



Mapping local and international literature

Peer reviewed articles European

	Summary	Reference/Link
1.	<p>A migration status itself can often be postulated as a risk factor for children’s mental condition. This review considers the current prevalence of emotional and behavioral problems of native children and adolescents in comparison with children with a migration background in European countries. 36 studies published from 2007 up to 2013 chosen from a systematic literature research were included and analyzed. Migrant childhood in Europe could be declared a risk in increasing internalizing problem behaviour while the prevalent rate in externalizing problem behavior was comparable between native and migrant children. Furthermore, several major influence factors in migrant children’s mental health could be pointed out, such as a low socio-economic status, a Non-European origin, an uncertain cultural identity of the parents, maternal harsh parenting or inadequate parental occupation, a minority status, the younger age, gender effects or a specific culture declaration in diseases.</p>	<p>Belhadj Kouider, E, Koglin, U. & Petermann, F. (2014) Emotional and behavioral problems in migrant children and adolescents in Europe: a systematic review. <i>European Child Adolescent Psychiatry</i> 23: 373. https://doi.org/10.1007/s00787-013-0485-8 https://link.springer.com/article/10.1007/s00787-013-0485-8</p>
2.	<p>Migration is an increasingly commonplace phenomenon for a number of reasons. People migrate from rural to urban areas or across borders for reasons including economic, educational or political. There is increasing recent research evidence from many countries in Europe that indicates that migrants are more prone to certain psychiatric disorders. Because of their experiences of migration and settling down in the new countries, they may also have special needs such as lack of linguistic abilities which must be taken into account using a number of strategies at individual, local and national policy levels. In this guidance document, we briefly present the</p>	<p>Bhugra D, Gupta S, Schouler-Ocak M, Graeff-Calliess I, Deakin NA, Qureshi A, Dales J, Moussaoui D, Kastrup M, Tarricone I, Till A, Bassi M, Carta M; European Psychiatric Association. (2014). EPA Guidance mental health care of migrants. <i>European Psychiatry</i>. 29 (2): 107-115 https://www.sciencedirect.com/science/article/pii/S0924933814000054</p>





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	evidence and propose that specific measures must be taken to improve and manage psychiatric disorders experienced by migrants and their descendants. This improvement requires involvement at the highest level in governments. This is a guidance document and not a systematic review.	
3.	<p>There is increasing international interest in universal, health promoting services for pregnancy and the first three years of life. Drawing on a narrative review of literature, this paper explores mechanisms by which such services might contribute to health improvement and reducing health inequalities. The analysis revealed health visiting practice as potentially characterized by a particular ‘orientation to practice.’ This embodied the values, skills and attitudes needed to deliver universal health visiting services through salutogenesis (health creation), person-centredness (human valuing) and viewing the person in situation (human ecology). Research about health visiting actions focuses on home visiting, needs assessment and parent–health visitor relationships. The detailed description of health visitors’ skills, attitudes, values, and their application in practice, provides an explanation of how universal provision can potentially help to promote health and shift the social gradient of health inequalities. Identification of needs across an undifferentiated, universal caseload, combined with an outreach style that enhances uptake of needed services and appropriate health or parenting information, creates opportunities for parents who may otherwise have remained unaware of, or unwilling to engage with such provision.</p>	<p>Cowley S, Whittaker K, Malone M, Donetto S, Grigulis A, Maben J (2015). Why health visiting? Examining the potential public health benefits from health visiting practice within a universal service: A narrative review of the literature. <i>International Journal of Nursing Studies</i> 52 (1): 465-480 https://doi.org/10.1016/j.ijnurstu.2014.07.013</p> <p>https://www.sciencedirect.com/science/article/pii/S0020748914001990</p>
4.	<p>Although the number of immigrant families is increasing in Finland, the research on their perspectives on early childhood and care</p>	<p>Lastikka AL and Lipponen L., (2016). Immigrant Parents’ Perspectives on Early Childhood Education and Care Practices in</p>





