COMILLAS
UNIVERSIDAD PONTIFICIA

Facultad de Ciencias Humanas y Sociales

EMOTIONAL AND RELATIONAL REALMS OF MIGRANT ADOLESCENTS: IDENTIFICATION OF PROBLEMS, NEEDS AND SOLUTIONS

ÁMBITOS EMOCIONAL Y RELACIONAL DE LOS ADOLESCENTES MIGRANTES: IDENTIFICACIÓN DE PROBLEMAS, NECESIDADES Y SOLUCIONES

Autora: Elena Rodríguez-Ventosa Herrera

Directora: Dra. Isabel Muñoz San Roque

Codirectora: Dra. María Angustias Roldán Franco

MADRID | Mayo 2025

To all migrant adolescents:

the ones who have already arrived

those who are in transit

and those who are about to embark on the journey

AGRADECIMIENTOS – THANKSGIVING

A Mariano, mi compañero de vida, con el cual he aprendido durante estos años que, sin necesidad de hablar directamente de la tesis, es posible acompañar de muchas otras maneras. Gracias por tu paciencia infinita, tu cariño, tu respeto y por no dejar que este proceso frene los ritmos de nuestra vida en común (por mucho que yo me empeñe a veces).

To Mariano, my life partner, with whom I have learned during these years that, without the need to talk directly about the thesis, it is possible to accompany in many other ways. Thank you for your infinite patience, affection, and respect, and for not letting this process slow down the rhythms of our life together (as much as I sometimes insist).

A mi madre, por no haberse rendido nunca en la tarea de preguntarme qué tal voy con la tesis, aunque se haya llevado algún ladrido. Gracias por preocuparte e interesarte por mí siempre, por confiar en mis capacidades y por levantarme el ánimo en los días más duros.

To my mother, for never giving up on the task of asking me how I am doing with my thesis, even if I was not happy to answer. Thank you for always taking care of me and showing interest, trusting my abilities, and cheering me up on the hardest days.

A mi padre, por respetar mi alergia a hablar de la tesis. A pesar de ello, siempre que me he encontrado con algún bache en el camino o con un bajón de ánimo has sabido recordarme lo importante del proceso y el porqué de lo que estoy haciendo. Gracias por admirarme.

To my father, for respecting my allergy to talk about the thesis. Despite this, whenever I have encountered a bump in the road or a slump in my spirits, you have always reminded me of the importance of the process and why I do what I do. Thank you for admiring me.

A mi abuela Carmina, la cual, a pesar de no entender exactamente lo que hacía y pensar hasta el final de sus días (y contárselo a todo el mundo con orgullo) que su nieta es psiquiatra y no psicóloga, siempre creyó en mí y me recordó que en todo este proceso siempre tiene que haber tiempo para el disfrute y lo banal. Sé que me acompañas desde el cielo.

To my grandmother Carmina, who, despite not exactly understanding what I was doing and thinking until the end of her days (and telling everyone proudly) that her granddaughter is a psychiatrist and not a psychologist, always believed in me and reminded me that in this whole process, there must always be time for enjoyment and the banal. I know you are with me from heaven.

A mis amigas íntimas, que han sido el centro de mi vida social durante estos años (motor fundamental para sobrevivir esta aventura) y que siempre me han acompañado en el proceso ayudándome a olvidarme por momentos de lo que es vivir con esa vocecilla de fondo que me susurraba "acuérdate de la tesis".

To my close friends, who have been the centre of my social life during these years (fundamental engine to survive this adventure) and who have always accompanied me in the process, helping me to forget for moments what it is like to live with that little voice in the background whispering "remember the thesis".

A mis compañeras del IUEM, en especial a Ángela y a Eva, por ser mi ejemplo y uno de mis mayores apoyos en esta andadura. Vosotras sabéis lo que es hacer camino, y yo me siento tremendamente afortunada de haber podido seguir la senda de vuestras huellas. Os admiro profundamente.

To my colleagues at IUEM, especially Ángela and Eva, for being my example and one of my greatest supporters in this journey. You know what it means to walk the path, and I feel extremely fortunate to have been able to follow in your footsteps. I admire you deeply.

Al proyecto IMMERSE y todas las personas que lo conforman, por ser un hogar durante los pasados cinco años en el que iniciarme en esta andadura que es la investigación académica. Gracias a vosotras y a los retos del proyecto he aprendido mucho más de investigación y del trabajo en equipo de lo que se aprende en los libros, y eso es impagable.

To the IMMERSE project and all the people who make it up, for being a home for the past five years in which to start me on this journey that is academic research. Thanks to you and the project's challenges, I have learned much more about research and teamwork than what is learned in books, which is priceless.

A Dorothée Behr, mi supervisora durante la estancia de investigación en el GESIS Leibniz-Institut für Sozialwissenschaften in Mannheim. Jamás podré recompensarle su generosidad, su amabilidad y el hecho de acogerme como una más del equipo sin esperar nada a cambio.

To Dorothée Behr, my supervisor during my research stay at the GESIS Leibniz-Institut für Sozialwissenschaften in Mannheim. I will never be able to repay you for your generosity and kindness and for welcoming me as part of the team without expecting anything in return.

A mis directoras Isabel y Angus, por su confianza ciega en mí y en el trabajo que he producido en estos años. Agradezco especialmente vuestra confianza en momentos en los que me sentía tremendamente insegura, y también valoro muchísimo el recordatorio de que en realidad sé muy bien lo que estoy haciendo. Gracias por vuestra guía y compañía.

To my directors Isabel and Angus, for their blind trust in me and in the work I have produced over the years. I especially appreciate your confidence when I felt tremendously insecure, and I also greatly appreciate the reminder that I know what I am doing. Thank you for your guidance and companionship.

Y, por supuesto, a las personas que han participado en esta investigación desde la absoluta generosidad, sin esperar nada a cambio. Sin vosotras esta tesis no habría salido adelante. Gracias por compartir vuestras historias de vida más desgarradoras y por defender vuestras opiniones y visiones, porque son válidas y las más importantes en cualquier asunto que os afecte directamente. No lo olvidéis nunca.

And, of course, to the people who have participated in this research with absolute generosity, without expecting anything in return. Without you, this thesis would not have been possible. Thank you for sharing your heartbreaking life stories and defending your opinions and visions, because they are valid and the most important in any matter that affects you directly. Never forget that.

RESUMEN

La migración es uno de los fenómenos globales más determinantes del siglo XXI, moldeando el panorama demográfico, social y cultural de numerosos países, incluida España. En las últimas décadas, España ha pasado de ser un país de emigración a convertirse en un destino clave para la migración internacional, una transición que ha planteado nuevos desafíos en términos de cohesión social, integración y respuestas políticas. En 2022, aproximadamente el 11,5 % de la población en España era nacida en el extranjero, y dentro de este grupo, los adolescentes de entre 11 y 18 años representaban alrededor del 9 % de la población migrante y el 1 % de la población total del país. Estas cifras reflejan la creciente presencia de jóvenes migrantes, quienes, a diferencia de los adultos, deben afrontar no solo los desafíos del reasentamiento, sino también las exigencias del desarrollo propias de la adolescencia.

