second phase of the PROTECT project called PROTECT-ABLE was created to disseminate the PROJECT tool through networking, training, and communicating the process of early screening or orientation for asylum seekers suffering from any traumatic experiences' consequences. It has also provided a platform for nine member states (Germany, Bulgaria, Italy, Hungary, France, the Netherlands, United Kingdom, Sweden, and Spain) in the EU to share and implement best mental health evaluation practices. (Pharos 2019.)

Obviously, “rehabilitation for victims should always aim to restore, as far as possible, their independence, physical, mental, social, emotional and vocational ability; and full inclusion and participation in the society” (UNCAT 2016). In the same vein, American Psychological Association (2010) stated that to rehabilitate asylum seekers, an interdisciplinary holistic approach that will address the multifaceted effects of harm. This should be introduced while at the same time focusing on their physical, psychosocial and psychological needs.

1.5 OBJECTIVES AND AIMS

Mental health among asylum seekers has not been conferred the similar level of significance as physical health in most parts of the globe but rather it has been neglected or sometimes completely ignored and overlooked (David 2017). The aim of this thesis is to ascertain the common mental health disorders of asylum seekers in Nordic countries and outlining rehabilitation intervention methods that can be used to help asylum seekers achieve a positive mental health. Mental rehabilitation of asylum seekers is important because it helps to ensure that they are well stabilized in the country where they reside. The results found in this research study will be beneficial to reception centers officials when handling asylum seekers with mental instability or mental disorders.

This research aim is to answer the following questions:

- What are the common mental health disorders amongst asylum seekers and refugees in Nordic countries?
- What are the effective mental health rehabilitation interventions used to treat asylum seekers and refugees in the Nordic countries?

2 METHODOLOGICAL APPROACH

2.1 SYSTEMATIC REVIEW OF LITERATURE

A systematic review of literature was applied as a data collection methodology in this thesis work. It comprises selecting the research topic, searching for the relevant material, choosing, and critically analyzing the material and finally reading the selected materials in order to evaluate, summarize and interpret the findings or results (Baumeister 2013). Dewey & Drahota (2016), explains that systematic literature review (SLR) classifies, identifies, selects, and critically appraises research studies in order to provide adequate answers to the researchers formulated questions. Systematic literature review was adopted for this research because it is appropriate in the context of this research and it aims to incorporate only the best quality of evidence -based articles on the research topic (Bettany-Saltikov 2010). This chosen methodology is critical to this study because it aims to analyze and assemble current evidenced-based information that will answer the research questions.

SLR is a comprehensive and clear search which is conducted over numerous or different databases and it follows a transparently defined plan where its criteria are clearly outlined before the review is commenced (Baumeister 2013). Systematic literature review lays the foundation of this research with significance to mental health rehabilitation of asylum seekers, it lays the right background to enable readers to have the current knowledge and understanding of the topic. It is a scientific research method that comprises the critical reviewing of existing literature which aids to give better understanding on the proposed topic. (Bettany-Saltikov 2010.)

Choi, Cheng & Greenberg (2019), outlined the various steps involved in conducting a quality systematic literature review as follows; firstly, the researcher should select the topic

and identify the research questions. Secondly, the researcher should define the inclusion and exclusion criteria. Thirdly, the search for materials relevant to the topic should be done in the right databases. Fourthly, the researcher should select the materials for inclusion based on the pre-defined or outlined criteria and analyze them. Finally, the researcher should interpret the review.

2.2 SELECTION OF TOPIC

The selection of the topic was the foremost step made in writing this thesis work. Mental Rehabilitation of Asylum Seekers in Nordic countries was selected as the topic in order to focus on the rehabilitative intervention that can be used to aid and promote the mental health of asylum seekers. Also, the results from this research study will be beneficial to health professionals dealing with asylum seekers at reception centers.

2.3 IDENTIFICATION OF RESEARCH QUESTIONS

After the topic selection was made, the researcher identifies or formulates the research question which will provide the necessary guidelines and act as a means of direction during search for literature materials in the databases. (Aveyage 2010), asserted that it is important for the questions to be in clear, simple, well-structured, and unambiguous form to avoid any means of biasness.

2.4 PICO ANALYSIS

P: In this thesis, the population is the asylum seekers/refugees. Asylum seekers and refugees have similar attributes, that is, both are person who had fled their country of origin due to some negative challenges and problem beyond their control in search of international protection. The two words are used in this thesis interchangeable.

I: The main interest researching on this topic is to unravel how the asylum seekers could be rehabilitated mentally and what has been done so far by different systems in Nordic countries and mental rehabilitation interventions used.

C: As control, this takes the form conventional treatment, counselling and other social therapeutical activities.

O: The outcome of research conducted so far have laid emphasis on mental status of asylum seekers and the effectiveness of mental health among them.

2.5 DATABASE SEARCH

The materials needed for this study were selected from after several searches in various databases with the guidance of a librarian in the Samk library. The electronic databases used were SAMK Finna, Science Direct, Finna and PubMed. The searches included peer-reviewed studies as well as systematic reviewed. English articles published between year 2010 to year 2020 were the main focus of the search. Also, the researcher made sure that search terms and sentences used in the databases were made with Boolean operators. The reference lists of the selected articles were properly checked and scrutinized.

