

Living in limbo

Summary of 3rd Phase of the Research Project

During the first phase of our research project, we developed a structured online survey in order to explore the UAMs' (Unaccompanied Minors) psychosocial concerns and mental health problems as perceived by field workers and community mental health professionals (Giannopoulou et al., 2022). The second phase involved 14 focus groups to further explore the UASC's needs, stressors, and resilience resources (Papadatou et al., 2022). That study revealed that while UAMs feel safe and establish a daily routine thanks to the structured life that is provided by NGOs that operate long-term accommodations (shelters and SILs), however the nature and quality of psychosocial support that is provided by the personnel of these accommodations varies with regard to its effectiveness; moreover, minors with increased vulnerability suffer from a public mental health system for children and adolescents that is limited in its availability and capacity to meet their needs. That study highlighted the minors' increased distress of living 'in limbo' while awaiting over a prolonged time (sometimes over several years) the legal decisions that will determine their refugee status, relocation or family reunification in another European country, deportation to Turkey or to their country of origin, or their settlement in Greece.

While ethnographic studies have shed light to this "limbo" condition experienced by adult migrants and refugees (Biehl, 2015; Brun, 2015; El-Asaarawi, 2015; Grieffiths, 2004; Hass, 2017; Ramsay, 2018), no study to our knowledge has drawn attention to displaced unaccompanied minors in search of a safe country to settle. Given the critical need to illuminate UAMs' experience of living in protracted limbo, the third phase of our study was designed to address this gap.

GOALS OF THE STUDY

Three were the goals of that study: (1) to explore the UAM's and YA's experience of "living-in-liminality" (LinL) while being hosted in Greece, (2) to identify the risk and protective factors that affect the mental health, and (3) to suggest measures that enhance their resilience and social integration.

The following research questions guided data collection and analysis:

1. How is "life-in-liminality" (LinL) experienced by UAMs and YA (young adults) and perceived by field workers and mental health professionals who support them?
2. Which factors affect coping with the challenges of LinL, and how these contribute to UAM&YAs' vulnerability and resilience?
3. What is the nature of MHPSS services in liminal conditions and how are they being evaluated?
4. What recommendations may enhance the well-being and social integration of UAM&YAs and may prevent the negative effects of LinL?

METHODOLOGY

Methodological design: A grounded theory approach was used to generate a plausible theoretical model that sheds light on the experience of living in liminality throughout adolescence and early adulthood, as well as on the processes that exacerbate vulnerability

and enhance resilience during times of uncertainty and transition. Data have been analyzed according to the principles of Corbin and Strauss' approach (2015).

Sampling : A purposive stratified sampling strategy was used to include 5 groups of **71 participants**, selected according to pre-defined criteria. The sample comprised (1) a group of **27** unaccompanied minors and young adults, (2) a group of **29** facility coordinators and personnel, (3) a group of **6** community mental health professionals, (4) a group of **7** members of the Board of Director of NGOs operating shelters and SILs, and (5) **2** Prosecutors for Minors. The sample was selected to represent Greek regions with shelters for UAMs and available community mental health services: Athens, Thessaloniki, Giannena, Alexandroupolis, Mytilini, Samos.

Ethical approval: It was obtained from the Ethics Committee of the Faculty of Nursing of the National and Kapodistrian University of Athens. Special permission was provided by the Prosecutors of Minors to interview UAMs for the purpose of our study.

Data collection: Semi-structured interviews were conducted over an eight month period (February – October 2022). Interviews lasted from 40 to 90 minutes, and were conducted by four experienced members of the research team. An interview guide was adapted to each subsample and addressed the following 3 themes: (a) the experience of living in liminality , (b) he nature, challenges, benefits of MHPSS services, (c) the minors' and young adults' social integration.

Data analysis: Transcripts were analyzed with attention on how LinL is perceived by participants, and how effective are MHPSS services for unaccompanied adolescents and young adults. The NVivo program was used as a tool to organize the data which was subsequently analyzed according to the grounded theory principles proposed by Corbin and Strauss (2015). Meetings among researchers minimized biases and achieved consensus through data examination. This process enriched the emerging theory until data saturation was achieved and an empirically based model was formulated.

RESULTS

From the analysis of the participants' accounts emerged the following 4 core categories: (1) The liminality experience, (2) Risk vs protective factors affecting coping with liminality, (3) Between vulnerability and resilience and (4) MHPSS support in liminality. A theoretical model was proposed that illuminates the factors and processes that affect and explain the mental health of UAM & YAs who develop and live in prolonged limbo. Some key findings are the following:

- 1. The liminality experience.** What became apparent is that UAMYAs live "betwixt and between" three worlds: (a) *the world of their origin* that they had to flee; (b) *the world of their aspirations* in which they hope to realize their goals and dreams on their own or with family members; and (3) *the current world* they are hosted in Greece, which for the majority is perceived as a passage. Their accounts, as well as those of field workers, shelter coordinators and mental health professionals illuminated four aspects living-in-liminality: (1) temporal liminality, (2) spatial

liminality, (3) goal orientation liminality and (4) relational liminality. Life in liminality evokes chronic distress, uncertainty, and coping with the challenges it evokes, largely depends from the meaning(s) attributed to it. Meanings vary. For some LinL is experienced as *an impasse*, for other as a *time-out*, for still others as an *obstacle to overcome*, and for some as *an opportunity*. The experience of liminality and its attributions affect and are being affected by the developmental challenges of adolescence and early adulthood.

- 2. Factors affecting mental health in liminality.** We identified 5 clusters of factors that contribute to the UASC's and young adult's coping with liminal conditions. These involve: (a) personality characteristics, (b) the nature of family relationships, (c) the living and supportive conditions in accommodations, (d) the social and community environment in the minor's life, and (e) policy and structural factors. These are extensively analyzed along with their distressing and/or protective effects. Of great concern are aspects of identified forms of structural violence that prevent social integration and negatively affect the mental health of minors and young adults.

- 3. The co-existence of vulnerability and resilience.** The interplay of the above factors render minors and young adults both resilient and vulnerable as they strive to find a place within a country which reinforces their exclusion and non-integration, except in very few occasions where community programs and field workers open some doors for them. This explains why in the face of adversity some display extraordinary adaptive abilities and benefit from personal or available resources, and in the face of another crisis they may despair and present an increased vulnerability, and vice-versa.

All participants had the opportunity to recommend measures to reduce the negative effects of living in liminality and promoting the mental health of these youngsters who are in process of transition from adolescence to adulthood. These are presented in the document produced in phase 4 of our project.