La adolescencia es ampliamente reconocida como un período crítico para la formación de la identidad, la socialización y el desarrollo emocional. Durante esta etapa, las relaciones con los pares y la estabilidad emocional se convierten en pilares fundamentales del bienestar psicológico. Sin embargo, para los adolescentes migrantes, estos desafíos se ven amplificados por factores estresantes asociados con la migración, incluyendo barreras lingüísticas, adaptación cultural, dificultades socioeconómicas y, en algunos casos, experiencias traumáticas en las etapas previas a la migración y durante el tránsito. Estos factores pueden impactar significativamente su bienestar emocional y relacional, aumentando el riesgo de problemas de salud mental, exclusión social y dificultades educativas.

A pesar del creciente interés académico y político en el bienestar y la salud mental de los adolescentes migrantes, gran parte de la literatura existente se ha centrado predominantemente en los problemas emocionales y conductuales, dejando en un segundo plano la dimensión relacional de sus experiencias. Además, los estudios tradicionales sobre migración e integración han tendido a adoptar una perspectiva adultocéntrica, en la que las políticas e intervenciones se diseñan en función de supuestos establecidos por adultos, responsables políticos y profesionales, en lugar de incorporar las experiencias vividas y las voces de los propios adolescentes migrantes.

Esta falta de representación directa en la investigación y en el diseño de políticas contribuye a una brecha de conocimiento que puede resultar en intervenciones desalineadas con las necesidades reales de los adolescentes migrantes. A menudo, los adolescentes son

percibidos como "seres en desarrollo" en lugar de "seres con agencia", lo que implica que sus perspectivas no siempre son tomadas en cuenta en las decisiones que afectan sus vidas. Sin embargo, enfoques emergentes en los estudios sobre infancia y juventud, como el enfoque centrado en el niño y las metodologías participativas, subrayan la importancia de tratar a los adolescentes como agentes sociales capaces de moldear activamente sus propias experiencias y bienestar.

Esta investigación se enmarca dentro del Proyecto IMMERSE (*Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe*), financiado por el programa Horizonte 2020 de la Comisión Europea. El proyecto tenía como objetivo desarrollar un conjunto de indicadores para evaluar la integración socioeducativa de niños y adolescentes migrantes y refugiados en seis países europeos: Bélgica, Alemania, Grecia, Irlanda, Italia y España. Estos 30 indicadores abordaban el acceso a derechos, lengua y cultura, bienestar, conexión social y logros educativos, así como las barreras y facilitadores relacionados con el liderazgo político, la segregación escolar, la organización de los centros educativos, la formación docente, el apoyo al aprendizaje, los servicios de salud mental y las actitudes negativas de la sociedad.

Si bien el bienestar y las conexiones sociales con los iguales fueron identificados como dimensiones clave de la integración, el Proyecto IMMERSE se centró también en aspectos estructurales y educativos, no permitiendo ahondar en estas dimensiones en profundidad. Dada la creciente preocupación por la salud mental de los adolescentes migrantes, esta tesis se concibió como una oportunidad para abordar esta laguna proporcionando un análisis en profundidad de los ámbitos emocional y relacional de los adolescentes migrantes, con un fuerte énfasis en sus propias narrativas y experiencias vividas.

Este estudio se aparta de los enfoques adultocéntricos tradicionales al adoptar una perspectiva participativa y centrada en los adolescentes, reconociendo que los propios adolescentes migrantes son la fuente de conocimiento más valiosa sobre su bienestar. Al involucrarlos directamente en el proceso de investigación, este estudio buscó amplificar sus voces, empoderarlos como agentes activos y desafiar el discurso dominante que los retrata únicamente como individuos vulnerables que necesitan intervenciones dirigidas por adultos.

El objetivo general de esta tesis fue obtener una comprensión amplia y matizada de los ámbitos emocional y relacional de la vida de los adolescentes migrantes, enfatizando sus

propias perspectivas. Para lograrlo, la investigación se estructuró en torno a las siguientes preguntas clave:

- ¿Existen diferencias en la presencia de problemas emocionales y relacionales entre adolescentes con y sin origen migrante?
- ¿Qué factores contribuyen a la presencia de problemas emocionales y relacionales en los adolescentes migrantes?
- ¿Qué cuestiones identifican los adolescentes migrantes como significativas para su bienestar emocional y relacional?
- ¿Qué factores actúan como barreras o facilitadores de su bienestar emocional y relacional?
- ¿Qué necesidades identifican en estos ámbitos?
- ¿Qué soluciones proponen los adolescentes migrantes para abordar estas necesidades y qué actores clave deberían participar en su implementación?

A través de estas preguntas de investigación, esta tesis no solo busca generar evidencia empírica sobre el bienestar emocional y relacional de los adolescentes migrantes, sino también contribuir al desarrollo de políticas e intervenciones más inclusivas e informadas por los propios adolescentes. Para abordarlas de manera integral, la tesis se estructura como un compendio de tres artículos académicos, cada uno empleando una metodología y enfoque analítico distintos. La estructura en embudo del diseño de la investigación permite un enfoque progresivamente más detallado: comenzando con una revisión sistemática de la literatura existente, pasando a una investigación cualitativa con un subgrupo particularmente vulnerable (menores extranjeros no acompañados) y culminando en un estudio participativo en el que los adolescentes migrantes identificaron sus necesidades y propusieron soluciones.

El primer estudio tuvo como objetivo determinar si los adolescentes migrantes experimentan tasas más altas de problemas emocionales y relacionales en comparación con sus pares sin origen migrante, así como identificar los factores asociados con estos problemas. Para abordar estos objetivos, se llevó a cabo una revisión sistemática siguiendo el protocolo PRISMA, analizando estudios publicados entre 2010 y 2021 que comparaban la presencia de problemas emocionales y/o relacionales en adolescentes de entre 11 y 18 años con y origen migrante en Europa. Los hallazgos sobre los problemas emocionales fueron mixtos. De los 18 estudios analizados, solo 10 respaldaron la hipótesis de que los adolescentes migrantes presentan más problemas emocionales que sus pares sin origen migrante, mientras que seis no

encontraron diferencias significativas y dos reportaron resultados opuestos. Sin embargo, los resultados fueron más consistentes en lo que respecta a los problemas relacionales. Dieciséis de los 18 estudios encontraron que los adolescentes migrantes enfrentan más dificultades en sus relaciones interpersonales que sus pares sin origen migrante, especialmente en términos de aceptación por parte de sus compañeros, apoyo social y amistades. Además, la revisión identificó factores clave que influyen tanto en el bienestar emocional como relacional, categorizados en tres niveles: factores intrapersonales (autoconcepto, capacidad cognitiva, edad, género y etnicidad), factores interpersonales (estructura familiar, relaciones parentales y nivel socioeconómico) y factores externos (porcentaje de alumnado migrante en el aula, tiempo en el país de acogida y exposición a la discriminación). Este estudio confirmó que las dificultades relacionales son un problema más acentuado para los adolescentes migrantes que los problemas emocionales, lo que sugiere que las interacciones entre pares y el sentido de pertenencia social deberían ser priorizados en las intervenciones. Los hallazgos también enfatizaron que los factores que afectan al bienestar relacional están estrechamente vinculados con experiencias específicas de la migración, como el estrés aculturativo, las barreras lingüísticas y la discriminación, lo que refuerza la necesidad de políticas de integración que aborden estos problemas.