The table below illustrates the keywords/ concepts used in the database searches and the MeSH (Medical Subject Headings) terms.

Table 1: Keywords and concepts used in Database search.

Key concepts	Asylum seekers	Nordic Countries	Mental health	Rehabilitation
other keywords	Refugees reception centers	Finland, Sweden, Norway, Denmark, Iceland, Nordic countries		
MeSH terms	Refugees	Nordic and Nordic Countries	mental health mental disorders	psychiatric rehabilitation rehabilitation

The search was narrowed down through the use of certain search keywords and the Boolean operator “OR” and “AND”. The researcher combined alternative search terms for one concept by Boolean operator “OR” with the use of parentheses or brackets in order to achieve more accurate results from the searches.

The researcher used two (2) major search queries in the databases used for this research study. They are outlined below:

- (refugees OR “asylum seekers” OR “reception centers”) (scandinavia OR nordic OR finland OR sweden OR norway OR denmark OR iceland) "mental health" rehabilitation.
- (refugees OR "asylum seekers" OR "asylum seeker" OR "reception centers" OR "reception center") (scandinavia OR nordic OR finland OR sweden OR norway OR denmark OR iceland) mental health.

2.6 INCLUSION AND EXCLUSION CRITERIA

The inclusion and exclusion criteria are outlined in order for this thesis work to be authentic, reliable, and objective. These criteria were made to ensure that the materials reviewed in this research thesis addresses only studies which are specific to mental health and mental rehabilitation. The reliability of this research work was determined by only including evidence-based articles and journals from the year 2010 onwards in order to avoid using outdated materials.

The included articles were either peer-reviewed with abstract and titles which contained enough information that shows the article is focused on asylum seekers, mental health, Nordic countries, rehabilitation, open access, scientific journals with full text and English language-based articles or journals. The included materials must be related to mental health, asylum seekers or rehabilitation and must be able to answer the research questions. Articles and journals that were in other languages, published before year 2010 were excluded. Articles that were classified as not full-text, letters, blogs, commentaries, confer-

ence abstract and materials without abstract were also excluded. To finally select the articles to be reviewed in this thesis, full text articles that met the inclusion criteria at the initial process went under further quality assessment using the NICE tool for quantitative reviews. Excluded articles comprise of articles that are not quantitative, not in a Nordic country, not full text, and articles that are not within the stated review time.

The inclusion criteria used in the selection of materials needed for this research study includes original studies, must be conducted in a Nordic country, peer-reviewed quantitative study in English language published from year 2010 to 2020 with full text.

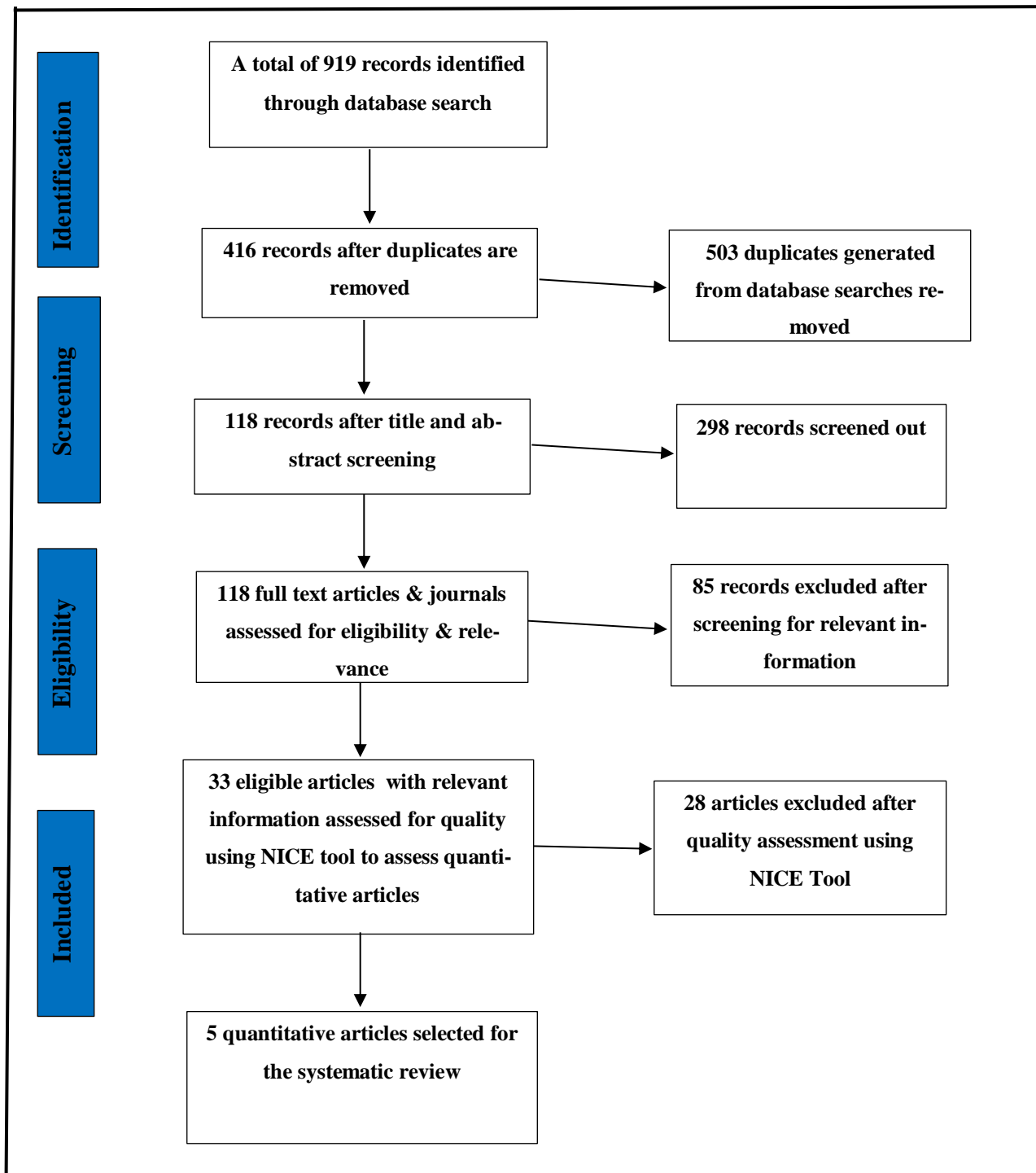
Table 2: Databases search results using the keywords/concepts with Boolean operator.