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	<p>(ECEC) services is scarce. The objective of this small-scale case study was to increase the understanding of immigrant families’ perspectives on ECEC practices. Through the qualitative content analysis of interview-based data, four themes emerged as particularly important for working with immigrant families: (a) fostering dialogue and mutual understanding; (b) promoting cultural and linguistic diversity; (c) encouraging cooperative partnership; and (d) providing support and individualized attention. This study contributes to the development of more inclusive and supportive ECEC practices for better support families with immigrant backgrounds.</p>	<p>the Finnish Multicultural Context. <i>International Journal of Multicultural Education</i>. 18 (3): 75-94 https://files.eric.ed.gov/fulltext/EJ1118772.pdf</p>
5.	<p>The study is about the exploration of stakeholders’ perspectives on the health needs of Syrian refugees in Greece following the 2016 European Union-Turkey agreement. By 2017, more than 500,000 Syrian refugees had passed through Greece seeking safety and asylum. Understanding how their health needs evolved over the refugee crisis in Greece and in relation to changing migration policy, and exploring the challenges involved in delivering their healthcare is timely as NGOs transition health service provision to the Greek health authorities. Key challenges to service delivery included a narrow model of healthcare provision and insufficient referral mechanisms for social support and mental health services. Language and gender differences between refugees and healthcare providers, and a lack of privacy and space in clinics impeded the quality of care.</p>	<p>Hémono R, Relyea B, Scott J, Khaddaj S, Douka A and Wringe A. (2018), “The needs have clearly evolved as time has gone on.”: A qualitative study to explore stakeholders’ perspectives on the health needs of Syrian refugees in Greece following the 2016 European Union-Turkey agreement. <i>Conflict and Health</i> 12:24 https://doi.org/10.1186/s13031-018-0158-9</p>
6.	<p>The refugee and migrant crisis in Europe has drawn international attention to the issue of sexual exploitation of unaccompanied and separated refugee boys, requiring humanitarian actors and service providers to quickly develop responses in the absence of</p>	<p>Freccero J, Biswas D, Whiting A, Alrabe K, Seelinger KT. (2017). Sexual exploitation of unaccompanied migrant and refugee boys in Greece: Approaches to prevention, <i>PLOS Medicine Journal</i></p>





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	an established evidence base. A combination of approaches, addressing risk factors at multiple levels, such as building individual-level knowledge and skills, providing community- or family-level protection in the absence of traditional support mechanisms, and structural interventions to address economic vulnerability, is likely needed in order to significantly reduce the vulnerability of unaccompanied and separated boys to sexual exploitation.	https://doi.org/10.1371/journal.pmed.1002438
7.	The health of asylum seekers is of cardinal importance for the future health of Europe. The aim of the present cross-sectional study was to assess malnutrition prevalence among refugee children living in reception areas in northern Greece. A total of 192 refugee children (1–18 y old), inhabitants of the refugee reception centres in Drama and Kavala, were evaluated for acute and chronic malnutrition according to the WHO growth standards and charts. In the total sample, 13.0% of the participants had at least one form of malnutrition, the prevalence of underweight was 7.8% and stunting affected 7.3% of the children. Moreover, a greater proportion of adolescent girls from the Drama centre (38.5%) demonstrated at least one form of malnutrition compared with the children in Kavala.	Grammatikopoulou MG, Theodoridis X, Poulimeneas D, Maraki MI, Gkiouras K, Tirodimos I, Dardavessis T, Chourdakis M. (2018), Malnutrition surveillance among refugee children living in reception centres in Greece: a pilot study, Oxford Academic, Int Health. 1;11(1):30-35. doi: 10.1093/inthealth/ihy053. https://doi.org/10.1093/inthealth/ihy053
8.	Previous research has identified a high prevalence of growth abnormality among Syrian refugees in refugee camps in Jordan and Lebanon. There are few published data describing the growth status of children who are refugees in Europe. Refugees with up to 5 completed years of age in four refugee camps in Northern Greece were invited to participate in growth screening for clinical purposes. Mid-upper arm circumference (MUAC), weight for age (WFA), weight for height	Walpolea SC, Abbarab A, Gunstc M, Harkenseed C, (2018). Cross-sectional growth assessment of children in four refugee camps in Northern Greece. Public Health. 162:147-152. doi: 10.1016/j.puhe.2018.05.004. Epub 2018 Jul 31. https://doi.org/10.1016/j.puhe.2018.05.004





IENE 8

Empowering migrant and refugee families with parenting skills

	Summary	Reference/Link
	<p>(WFH) and height for age (HFA) were measured. The World Health Organization (WHO) normal ranges and 'WHO Anthro' were used to calculate the prevalence of high WFH and low WFA, WFH, HFA, or MUAC. Results demonstrated low prevalence of underweight for height, but high prevalence of stunting, suggesting chronic malnutrition.</p>	