Ante la escasez de estudios centrados específicamente en adolescentes migrantes no acompañados, el segundo estudio tuvo como objetivo llenar esta laguna mediante la exploración cualitativa de sus experiencias de vida en relación con su bienestar emocional y relacional. Este estudio se llevó a cabo en un centro de acogida para menores no acompañados en España, utilizando entrevistas semiestructuradas y grupos focales con adolescentes y profesionales del centro. Los datos fueron analizados mediante el análisis fenomenológico interpretativo (IPA, por sus siglas en inglés) para descubrir las experiencias y perspectivas subjetivas de los adolescentes. Se identificaron seis temas centrales en los relatos de los participantes. En primer lugar, muchos adolescentes migraron con la esperanza de obtener éxito y oportunidades inmediatas, pero las barreras burocráticas y socioeconómicas los llevaron a la desilusión y la angustia. En segundo lugar, la obtención de permisos de residencia fue percibida como la clave de la felicidad, mientras que la incertidumbre en torno a su estatus legal les generó angustia y ansiedad. En tercer lugar, las normas estrictas y el entorno estructurado de los centros de acogida obstaculizaron su capacidad para integrarse y establecer conexiones sociales con sus pares sin origen migrante. En cuarto lugar, mientras que algunos adolescentes experimentaron amabilidad y apoyo, otros se enfrentaron al rechazo y la discriminación. En

quinto lugar, muchos adolescentes lucharon contra la soledad y buscaron estructuras familiares alternativas en amistades y relaciones con los profesionales de los centros. Por último, la acumulación de factores estresantes, la incertidumbre y el aislamiento social dio lugar a síntomas de ansiedad, depresión, trastornos del sueño y, en algunos casos, ideación suicida. Este estudio reforzó el modelo de triple vulnerabilidad, que resalta los desafíos combinados que enfrentan los menores no acompañados como migrantes, niños y personas en situación administrativa irregular, además de la ausencia de cuidado parental, que constituye una capa estructural de este fenómeno. Subrayó la necesidad urgente de intervenciones políticas para acelerar los procesos de documentación legal con el fin de reducir el estrés y mejorar la estabilidad a largo plazo, aumentar las oportunidades de integración social, particularmente con pares no migrantes, y desarrollar servicios de apoyo psicosocial adaptados a las cargas emocionales específicas que enfrentan los adolescentes migrantes no acompañados.

El tercer estudio buscó ir más allá de la identificación de problemas y comprometer a los adolescentes migrantes como agentes activos en la definición de sus propias necesidades y la propuesta de soluciones. Utilizando metodologías de investigación participativa, se diseñó e implementó un taller *ad hoc* en un instituto con una alta proporción de estudiantes migrantes. El objetivo era permitir que los adolescentes identificaran sus necesidades emocionales y relacionales, propusieran soluciones para abordarlas e identificaran actores clave en los distintos niveles sistémicos que pudieran contribuir a su implementación. Los adolescentes identificaron seis necesidades clave, distribuidas en tres niveles ecológicos. En el nivel micro, enfatizaron la importancia de apoyar a sus familias en las tareas diarias para aliviar su carga y recibir reconocimiento y apoyo emocional por parte de sus seres queridos. En el nivel meso, destacaron la necesidad de mejorar sus experiencias escolares reduciendo la discriminación, aprender español de manera más efectiva con métodos atractivos y apoyo de sus compañeros, y recibir mayor empatía por parte de los docentes y compañeros de clase. En el nivel macro, señalaron la urgencia de regularizar su situación legal para garantizar estabilidad y acceso a derechos. Las soluciones propuestas por los adolescentes estuvieron alineadas con modelos de intervención existentes, pero también introdujeron nuevas ideas innovadoras que no habían sido exploradas con anterioridad. En particular, enfatizaron la necesidad de actividades en grupos mixtos para fomentar la integración entre pares, más oportunidades para compartir sus historias migratorias con el fin de reducir prejuicios y aumentar la empatía, y esfuerzos de incidencia directa para impulsar cambios legales y políticos que afectaran sus vidas. Este estudio confirmó que los adolescentes migrantes poseen una profunda autoconciencia de sus

necesidades y tienen valiosos conocimientos sobre soluciones que a menudo son pasadas por alto en la formulación de políticas dirigidas por adultos. Reforzó la necesidad de adoptar un enfoque participativo en el diseño de programas de apoyo para migrantes, incorporando a los adolescentes migrantes en los procesos de toma de decisiones en las escuelas, comunidades y niveles políticos, y creando oportunidades estructuradas para la interacción entre adolescentes migrantes y no migrantes con el fin de reducir barreras sociales.

A través de la combinación de una revisión sistemática, investigación cualitativa y metodologías participativas, esta tesis proporciona una comprensión profunda del bienestar emocional y relacional de los adolescentes migrantes. Destaca que los problemas relacionales son más prevalentes que los problemas emocionales en los adolescentes migrantes, siendo la exclusión entre pares y el aislamiento social preocupaciones clave. Además, demuestra que los menores no acompañados enfrentan desafíos únicos que requieren respuestas políticas urgentes, particularmente en lo que respecta a la estabilidad legal y la inclusión social. Finalmente, subraya la importancia de alejarse de los enfoques adultocéntricos y reconocer que los adolescentes migrantes son capaces de identificar sus propias necesidades y diseñar soluciones. Esta investigación aboga por un cambio de paradigma en la manera en que se percibe a los adolescentes migrantes, no como receptores pasivos de ayuda, sino como agentes activos en la configuración de su bienestar e integración.

Los hallazgos de esta investigación tienen varias implicaciones clave para los profesionales que trabajan con adolescentes migrantes, los responsables de la formulación de políticas y la sociedad en general. En primer lugar, existe una necesidad urgente de desarrollar intervenciones específicas que aborden las necesidades emocionales y relacionales particulares de los adolescentes migrantes. Esto incluye la formación de profesionales en enfoques informados por el trauma y competencia cultural, la implementación de programas de apoyo entre pares para fomentar la conexión social y garantizar que los servicios de salud mental sean accesibles y estén adaptados a las realidades de la juventud migrante. En segundo lugar, es fundamental fortalecer el apoyo legal y burocrático para agilizar la regularización del estatus legal de los adolescentes migrantes, ya que la incertidumbre en este ámbito ha demostrado ser una de las principales fuentes de angustia emocional. Brindar asistencia legal accesible en escuelas y centros comunitarios podría aliviar significativamente esta carga. En tercer lugar, fomentar entornos educativos inclusivos es prioritario. Las escuelas podrían implementar oportunidades estructuradas para la interacción entre pares, como actividades en grupos mixtos

e intercambios interculturales, con el fin de reducir la segregación y promover el sentido de pertenencia. Además, el aprendizaje del idioma podría fomentarse a través de metodologías atractivas que enfaticen la interacción social y la colaboración con compañeros no migrantes.