Databases	Keywords/concepts with Boolean operator	
	(refugees OR “asylum seekers” OR “reception centers”) (scandinavia OR nordic OR finland OR sweden OR norway OR denmark OR iceland) "mental health" rehabilitation	(refugees OR "asylum seekers" OR "asylum seeker" OR "reception centers" OR "reception center") (scandinavia OR nordic OR finland OR sweden OR norway OR denmark OR iceland) mental health
PUBMED	10 hits	219 hits
Science Direct	95 hits	79 hits
Samk Finna	10 hits	184 hits
Finna.fi	1 hit	321 hits

2.7 PRISMA FLOWCHART

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flowchart will be used to depict the different phases of the data selection process. It shows the number of records identified and the records that are included or excluded. The PRISMA flow chart is effective for reporting the processes involved in systematic reviews (McInnes et al... 2018).

Fig 1: A PRISMA flowchart of search strategies to identify eligible selection.



2.8 DATA COLLECTION AND SELECTION

The data collection and selection process were made possible because the selection was made based on the inclusion criteria mentioned above. A total of 5 (five) articles were obtained from search. The articles the researcher considered to be eligible for this review were read thoroughly and the researcher was able to extract the necessary key information required for this review. The searches resulted in a total of 5 publications which met the inclusion standards. The NICE tool (National Institute for Health and Care Excellence) for was used to evaluate the methodological quality of the 5 quantitative articles that was finally selected to be reviewed, NICE is a critically designed appraisal tool which contains ten checklist questions to help the researcher select quality studies to be systematically reviewed (NICE 2014).

The twenty-eight (28) excluded studies and the reasons of exclusion are outlined in appendix 1.

Table 3: Quality assessment table of selected quantitative studies using NICE checklist appraisal tool.

Quality checklist question	Selected Quantitative Studies				
	Cognitive behavioral psychotherapeutic treatment at a psychiatric trauma clinic for refugees: description and evaluation (Buhmann et al... 2015)	Mental health and quality of life among asylum seekers and refugees living in refugee housing facilities in Sweden. (Leiler A., Bjärtå A., Ekdahl J. & Wasteson E. 2019)	Asylum-seekers' psychosocial situation: A diathesis for post-migratory stress and mental health disorders? (Solberg, O., Vaez M., & Johnson-Singh M.C. 2020)	Prevalence of mental ill health, traumas and post-migration stress among refugees from Syria resettled in Sweden after 2011: a population-based survey. (Tinghög P, et al... (2017)	Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study (Stenmark, Catani, Neuner, Elbert & Holen 2013)
Is the source population or source area well described?	++	++	++	++	++

Is the eligible population or area representative of the source population or area?	++	++	++	++	++
Do the selected participants or areas represent the eligible population or area?	++	++	++	++	++
Allocation to intervention (or comparison). How was selection bias minimized?	++	++	++	++	++
Were interventions (and comparisons) well described and appropriate?	++	++	++	++	++
Was the allocation concealed?	-	-	-	+	++
Were participants or investigators blind to exposure and comparison?	NR	NR	NR	NR	NR
Was the exposure to the intervention and comparison adequate?	++	++	++	++	++
Was contamination acceptably low?	NA	NA	NA	NA	NA
Were other interventions similar in both groups?	++	++	++	++	++
Were all participants accounted for at study conclusion?	++	++	++	++	++
Did the setting reflect usual UK practice?	NR	NR	NR	NR	NR
Did the intervention or control comparison reflect usual UK practice?	NR	NR	NR	NR	NR
Were outcome measures reliable?	++	++	++	++	++
Were all outcome measurements complete?	++	++	++	++	++
Were all important outcomes assessed?	++	++	++	++	++
Were outcomes relevant?	++	++	++	++	++

Were there similar follow-up times in exposure and comparison groups?	NA	NA	NA	NA	NA
Was follow-up time meaningful?	NA	NA	NA	NA	NA
Were exposure and comparison groups similar at baseline? If not, were these adjusted?	++	+	++	-	++
Was intention to treat (ITT) analysis conducted?	NR	NR	NR	NR	NR
Was the study sufficiently powered to detect an intervention effect (if one exists)?	++	++	++	++	++
Were the estimates of effect size given or calculable?	NR	NR	NR	NR	NR
Were the analytical methods appropriate?	++	++	++	++	++
Was the precision of intervention effects given or calculable? Were they meaningful?	++	++	++	++	++
Are the study results internally valid?	++	++	++	++	++
Are the findings generalizable to the source population (i.e. externally valid)?	++	++	++	++	++

++	Indicates that for that particular aspect of study design, the study has been designed or conducted in such a way as to minimize the risk of bias.
+	Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.