Asimismo, los hallazgos subrayan la necesidad de priorizar el bienestar emocional y relacional como aspectos interconectados del desarrollo de los adolescentes migrantes. Es fundamental que los servicios de apoyo psicológico se expandan, y que se forme a los profesionales del cuidado para cultivar relaciones de confianza con los adolescentes, especialmente en los centros de acogida. Se anima a que los centros educativos también desempeñen un papel más activo en la promoción del aprendizaje socioemocional y en la implementación de iniciativas para fortalecer la resiliencia. Igualmente importante es la necesidad de adoptar enfoques participativos y basados en derechos que posicionen a los adolescentes migrantes como agentes activos en la construcción de su propio futuro. Sus voces deben incorporarse en la formulación de políticas, el desarrollo de programas y los procesos de toma de decisiones en los centros educativos para garantizar que las intervenciones reflejen genuinamente sus experiencias y prioridades. Finalmente, es necesario fortalecer el apoyo en los centros de acogida, especialmente para menores no acompañados, mediante la adopción de modelos de cuidado de tipo familiar y la creación de más oportunidades para la integración social.

Esta tesis presenta varias fortalezas y limitaciones que deben considerarse al interpretar sus hallazgos. Una de sus principales fortalezas radica en su enfoque integral y multimétodo, que combina una revisión sistemática, investigación cualitativa y metodologías participativas. Este enfoque permitió una exploración amplia del bienestar emocional y relacional de los adolescentes migrantes desde diferentes perspectivas, garantizando una comprensión sólida del fenómeno. Además, al priorizar las voces de los propios adolescentes migrantes, la investigación se aleja de los enfoques tradicionales adultocéntricos, destacando su agencia y experiencias vividas. El estudio participativo, en particular, representa una contribución única al involucrar a los adolescentes en la identificación de sus necesidades y el diseño de soluciones potenciales, reforzando la relevancia de las metodologías participativas y centradas en la infancia en la investigación sobre migración. Otra fortaleza clave es el enfoque en el bienestar relacional, un aspecto a menudo periférico en los estudios sobre salud mental de la población migrante, lo que permitió obtener nuevos conocimientos sobre las dimensiones sociales de la integración adolescente.

Sin embargo, este trabajo también presenta ciertas limitaciones. En primer lugar, aunque la revisión sistemática proporcionó información valiosa sobre la prevalencia y los factores asociados con los problemas emocionales y relacionales, la heterogeneidad de los estudios incluidos dificultó la realización de comparaciones directas. En segundo lugar, la investigación cualitativa se realizó en un único centro para menores no acompañados, lo que limita la diversidad de los hallazgos. Aunque sus experiencias aportan conocimientos cruciales, futuras investigaciones deberían incluir una muestra más diversa de adolescentes migrantes con distintos estatus legales, trayectorias migratorias y tiempos de estancia en el país de acogida. En tercer lugar, si bien el estudio participativo logró involucrar a los adolescentes en la identificación de sus necesidades y la formulación de soluciones, su implementación estuvo limitada a un contexto educativo específico en España, lo que puede no representar completamente las experiencias de adolescentes migrantes en otras regiones o países. Por último, aunque la tesis enfatiza la importancia de integrar las perspectivas de los adolescentes en la formulación de políticas, la traducción de estos hallazgos en cambios políticos concretos sigue siendo un desafío, lo que requiere una mayor implicación con responsables políticos y actores institucionales.

Las futuras investigaciones deben continuar explorando el bienestar emocional y relacional de los adolescentes migrantes ampliando la muestra para incluir una gama más diversa de perfiles migratorios, identidades de género y antecedentes nacionales. Los estudios longitudinales serían particularmente beneficiosos para examinar cómo evolucionan los desafíos emocionales y relacionales a lo largo del tiempo y qué factores contribuyen a la resiliencia o a una mayor vulnerabilidad. Los estudios comparativos entre diferentes países europeos podrían proporcionar información sobre cómo las políticas nacionales y los modelos de integración impactan en el bienestar adolescente. Además, las futuras investigaciones deberían priorizar las metodologías participativas, permitiendo que los adolescentes migrantes desempeñen un papel activo en el diseño de la investigación, la recopilación de datos y el análisis. Incluir a los pares sin origen migrante en estos estudios también podría aportar perspectivas valiosas sobre cómo fortalecer la cohesión social en entornos escolares y comunitarios diversos.

Esta tesis refuerza la idea de que la migración no debe verse únicamente como una crisis, sino como una oportunidad para que las sociedades reevalúen sus estructuras, políticas y actitudes con el fin de garantizar que todas las personas, independientemente de su origen,

puedan participar plenamente y prosperar. Al abordar las necesidades relacionales y emocionales de los adolescentes migrantes, fomentar entornos inclusivos y garantizar que sus voces sean escuchadas en la formulación de soluciones, podemos contribuir a una sociedad más equitativa y cohesionada. En última instancia, esta investigación aboga por un cambio de paradigma: en lugar de diseñar intervenciones para los adolescentes migrantes, debemos trabajar con ellos, reconociendo su agencia y conocimiento en la gestión de sus propias vidas. Solo a través de estos esfuerzos colectivos podremos crear un futuro en el que la migración no sea una barrera, sino un camino hacia el crecimiento mutuo, la transformación social y un mundo más inclusivo.

ABSTRACT

Migration is one of the most defining global phenomena of the 21st century, shaping the demographic, social, and cultural landscapes of numerous countries, including Spain. Over the past few decades, Spain has shifted from being an emigration country to becoming a major destination for international migration, a transition that has brought about new challenges regarding social cohesion, integration, and policy responses. As of 2022, nearly 11.5% of Spain's population was foreign-born, and within this group, foreign-born adolescents aged 11 to 18 accounted for approximately 9% of the migrant population and 1% of the total population. These figures highlight the growing presence of young migrants, who, unlike adult migrants, must navigate not only the challenges of resettlement but also the developmental challenges of adolescence.

Adolescence is a critical period for identity formation, socialisation, and emotional development. During this stage, peer relationships and emotional stability are essential to psychological well-being. For migrant adolescents, however, these challenges are amplified by the stressors associated with migration, including language barriers, cultural adaptation, socioeconomic difficulties, and, in some cases, traumatic pre-migration and transit experiences. These stressors can significantly impact their emotional and relational well-being, increasing the risk of mental health issues, social exclusion, and educational difficulties.

Despite the increasing academic and political interest in the well-being and mental health of migrant adolescents, much of the existing literature has predominantly focused on emotional and behavioural problems, often overlooking the relational dimension of their experiences. Furthermore, traditional studies on migration and integration have tended to adopt an adult-centric perspective, where policies and interventions are designed based on assumptions made by adults, policymakers, and professionals rather than incorporating the lived experiences and voices of migrant adolescents themselves.

This lack of direct representation in research and policy discussions contributes to a gap in knowledge that can result in misaligned interventions that fail to address the real needs of migrant adolescents. Adolescents are often perceived as "becomings" rather than "beings", meaning that their perspectives are not always considered in decisions that affect their lives. However, emerging approaches in childhood studies, such as the child-centered approach and

participatory methodologies, emphasise the importance of treating adolescents as social agents who can actively shape their own experiences and well-being.

This research is embedded within the IMMERSE Project (Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe), funded by the European Commission's Horizon 2020 Program. The project aimed to develop a set of indicators to assess the socio-educational integration of migrant and refugee children and adolescents in six European countries, including Belgium, Germany, Greece, Ireland, Italy, and Spain. These 30 socio-educational integration indicators covered access to rights, language and culture, well-being, connectedness, and educational achievements, alongside barriers and facilitators related to political leadership, school segregation, school organisation, teacher training, learning support, mental health services, and negative societal attitudes.

Although well-being and social connectedness were identified as key dimensions of integration, the IMMERSE Project also focused on structural and educational aspects, which hindered a deeper exploration of these dimensions. Given the growing concern regarding the mental health of migrant adolescents, this thesis was conceived as an opportunity to fill this gap by providing an in-depth examination of the emotional and relational realms of migrant adolescents, with a strong emphasis on their own narratives and lived experiences. This study shifts from traditional adult-centric approaches by adopting a participatory and adolescent-centred perspective, recognising that migrant adolescents are the most valuable sources of knowledge about their well-being. By directly involving them in the research process, this study aimed to amplify their voices, empower them as active agents, and challenge the dominant discourse that portrays them solely as vulnerable individuals in need of adult-driven interventions.

The overarching objective of this thesis was to gain a broad understanding of the emotional and relational domains of migrant adolescents' lives, emphasising their perspectives. To achieve this, the research is structured around the following key questions:

1. Are there differences in the presence of emotional and relational problems between adolescents with and without a migrant background?
2. What factors contribute to the presence of emotional and relational problems among migrant adolescents?

3. What issues do migrant adolescents identify as significant to their emotional and relational well-being?
4. Which factors act as barriers or facilitators to their emotional and relational well-being?
5. What needs do they identify in these domains?
6. What solutions do migrant adolescents propose to address these needs, and which key actors should be involved in their implementation?

Through these research questions, this thesis seeks to not only generate empirical evidence on the emotional and relational well-being of migrant adolescents but also contribute to the development of more inclusive, adolescent-informed policies and interventions. To comprehensively address them, this thesis is structured as a compendium of three academic articles, each employing different methodologies and analytical approaches to investigate the emotional and relational well-being of migrant adolescents. The funnel structure of the research design allowed for a progressive narrowing of focus—starting from a broad systematic review of existing literature, moving into qualitative research with a vulnerable subgroup of migrant adolescents (unaccompanied migrant minors), and culminating in a participatory study that actively involved migrant adolescents in identifying their needs and proposing solutions.

The first study aimed to determine whether migrant adolescents experience higher rates of emotional and relational problems compared to their non-migrant peers and to identify the factors associated with these problems. To address these objectives, a systematic review was conducted following the PRISMA Statement, analysing studies published between 2010 and 2021 that compared emotional and/or relational problems among adolescents aged 11 to 18 with and without a migrant background in Europe. The findings regarding emotional problems were mixed. Of the 18 studies analysed, only 10 supported the hypothesis that migrant adolescents exhibit more emotional problems than their non-migrant peers. At the same time, six found no significant differences, and two reported opposite results. However, the results were more consistent for relational problems. Sixteen out of 18 studies found that migrant adolescents face more relational difficulties than their non-migrant peers, particularly in terms of peer acceptance, social support, and friendships. Additionally, the review identified key factors influencing both emotional and relational well-being, categorised across three levels: intrapersonal factors (self-concept, cognitive ability, age, gender, and ethnicity), interpersonal factors (family structure, parental relationships, and socioeconomic status), and external factors (proportion of migrant-background students in the classroom, time in the host country, and

exposure to discrimination). This study confirmed that relational problems are more present in migrant adolescents than in their non-migrant peers, suggesting that peer interactions and belonging should be prioritised in interventions. The findings also emphasised that factors affecting relational well-being are closely related to migration-specific experiences, such as acculturation stress, language barriers, and discrimination, reinforcing the need for integration policies that address these issues.

Given the lack of research specifically focusing on unaccompanied migrant adolescents, the second study aimed to fill this gap by qualitatively exploring their lived experiences concerning emotional and relational well-being. This study was conducted in a residential care centre for unaccompanied migrant minors in Spain, using semi-structured interviews and focus groups with both adolescents and care professionals. The data was analysed using interpretative phenomenological analysis (IPA) to uncover the adolescents' subjective experiences and perspectives. Six central themes emerged from the participants' narratives. First, many adolescents migrated hoping for immediate success and opportunities, but bureaucratic and socioeconomic barriers led to disillusionment and distress. Second, obtaining residency permits was perceived as the key to happiness, while uncertainty around legal status caused distress and anxiety. Third, the strict rules and structured environment of care centres hindered their ability to integrate and establish social connections with non-migrant peers. Fourth, while some adolescents experienced kindness and support, others faced rejection and discrimination. Fifth, many adolescents struggled with loneliness and sought alternative family structures in friendships and relationships with care professionals. Lastly, the accumulation of stressors, uncertainty, and social isolation led to symptoms of anxiety, depression, sleep disturbances, and, in some cases, suicidal ideation. This study reinforced the triple vulnerability model, which highlights the compounded challenges faced by unaccompanied minors as migrants, children, and undocumented individuals, in addition to the absence of parental care, which constitutes a structural layer of this phenomenon. It emphasised the urgent need for policy interventions to prioritise legal documentation processes to reduce stress and improve long-term stability, more opportunities for social integration, particularly with non-migrant peers, and psychosocial support services adapted to the specific needs of unaccompanied migrant minors.

The third study sought to go beyond problem identification and engage migrant adolescents as active agents in identifying their needs and proposing solutions. Using

participatory research methodologies, an ad hoc workshop was designed and implemented in a secondary school with a high proportion of migrant students. The goal was to enable adolescents to identify their emotional and relational needs, propose solutions to address them, and identify key actors at different systemic levels who could help implement them. The adolescents identified six key needs distributed across three ecological levels. At the micro level, they emphasised the importance of supporting their families in daily tasks to ease their burden and receive recognition and emotional support from relatives. At the meso level, they stressed the need to reduce discrimination, learn Spanish more effectively with engaging methods and peer support, and gain greater empathy from teachers and classmates.