–	Should be reserved for those aspects of the study design in which significant sources of bias may persist.
Not reported (NR)	Should be reserved for those aspects in which the study under review fails to report how they have (or might have) been considered.
Not applicable (NA)	Should be reserved for those study design aspects that are not applicable given the study design under review (for example, allocation concealment would not be applicable for case control studies).

Table 4: Selected quantitative literatures used for Review.

Author	Year of publication	Country	Source	Title	Study design	Subjects/population	Aim of the study	Results related to this study
Buhmann et al...	2015	Denmark	Torture Vol.25(1); pp.17-32	Cognitive behavioral psychotherapeutic treatment at a psychiatric trauma clinic for refugees: description and evaluation	Quantitative follow-up study	85 patients	To describe and evaluate a manualized cognitive behavioral therapy for traumatized refugees incorporating exposure therapy, mindfulness and acceptance and commitment therapy	Rehabilitation intervention: CBT in a Nordic country

Leiler A., Bjärtå A., Ekdahl J. & Wasteson E.	2019	Sweden	Social Psychiatry and Psychiatric Epidemiology (2019) 54:543–551	Mental health and quality of life among asylum seekers and refugees living in refugee housing facilities in Sweden	Quantitative study: Questionnaire, Descriptive statistics & measures analysis of variance	510 asylum seekers and refugees	The study aims to describe the mental health and quality of life of these asylum seekers and refugees.	Prevalence of mental health disorders of asylum seekers and refugees in a Nordic country
Solberg, O., Vaez M., & Johnson-Singh M.C.	2020	Norway & Sweden	Journal of Psychosomatic Research 2020	Asylum-seekers' psychosocial situation: A diathesis for post-migratory stress and mental health disorders?	Cross sectional survey design	455 asylum-seekers	The aim of this study was to chart the mental health disorders and to determine the associations between the mental health and post-migratory stress among asylum-seekers.	mental health disorders amongst asylum seekers in a Nordic country

Tinghög P, et al...	2017	Sweden	Bio-Medical Journal Open 2017; vol.7	Prevalence of mental ill health, traumas and post-migration stress among refugees from Syria resettled in Sweden after 2011: a population-based survey.	A cross-sectional and population-based questionnaire study	1215 Refugees	To estimate the prevalence of and associations between anxiety, depression, post-traumatic stress disorder (PTSD), potential traumas and post-migration stress among refugees from Syria resettled in Sweden.	mental health disorders amongst asylum seekers in a Nordic country
Stenmark, Catani, Neuner, Elbert & Holen	2013	Norway	Behavioral Research Therapy 2013;51(10):641-7	Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study	Randomized control study	81 asylum seekers & refugees	The aim of this study was to explore whether regular mental health professionals in a Western country successfully could treat traumatized refugees with granted asylum, but also asylum	Rehabilitative interventions for asylum seekers: NET in a Nordic country

							<p>seekers. A naturalistic study was carried out to compare the efficacy of NET with the current TAU already offered in the generalized health care system.</p>	
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3 DATA ANALYSIS

Data analysis is considered as the technique of gathering, collecting, relevant information from raw data with the sole purpose of evaluating the new and useful retrieved information in order to draw a conclusion. The process of data analysis is analytical and logical so as to derive knowledge to make or support an informed decision. (Galetto 2016.)

The content analysis tool was chosen for analyzing the articles. This tool was selected because it is one of the recommended tools for analyzing documents in a systematic manner. Content analysis is an analytical tool that involves various strategies used to analyze or explore a given textual information and to ascertain the frequency, trends, structures, patterns, and relationship of words used in a given literature. (Elo & Kyngäs 2013.) Content analysis enables a researcher to present the collected and selected data in texts or themes to create the possibility of drawing an interpretation from the obtained results and it helps to answer the research questions. Content analysis tool is objective and systematic in nature, it aims to analyze, describe, and quantify a given data by creating models, systems, or concepts as a means to achieve results. (Schreier 2012.) It basically describes similar characteristics in a text and presents them in a more simplified, replicable, and conceptualized manner for easy understanding.

The searches from the different databases generated a preliminary pool of articles . The titles and abstracts were carefully reviewed based on the inclusion and exclusion criteria such as it must be a full text article. At this stage, the researcher begins the process of sensitively reading through all the selected literature so as to get an overall understanding of the information in them then categorize them by making notes with headings in order to present all aspects for answering the research questions stated above. (Rothwell 2010.)