At the macro level, they pointed to the urgent need to regularise their legal status to ensure stability and access to rights. The solutions proposed by the adolescents aligned with existing intervention models but also introduced new, innovative ideas that had not been explored in policy discussions. Notably, they emphasised the need for mixed-group activities to foster peer integration, more opportunities to share their migration stories to reduce prejudice and increase empathy, and specific measures to boost legal and policy changes affecting their lives. This study confirmed that migrant adolescents possess deep self-awareness of their needs and have valuable insights into solutions often overlooked in adult-driven policymaking. It reinforced the necessity of adopting a participatory approach in designing migrant support programs, including migrant adolescents in decision-making processes at school, community, and policy levels, and creating structured opportunities for interaction between migrant and non-migrant adolescents to reduce social barriers.

Through the combination of a systematic review, qualitative research, and participatory methodologies, this thesis provides a holistic understanding of the emotional and relational well-being of migrant adolescents. It highlights that relational problems are more prevalent than emotional problems among migrant adolescents. It further demonstrates that unaccompanied minors face unique challenges that call for urgent policy responses, particularly regarding legal stability and social inclusion. Lastly, it stresses the importance of moving away from adult-centric approaches and recognising migrant adolescents as capable of identifying their needs and designing solutions. This research calls for a paradigm shift in how migrant adolescents are perceived: not as passive recipients of aid but as active agents in shaping their well-being and integration.

The findings of this research have several key implications for professionals working with migrant adolescents, policymakers, and the broader society. First, there is a need to develop targeted interventions that address the specific emotional and relational needs of migrant adolescents. This includes training professionals in trauma-informed care and cultural competence, implementing peer support programs to foster social connectedness, and ensuring that mental health services are accessible and tailored to the realities of migrant youth. Second, legal and bureaucratic support should be strengthened to prioritise the regularisation of migrant adolescents' legal status, as uncertainty in this area is one of the greatest sources of emotional distress. Accessible legal assistance in schools and community centres could significantly alleviate this burden. Third, fostering inclusive educational environments is paramount. Schools must implement structured opportunities for peer interaction, such as mixed-group activities and intercultural exchanges, to reduce segregation and promote belonging. Additionally, there is a need to support language acquisition through engaging methodologies that emphasise social interaction and collaboration with non-migrant peers.

Moreover, the findings stress the necessity of prioritising emotional and relational well-being as interconnected aspects of migrant adolescents' development. There is a need to expand psychological support services and train professionals to foster trusting relationships with adolescents, particularly in residential care centres. Schools should also play a greater role in fostering social-emotional learning. Equally important is the need to adopt participatory and rights-based approaches that position migrant adolescents as active agents in shaping their futures. Their voices should be incorporated into policymaking, program development, and school decision-making processes to ensure that interventions genuinely reflect their experiences and needs. Finally, support in care settings, especially for unaccompanied minors, should be improved by adopting family-like care models and creating more opportunities for social integration.

This thesis presents several strengths and limitations that should be considered when interpreting its findings. One of its main strengths lies in its comprehensive and multi-methodological approach, which combines a systematic review, qualitative research, and participatory methodologies. This approach allowed for a broad exploration of the emotional and relational well-being of migrant adolescents from different perspectives, ensuring a robust understanding of the phenomenon. Additionally, by prioritising the voices of migrant adolescents, the research moved beyond traditional adult-centric approaches, highlighting their

agency and lived experiences. The participatory study, in particular, provided a unique contribution by involving adolescents in identifying their needs and designing potential solutions, reinforcing the relevance of participatory and child-centred methodologies in migration research. Another key strength is the focus on relational well-being, an aspect often treated as peripheral in studies on mental health of migrant people, which provided new insights into the social dimensions of adolescent integration.

However, this work also faced limitations. First, while the systematic review provided valuable insights into the prevalence and factors associated with emotional and relational problems, the heterogeneity of the included studies made direct comparisons challenging. Second, the qualitative research was conducted in only one residential care centre for unaccompanied minors, limiting the diversity of the findings. Although their experiences provide crucial insights, future research should include a more diverse range of migrant adolescents with different legal statuses, migration backgrounds, and lengths of stay in the host country. Third, while the participatory study successfully enabled adolescents to identify their needs and propose solutions, its implementation was limited to a specific educational context in Spain, which may not fully represent the experiences of migrant adolescents in other regions or countries. Finally, although the thesis emphasises the importance of integrating adolescents' perspectives into policymaking, translating these insights into concrete policy changes remains challenging, requiring further engagement with policymakers and institutional stakeholders.

Future research should continue exploring the emotional and relational well-being of migrant adolescents by expanding the sample to include a more diverse range of migration profiles, gender identities, and national backgrounds. Longitudinal studies would be particularly beneficial in examining how emotional and relational challenges evolve over time and what factors contribute to resilience or increased vulnerability. Comparative studies between European countries could provide insight into how national policies and integration models impact adolescent well-being. Additionally, future research should prioritise participatory methodologies, allowing migrant adolescents to play an active role in research design, data collection, and analysis. Incorporating non-migrant peers into these studies could also provide valuable perspectives on how social cohesion can be strengthened in diverse school and community settings.

This thesis reinforces the notion that migration should not be viewed solely as a crisis but rather as an opportunity for societies to rethink their structures, policies, and attitudes to

ensure that all individuals, regardless of their background, can fully participate and thrive. By addressing the relational and emotional needs of migrant adolescents, fostering inclusive environments, and ensuring that their voices are heard in shaping solutions, we can contribute to a more equitable and cohesive society. Ultimately, this research calls for a paradigm shift: rather than designing interventions for migrant adolescents, we must work with them, recognising their agency and expertise in navigating their own lives. Only through such collective efforts can we create a future where migration is not a barrier but a pathway to mutual growth, social transformation, and a more inclusive world.

TABLE OF CONTENTS

AGRADECIMIENTOS – THANKSGIVING iv

RESUMEN viii

ABSTRACT xviii

TABLE OF CONTENTS xxvi

LIST OF FIGURES xxxi

LIST OF TABLES xxxi

CHAPTER I: INTRODUCTION 1

1.1 Motivation 2

1.2 Antecedents 4

1.3 Objectives, research questions and hypotheses 8

1.4 The compendium 9

1.4.1 Justification of the thesis by a compendium of publications 9

1.4.2 Structure and methodology of the compendium 10

CHAPTER II: THEORETICAL AND CONCEPTUAL FRAMEWORK 15

CHAPTER III: METHODOLOGICAL REFLECTIONS 29

CHAPTER IV: EMOTIONAL AND RELATIONAL PROBLEMS OF MIGRANT ADOLESCENTS WITH AND WITHOUT A MIGRANT BACKGROUND IN EUROPE: A SYSTEMATIC REVIEW 33

Abstract 35

4.1 Introduction 36

4.2 Method 37

4.2.1 Eligibility criteria 38

4.2.2 Search strategy 38

4.2.3 Study selection 39

4.2.4 Risk of bias assessment 40

4.2.5 Data abstraction 42

4.2.6 Acceptance or rejection of the hypothesis 43
4.3 Results 43
4.3.1 Characteristics of the migrant population in the included studies 43
4.3.2 Differences found by migrant background in emotional problems 46
4.3.3 Differences found by migrant background in relational problems 50
4.3.4 Factors affecting emotional and relational problems 53
4.4 Discussion 58
4.5 Conclusions 64
Supplementary Information 65
Authors contribution 65
Funding 65
Availability of data and materials 65
Declarations 66
Conflict of interest 66
Ethical approval 66
Open Access 66
CHAPTER V: EMOTIONAL AND RELATIONAL REALMS OF UNACCOMPANIED MIGRANT ADOLESCENTS: AN APPROACH TO THEIR LIVED EXPERIENCES 67
Abstract 69
5.1 Introduction 70
5.1.1 Unaccompanied minors' trajectories 70
5.1.2 Integration challenges 71
5.1.3 Vulnerability 71
5.1.4 Adolescents' voices 72
5.1.5 Relational and emotional realms of their lives 74
5.2 Methodology 76
5.2.1 Design 76

5.2.2 Recruitment and sampling....77
5.2.3 Ethical considerations....78
5.3 Data analysis....78
5.4 Results....79
5.4.1 High expectations that get frustrated....79
5.4.2 Obtention of documents: the key to happiness and the way to despair....80
5.4.3 Lack of freedom as a burden to integrate....81
5.4.4 Contact with Spanish society: mixed experiences....83
5.4.5 Seeking for a family....84
5.4.6 Difficulties and consequences for their mental health....85
5.5 Discussion....91
5.6 Conclusions....96
5.7 Limitations....97
Authors contribution....97
Funding....98
Acknowledgements....98
CHAPTER VI: "OUR NEEDS, OUR SOLUTIONS": WORKSHOP WITH MIGRANT ADOLESCENTS ON THEIR EMOTIONAL AND RELATIONAL NEEDS....99
Abstract....101
6.1 Introduction....102
6.2 Conceptual framework....103
6.3 Materials and methods....109
6.3.1 Sample....109
6.3.2 Design....110
6.3.3 Data gathering and analysis....114
6.4 Results....115
6.4.1 Micro-level needs: the individual and the family....117

6.4.2 Meso-level needs: school, community, and the neighbourhood 117
6.4.3 Macro-level needs: society, institutions, and politics 119
6.5 Discussion 119
6.6 Conclusions 124
Supplementary materials 124
Authors contribution 124
Funding 125
Institutional Review Board statement 125
Informed consent statement 125
Data availability statement 125
Conflicts of interest 125
CHAPTER VII: DISCUSSION 127
7.1 Discussion of the research questions 128
7.2 Strengths and limitations 138
CHAPTER VIII: PRACTICAL IMPLICATIONS, FUTURE RESEARCH DIRECTIONS AND CONCLUSIONS 143
8.1 Practical implications 144
8.1.1 Development of targeted interventions 144
8.1.2 The need for legal and bureaucratic support 145
8.1.3 Foster inclusive educational environments 145
8.1.4 Support emotional and relational well-being 146
8.1.5 Adopt participatory and rights-based approaches 146
8.1.6 Enhancement of support in care settings (e.g. centres for unaccompanied minors) 147
8.2 Future research directions 147
8.3 Conclusions 149
REFERENCES 153
APPENDICES 187

Appendix A: Detailed search strategy for articles addressing emotional problems 188
Appendix B: Detailed search strategy for articles addressing relational problems 193
Appendix C: Matrix for risk of bias assessment within emotional problems studies using JBI (The Joanna Briggs Institute, 2011).....198
Appendix D: Matrix for risk of bias assessment within relational problems studies using JBI (The Joanna Briggs Institute, 2011).....201
Appendix E: Key characteristics of included studies on emotional problems.....203
Appendix F: Key characteristics of included studies on relational problems.....214
Appendix G: List of validated tools used in the included studies to measure emotional problems.....224
Appendix H: List of validated tools used in the included studies to measure relational problems.....234
Appendix I: Information sheet for adolescents.....239
Appendix J: Consent form for adolescents 240
Appendix K: Information sheet for professionals.....241
Appendix L: Consent form for professionals.....242
Appendix M: Guide for the semi-structured interview and focus group for adolescents..243
Appendix N: Guide for the semi-structured interview for professionals.....246
Appendix O: Approval of the Ethics Committee.....248
Appendix P: Detailed description of the structure of the three workshop sessions.....249
Appendix Q: Information sheet for the school principal 254
Appendix R: Consent form for the school principal.....257
Appendix S: Simplified information sheet for parents of adolescents aged 11-13.....258
Appendix T: Simplified consent form for parents of adolescents aged 11-13 260
Appendix U: Child-friendly information sheet for adolescents aged 11-13.....262
Appendix V: Simplified assent form for adolescents aged 11-13 264
Appendix W: Child-friendly information sheet for adolescents aged 14-17.....265
Appendix X: Simplified consent form for adolescents aged 14-17.....267

Appendix Y: Observation sheets 268

LIST OF FIGURES

Figure 1. Evolution of the international migrant stock in Spain…….5

Figure 2. Funnel structure of the compendium articles and outputs……..11

Figure 3. Specific research objectives covered in each article…….12

Figure 4. Indicators portraying the integration results and their dimensions……21

Figure 5. Indicators portraying the barriers and facilitators and their dimensions……22

Figure 6. PRISMA flow diagram of studies addressing emotional problems……..41

Figure 7. PRISMA flow diagram of studies addressing emotional problems……..42

LIST OF TABLES

Table 1. Comparison of Bronfenbrenner and IMMERSE's systemic levels……26

Table 2. Alignment of the results on emotional problems with the central hypothesis……...48

Table 3. Alignment of the results on relational problems with the central hypothesis……52

Table 4. Identified factors affecting emotional and relational problems in three systemic levels…….54

Table 5. Sociodemographic profile of interviewees…….77

Table 6. Facilitators and stressors for the emotional and relational well-being of adolescents identified in their verbatims……..89

Table 7. Sociodemographic profile of the participants in the workshop……..110

Table 8. Identified needs, defined themes, proposed solutions, and actors involved……...116

Table 9. Factors identified to affect emotional and relational problems jointly or separately.....130

CHAPTER I: INTRODUCTION

CHAPTER I: INTRODUCTION

This section aims to justify the relevance of this study by delving into the reasons that have driven its development. To this end, it will address the personal motivation, relevant background, and the formulation of the research objectives, thereby providing a clear framework for understanding its scope and significance.