4 FINDINGS

A total of five (5) articles were carefully reviewed for the purpose of this thesis research. This section focuses on the findings related to deriving answers to the research questions and achieving the aims of the thesis. The content analysis of these selected articles resulted in two descriptive themes under the Mental Rehabilitation of Asylum Seekers in Nordic countries:

- Mental health disorders/problems amongst Asylum seekers
- Effective rehabilitative interventions

4.1 MENTAL HEALTH DISORDERS/PROBLEMS AMONGST ASYLUM SEEKERS

Based on the studies of Tinghög et al... (2017), 55% of refugees or asylum seekers suffers at least one type of mental health disorder. Depression, anxiety and post-traumatic stress disorder (PTSD) was discovered to be the most common type of mental health problem. Women tend to suffer more mental ill health than men and people within the age group of 50-64 years have the highest rate of mental health disorders especially with regards to PTSD. The study by Tinghög et al shows that those who had experienced the death of a love one was more at risk to suffer from mental health disorders. Most refugees or asylum seekers have experienced traumatic events before and during their migration from their home country. Majority of them are exposed to war, conflict, violence, sexual assault, torture and life-threatening situations. The study shows that 67.9% were reported to be forcefully separated from their family and loved ones. Mental health disorder is relatively asso-

ciated with the post-migratory stressful experiences of an asylum seeker. Anxiety, depression, low subjective well-being (SWB) and PTSD are more prevalent among refugees and asylum seekers. Potential traumatic events (PTEs) and post-migratory stress play a major role in the manifestation of several mental health disorders amongst refugees.

Based on studies of Solberg, Vaez, Johnson-Singh & Saboonchi (2020), the study reveals that men suffer mental health disorder than women with prevalence to depression, anxiety and PTSD. Asylum seekers within the age group of 18-30 years tend to suffer more mental health illness due to the fact that they are in the transitioning stage to adulthood and often alone mostly than others and they face the highest level of exposure, stress, uncertainty during their flight for survival. Also, the uncertainty and waiting period of the asylum-seeking process create a state of psychosocial predisposition that interacts with PTEs or migratory stressors and leads to a high rise of mental health disorders amongst asylum seekers. Asylum seekers who had experienced forced separation from family or witnessed some form of physical violence, assault or torture tend to suffer more risk of mental health disorders, especially PTSD. the most common post- migratory stressors among asylum seekers were “ the sad feeling of not being reunited with their family members”, “asylum seekers often being bothered by difficulties with communicating in host country language”, “asylum seekers missing their social life from back in their home country” and “ asylum seekers often feeling excluded or isolated in host country society”. The study shows that post-migratory stressors are significantly associated with mental health illness and that asylum seekers with low levels of education are mostly considered to be a vulnerable group to suffer mental health problems.

Based on studies of Leiler, Bjärtå, Ekdahl & Wasteson (2019), more than 50% of the population studied which are asylum seekers suffer from clinically significant symptoms of mental health problems such as depress and anxiety than people with residence permit. Asylum seekers in Sweden housing facilities have high prevalence of Psychological distress and they are at risk of PTSD too. These mental health disorders are more prevalent amongst asylum seekers who awaits their asylum decision than those who have been granted a residence permit. The improvement housing facilities, introduction of psychosocial interventions to help asylum seekers manage their mental health whilst waiting and granting a decision within a lesser period of time will help create a positive mental health status among asylum seekers.

4.2 EFFECTIVE REHABILITATIVE INTERVENTIONS

Based on the studies of Stenmark, Catani, Neuner, Elbert & Holen (2013), Narrative exposure therapy (NET) which is a short-term rehabilitative technique used to treat individuals who have encountered or experienced trauma, violence, war, or conflict proved to be significantly effective for treating about 50% of asylum seekers suffering from PTSD and major depression within a period of six months. Asylum seekers and refugees with mental health disorders can improve positively if given adequate treatment. The studies show that NET is quite a straightforward and promising therapeutic rehabilitative approach that can be used by health professionals for treating asylum seekers suffering from mental health problems, especially PTSD.

Based on the studies of Buhmann et al... (2015), cognitive-behavioral therapy (CBT) which is a psychotherapeutic intervention for mental health disorders such as depression or PTSD was used on 85 refugees in Copenhagen for almost 6 months. The study reveals that CBT is a promising rehabilitation tool for mental health problems when used alongside other therapeutic methods such as exposure methods, individualization therapy, cognitive methods and mindfulness methods. The refugees showed large improvement mentally and benefited when CBT and other therapeutic methods were used together more than once or twice. CBT therapeutic treatment focuses more on PTSD than depression.

5 DISCUSSION

The result from this study reveals the mental health status of an average asylum seeker on arrival at the host country. Most asylum seekers watched their family members lose their lives while trying to reach the host country to seek asylum. Due to horrible situations most of them face during migration or flee, their mental health becomes imbalance and symptomatic which could lead to mental trauma (Solberg, Vaez, Johnson-Singh & Saboonchi 2020).

The first finding answers the research question one. It addresses the possible triggers of mental health disorders amongst asylum seekers such as pre-migration and post-migration stressors, the influence of long waiting periods for decisions etc. The reviewed studies

show that the common mental disorders faced by asylum seekers are depression, anxiety, and PTSD (Leiler, Bjärtå, Ekdahl & Wasteson 2019; Tinghög et al... 2017; Solberg, Vaez, Johnson-Singh & Saboonchi 2020). Asylum seekers have a high prevalence of poorer mental health than other immigrants because of the different mental health structural services in each country's asylum system (Valentina et al... 2020). There is a high prevalence of significant clinical symptomatic diagnosis of anxiety, PTSD and depression reported to be relatively high amongst asylum seekers than in the general population of a given country (Heeren et al... 2012).

According to Heeren et al... 2012, asylum seekers are highly prone to suffer Pre-migratory exposure to traumatic events. The study shows that major depression (MD) and PTSD was highly prevalent but anxiety disorders such as panic disorder, agoraphobia, generalized anxiety disorder and socio-phobia were also mental health illness suffered by asylum seekers. Asylum seekers experience high rate of mental health disorders (psychiatric morbidity) in the first two (2) years of their asylum processing irrespective of their time of arrival or stay in the host country. The results of the study highlight that past traumatic experiences (PTEs) play a significant role in development of mental health problems amongst asylum seekers. The reviewed studies suggest that the mental health wellbeing of asylum seekers needs special attention. (Heeren et al... 2012.)

Priebe, Giacco & El-Nagib (2016), reveals that there exists an epidemiological evidence which proves that high exposure to stressors such as extreme losses and PTEs are immensely experienced by asylum seekers and refugees before and during their displacement. This thesis work provides an overview on the potential mental health challenges and disorders faced by asylum seekers and rehabilitative interventions to help them regain positive mental health stability.

The second finding answers the second research question. This review shows that CBT and NET standardized approaches are evidence proven rehabilitative intervention for the treatment of mental health problems and psychological distress among asylum seekers and refugees. These rehabilitative interventions when be employed, aids to boost asylum seekers mental health stability and to reduce mental disorders in asylum seekers and refugees. (Stenmark, Catani, Neuner, Elbert & Holen 2013; Buhmann et al... 2015.)

Palic and Elklit (2011), in their review concluded that NET and CBT have proven to be a well-studied effective rehabilitation intervention among refugees with mental health problems. Hensel-Dittmann et al... (2011) in his research discovered that PTSD symptoms in asylum seekers and refugees drastically reduced as a result of NET. According to Slobodin & De Jong (2015), CBT and NET are the two-effective evidence-based strategical mental health interventions for asylum seekers and refugees though there exist no adequate information to either confirm or refute other mental health intervention approaches. It is important for workers at the asylum reception centers to be able to recognize the need for mental rehabilitation for asylum seekers who show symptoms of any form of mental disorder such as sleeping disorders, depression, or anger issues (McColl et al... 2010).

CBT and NET psychosocial interventions have been found to be effective in reducing mental health symptom compared to other wait-list controls. (Lambert & Alhassoon 2015). A study carried out by Castaneda et al... (2020) reveals that migrants in Finland use health rehabilitation services less in comparison to the general population, especially female migrants. The study further states that migrants in Finland seem to have limited available access to rehabilitation and are underrepresented in mental and rehabilitation health services. There are several challenges associated with providing the necessary mental healthcare services and rehabilitation for asylum seekers, the factors include language barriers, stigma of being identified as a person with a mental disorder and mental health unawareness (Kirmayer et al... 2011).

NET seems to be an effective intervention for the reduction of PTSDs in traumatized asylum seekers or refugees but has not proven to be effective for other mental health problems such as anxiety, bipolar etc. more research needs to be conducted in order to derive mental health interventions that will focus broader on mental health disorders and not only PTSD or depression. CBT and NET interventions are mainly trauma-focused therapies particularly for asylum seekers or refugees with PTSD; due to this, they dominantly overlook other aspects of asylum seekers mental health well-being such as their family relationships and self-purpose. (Slobodin & De Jong 2015.)

A study carried out by Van Wyk & Schweitzer (2014), outlined seven (7) natural mental health interventions for refugees who has either experienced torture or trauma to be CBT, psycho-dramatic treatment, social services, exposure therapy, existential analysis and medical care services.

6 CONCLUSION

In conclusion, asylum seekers and refugees suffer various types of mental health disorders or problem that requires urgent care. It is important to know that this review finds PTSD, depression and anxiety to be more prevalent mental health disorders found amongst asylum seeker or refugees. From this thesis, it is evident that CBT and NET are proven to be effective rehabilitation interventions for treatment of most mental health disorder related to asylum seekers. This review provides evidence-based rehabilitation interventions which focuses on asylum seekers who has experienced trauma.

6.1 RECOMMENDATION

Nordic reception centers should make efforts to improve the living conditions of asylum seekers and grant them more access to mental healthcare services with the provision of rehabilitative interventions to help mentally imbalanced asylum seekers manage their mental health while they wait for their decision. It is important to note that asylum seekers or refugees suffer mental health needs such as lack or loss of family relationship, loss of identity, among others. Adequate mental health rehabilitation interventions should be set in place by the Nordic healthcare sectors in order to tackle mental health problems upon the arrival of asylum seekers. Policies that will aid the improvement and organization of mental health rehabilitation of asylum seekers and refugees are really needed in Nordic countries. A more precise psychological mental health screening should be done upon their arrival to the host country even if their access to mental health services is quite limited due to their residential status. More mental health and well-being awareness should be made among asylum seekers in the reception centers, mental disorders should be focused on and current triggers or stressors of mental disorders are meant to be treated with holistic interventions because there are various mental health needs of asylum seekers that exists beyond the common mental disorders stated in this review. Also, I would suggest CBT and NET should be implemented into the health services provided to asylum seekers to ensure that they have undenied access to quality mental health care and rehabilitation.

6.2 LIMITATIONS OF STUDY

One major limitation of this review is that despite the fact that asylum seekers are vulnerable to series of mental health disorders, majority of the studies focused more on depression and PTSD. Another limitation is the number of included studies which are few in number because of the accepted year frame and type of studies to be reviewed. The researcher believes that this situation might have caused some weakness to the amount of information collected which may result to possible bias in selection of relevant materials with regards to this thesis. The researcher experienced some limitations because the search and quality assessment for materials to be systematically reviewed was conducted only by him. In the course of this research, the researcher found out that, there exists very little literature on rehabilitative interventions for mental disorders among asylum seekers especially in Nordic countries.

6.3 ETHICAL CONSIDERATIONS

Ethical consideration was made throughout all the research procedures, the methodology used in this thesis work did not include questionnaires or interviews with human beings, therefore there was no need for informed consent or privacy in this study. Hence, this study was of no risk of harm to anyone, but the research made sure to avoid the risk of plagiarism by properly referencing every literature used in this review. The information retrieved from other literature was analyzed on a neutral basis and my personal preconceptions, beliefs, ideas, and opinions did not impede the collection of existing literature to be reviewed in this research.

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APPENDIX 1 (List of excluded studies and reasons for exclusion)

Table 5: Excluded studies and reasons for exclusion (n = 28)

No	Reference	Reason for exclusion
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1.	Bäärnhelm S., Laban K., Schouler-Ocak M., Rousseau C. & Kirmayer L.J. (2017). Mental health for refugees, asylum seekers and displaced persons: A call for a humanitarian agenda. <i>Transcultural psychiatry</i> Vol: 54.5-6, pp: 565-574	Not in a Nordic country and not a quantitative study
2.	Slobodin O & De Jong J.T. Mental health interventions for traumatized asylum seekers and refugees. (2015). What do we know about their efficacy? <i>International journal Social Psychiatry</i> . 61(1):17-26. doi: 10.1177/0020764014535752. Epub 2014 May 27. PMID: 24869847.	Not a quantitative study
3.	Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F., . . . Barbui, C. (2019). Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: Systematic review and meta-analysis. <i>Epidemiology and Psychiatric Sciences</i> , 28(4), 376-388. doi:10.1017/S2045796019000027	Not a quantitative study
4.	Turrini, G., Purgato, M., Ballette, F., Nosè, M., Ostuzzi, G., & Barbui, C. (2017). Common mental disorders in asylum seekers and refugees: umbrella review of prevalence and intervention studies. <i>International journal of mental health systems</i> , 11, 51. https://doi.org/10.1186/s13033-017-0156-0	Not a quantitative study
5.	Heeren, M., Mueller, J., Ehlert. U., Schnyder, U., Copiery, N. & Maier, T. (2012). Mental health of asylum seekers: a cross-sectional study of psychiatric disorders. <i>BMC Psychiatry</i> , 12 pp 114.	Not a quantitative study
6.	Georgiadou E, Morawa E, Erim Y. High Manifestations of Mental Distress in Arabic Asylum Seekers Accommodated in Collective Centers for Refugees in Germany. (2017). <i>International Journal of Environmental Research and Public Health</i> ; 14(6):612.	Not in a Nordic country

7.	Skogberg N., Koponen P., Tiittala P., Mustonen K., Lilja E., Snellman O. & Castaneda A. (2019). Asylum seekers health and wellbeing (TERTTU) survey: study protocol for a prospective total population health examination survey on the health and service needs of newly arrived asylum seekers in Finland. <i>BMJ Open</i> VOL;9:e027917. doi:10.1136/bmjopen-2018-027917	Lacks definite population sample and less information on mental health or Rehabilitation
8.	Tonheim, M., Derluyn, I., Rosnes, E. & Zito, D. (2015). Rehabilitation and social reintegration of asylum-seeking children affected by war and armed conflict.	Not a quantitative study
9.	Schein, Y.L., Winje, B. A., Myhre, S.L., Nordstoga, I. & Straiton, M.L. 2019. A qualitative study of health experiences of Ethiopian asylum seekers in Norway. <i>BMC Health Services Research</i> ,19. pp 958	Not a quantitative study
10.	Hynie, M. (2018). The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. <i>The Canadian Journal of Psychiatry</i> , 63(5), 297–303. https://doi.org/10.1177/0706743717746666	Not in a Nordic country and not a quantitative study
11.	Castaneda et al... (2020). Migrants Are Underrepresented in Mental Health and Rehabilitation Services—Survey and Register-Based Findings of Russian, Somali, and Kurdish Origin Adults in Finland. <i>International Journal of Environmental Research. Public Health</i> Vol.17, 6223; doi:10.3390/ijerph17176223	Lacks enough information on asylum seekers or refugee mental health and no definite population sample
12.	Bogic M., Njoku A. & Priebe S. (2015). Long-term mental health of war-refugees: a systematic literature review. <i>BMC International Health and Human Rights</i> 15:29 DOI 10.1186/s12914-015-0064-9	Not a quantitative study
13.	Enticott et al...(2017). A systematic review of studies with a representative sample of refugees and asylum seekers living in the community for participation in mental health research.	Not a quantitative study

	BMC Medical Research Methodology 17:37 DOI 10.1186/s12874-017-0312-x	
14.	Montgomery, E. 2011. Trauma, exile and mental health in young refugees. <i>Acta Psychiatrica Scandinavica</i> 124. pp 1-48. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1600-0447.2011.01740.x	Not a quantitative study
15.	Satinsky E., Fuhr D.C., Woodward A., Sondorp E. & Roberts B. (2019). Mental health care utilization and access among refugees and asylum seekers in Europe: A systematic review, <i>Health Policy</i> . Vol. 123:9, PP.851-863. https://doi.org/10.1016/j.healthpol.2019.02.007 .	Not a quantitative study
16.	Niemi, M., Manhica, H., Gunnarsson, D., Ståhle, G., Larsson, S., & Saboonchi, F. (2019). A Scoping Review and Conceptual Model of Social Participation and Mental Health among Refugees and Asylum Seekers. <i>International journal of environmental research and public health</i> , 16(20), 4027. https://doi.org/10.3390/ijerph16204027	Not a quantitative study
17.	Raphiphatthana, B., Maulana, H., Howarth, T., Gardner, K., & Nagel, T. (2020). Digital Mental Health Resources for Asylum Seekers, Refugees, and Immigrants: Protocol for a Scoping Review. <i>JMIR research protocols</i> , 9(8), e19031. https://doi.org/10.2196/19031	Not a quantitative study
18.	Nosè, M., Turrini, G., Imoli, M., Ballette, F., Ostuzzi, G., Cucchi, F., Padoan, C., Ruggeri, M., & Barbui, C. (2018). Prevalence and Correlates of Psychological Distress and Psychiatric Disorders in Asylum Seekers and Refugees Resettled in an Italian Catchment Area. <i>Journal of immigrant and minority health</i> , 20(2), 263–270. https://doi.org/10.1007/s10903-017-0629-x	Not in a Nordic country
19.	Derlet, O., & Deschietere, G. (2019). Providing psychiatric healthcare to asylum seekers: reflections and challenges. <i>Psychiatria Danubina</i> , 31(Suppl 3), 395–399.	Not in a Nordic country and

		not a quantitative study
20.	Jannesari, S., Hatch, S., Prina, M., & Oram, S. (2020). Post-migration Social-Environmental Factors Associated with Mental Health Problems Among Asylum Seekers: A Systematic Review. <i>Journal of immigrant and minority health</i> , 22(5), 1055–1064. https://doi.org/10.1007/s10903-020-01025-2	Not in a Nordic country and not a quantitative study
21.	Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., Hassan, G., Rousseau, C., Pottie, K., & Canadian Collaboration for Immigrant and Refugee Health (CCIRH) (2011). Common mental health problems in immigrants and refugees: general approach in primary care. <i>CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne</i> , 183(12), E959–E967. https://doi.org/10.1503/cmaj.090292	Not in a Nordic country and not a quantitative study
22.	Kronick R. (2018). Mental Health of Refugees and Asylum Seekers: Assessment and Intervention. <i>Canadian journal of psychiatry. Revue canadienne de psychiatrie</i> , 63(5), 290–296. https://doi.org/10.1177/0706743717746665	Not in a Nordic country and not a quantitative study
23.	Shawyer, F., Enticott, J. C., Doherty, A. R., Block, A. A., Cheng, I. H., Wahidi, S., & Meadows, G. N. (2014). A cross-sectional survey of the mental health needs of refugees and asylum seekers attending a refugee health clinic: a study protocol for using research to inform local service delivery. <i>BMC psychiatry</i> , 14, 356. https://doi.org/10.1186/s12888-014-0356-y	Not in a Nordic country
24.	Shawyer, F., Enticott, J. C., Block, A. A., Cheng, I. H., & Meadows, G. N. (2017). The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents. <i>BMC</i>	Not in a Nordic country

	psychiatry, 17(1), 76. https://doi.org/10.1186/s12888-017-1239-9	
25.	Eiset et al... (2020). Asylum seekers' and Refugees' Changing Health (ARCH) study protocol: an observational study in Lebanon and Denmark to assess health implications of long-distance migration on communicable and non-communicable diseases and mental health. <i>BMJ Open</i> . 10. e034412. 10.1136/bmjopen-2019-034412.	Not a quantitative study
26.	Nissen, A., Cauley, P., Saboonchi, F., Andersen, A., & Solberg, Ø. (2020). Cohort profile: Resettlement in Uprooted Groups Explored (REFUGE)-a longitudinal study of mental health and integration in adult refugees from Syria resettled in Norway between 2015 and 2017. <i>BMJ open</i> , 10(7), e036101. https://doi.org/10.1136/bmjopen-2019-036101	Not a quantitative study
27.	von Werthern, M., Robjant, K., Chui, Z., Schon, R., Ottisova, L., Mason, C., & Katona, C. (2018). The impact of immigration detention on mental health: a systematic review. <i>BMC psychiatry</i> , 18(1), 382. https://doi.org/10.1186/s12888-018-1945-y	Not in a Nordic country and not a quantitative study
28.	Javanbakht et al... (2019). Prevalence of Possible Mental Disorders in Syrian Refugees Resettling in the United States Screened at Primary Care. <i>J Immigrant Minority Health</i> 21 , 664–667. https://doi.org/10.1007/s10903-018-0797-3	Not in a Nordic country