1.1 Motivation

To be able to explain my motivation to develop the current thesis, it is imperative to frame it in the wider context where it emerged. The justification of the present work is embedded in the IMMERSE 'Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe' research project that received funding from the European Commission's Horizon 2020 Program under Grant Agreement No. 822536 (IMMERSE, 2019). This Grant Agreement envisioned the development of two doctoral theses within the framework of the project, and the present work represents one of them. Thanks to this contract, I joined the coordinating team of the University Institute of Studies on Migration (IUEM)-led project as a predoctoral researcher. This work allowed me to train as a researcher, deepen my knowledge of the subject in parallel to my thesis and count on the support and guidance of great experts in the field of migration and the inclusion of migrants.

The project's main aim was to develop a set of indicators that enable the mapping and measurement of the socio-educational integration of migrant and refugee children and adolescents in six European countries, including Belgium, Germany, Greece, Ireland, Italy, and Spain. To that aim, the project developed a set of 30 socio-educational integration indicators incorporating the voices of key stakeholders, including policymakers, school staff, families, children and adolescents (Bajo Marcos et al., 2020a, 2023). The ultimate goal of the project and the set of indicators was to draft policy recommendations that foster the socio-educational integration of migrant and refugee children and encourage relevant stakeholders to adopt them (Fabretti et al., 2023).

Regarding the content of the cited dashboard, it consisted of 14 indicators for integration results divided into five dimensions, including access to rights, language and culture, well-being, connectedness and educational achievements. It also comprised 16 indicators for barriers and facilitators for integration related to political leadership, school segregation, school organisation and teachers, learning support, mental health services and negative attitudes towards them (Bajo Marcos et al., 2020a).

Since inclusion is a complex process in which all of these dimensions are intertwined and affect one another, it was essential for my thesis to focus on a specific issue in order to carry out an in-depth analysis. The inspiration to define the topic of the thesis was motivated by the nature of my affiliation with the Universidad Pontificia Comillas: working at the IUEM while also being part of the Department of Psychology. It became clear to me that it had to combine both the disciplines of Migration and Psychology; that is how I became interested in the mental health of migrant children and adolescents, which was embedded in the previously mentioned well-being dimension of the dashboard (Bajo Marcos et al., 2020a). Nevertheless, as the survey developed within the project only included one direct question regarding mental health, this was insufficient to inform a thesis.

This is how the idea of providing evidence through the thesis on a topic not addressed in depth in the project was consolidated while also responding to my personal interest in learning about the mental health and well-being of such a seemingly vulnerable population. In addition to coinciding with a personal interest, the subject of this thesis is also a topical issue that is increasingly being highlighted not only in the scientific literature but also in the media. The mental health status and well-being of the migrant population have become a social concern that requires immediate research and action.

The focus on adolescents specifically was motivated by my interest in the developmental period of adolescence, which has been widely described as paramount in forming one's identity (Berger, 2016). It is also known to be a particularly challenging period for these young people and those surrounding them since they have to face and overcome several tasks typical of this period. In this way, I was particularly interested in how the demands and difficulties of this developmental period affected the adolescents in addition to the challenges of having migrated, and whether the effects of the combination of these challenges were reflected in the presence of different problems in this population with a migrant background.

Furthermore, during the development of this thesis and the research work conducted in the framework of the IMMERSE project, I was introduced to the field of co-creation, participatory approaches, the rights of the child approach, and the recognition of the agentic role of children and adolescents in all matters concerning their well-being. It was then that it became clear to me that it was my duty to introduce these perspectives into this work to avoid contributing to science from only a researcher's point of view. In this way, the work presented

in this thesis also draws from and seeks to function as a loudspeaker for the perspective of key actors, in this case, migrant adolescents. This work is dedicated to all of them.

The described motivation and the opportunities that the research work of both the thesis and the IMMERSE project have given me, along with my vocation as a general sanitary psychologist and health professional, have contributed to my call to generate knowledge on this topic focused on the prevention of mental health problems in the adolescent migrant population. As Dr. Lobo said in a conference on pregnancy and alcohol consumption I had the opportunity to attend, "in order to carry out prevention, it is necessary to know the problem we are facing". This thesis aims to contribute to the knowledge of these problems that serve as the basis for designing interventions for the prevention and promotion of the mental health and well-being of migrant adolescents.

Finally, the motivation for this thesis is also framed in the contribution to some of the Sustainable Development Goals (SDGs) proposed in the 2030 Agenda (United Nations, 2015). Specifically directly to SDGs 3, 4, 10 and 16. In line with SDG 3, which promotes good health and well-being for all at all ages, this work aims to contribute to generating, as discussed above, valuable information of a different quality – informed by adolescents themselves, rather than only adult-centric – key to the prevention of the onset of mental health problems of adolescents with a migrant background. It also contributes to SDG4, which aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Specifically, through eliminating discrimination in schools and other learning environments to promote the well-being of learners with a migrant background in these settings. Similarly, it contributes to SDG 10, which aims to reduce inequality within and between countries. This is justified as this research seeks to identify the factors that prevent migrant adolescents from enjoying the same opportunities for well-being as their peers without a migrant background. Lastly, it contributes to SDG 16, which promotes peaceful and inclusive societies for sustainable development and access to justice for all, and aims to build effective, accountable and inclusive institutions at all levels.

1.2 Antecedents

The reason for choosing this topic was not only personal; it also responded to a social phenomenon that has established itself in both Europe and Spain, namely, the increasing arrival of international migrants. Since the change from the 20th to the 21st century, when European countries such as Spain ceased to be emigrant countries and became immigration destinations,

the arrival of migratory flows has become a stable phenomenon in the last decades, as illustrated in Figure 1. This phenomenon permeates our societies and represents the new reality of these countries as multicultural places that face the challenge of coexistence and social cohesion. Millions of people of all ages come to Spain motivated by diverse reasons looking for better life opportunities to create their new homes in the territory. Regarding the proportion they represent, foreign people living in Spain reached around 11.5% of the total population in 2021. Within this group, foreign-born people aged 10-19[1] represented almost 9% of Spain's foreign-born population and 1% of the total population living in Spain in the same year (INE, 2024a, 2024b). In 2022, this group accounted for almost 500.000 adolescents (INE, 2024a). In order to make room and provide them with opportunities to settle and develop, the host society faces the challenge of reducing inequalities and gaps between migrants and non-migrants in different areas.

Figure 1

Evolution of the international migrant stock in Spain

Source: self-elaboration based on UN (2024) data

[1] Although 10-year-olds are typically classified as pre-adolescents and 19-year-olds as young adults, they have been included in the same group in these statistics due to the limitations of the source data, which did not permit more granular analysis. However, the primary focus of this thesis is on adolescents aged 11 to 18.

The scientific literature has been involved in the identification of areas and factors affecting migrant people's integration for a long time. A reliable and universal source addressing this topic is the Migrant Integration Policy Index (MIPEX). Its main areas in policymaking involve labour market mobility, education, political participation, access to nationality, family reunion, health, permanent residence and anti-discrimination (MIPEX, 2024). Considering all the areas covered, it can be deduced that the integration process is a complex one composed of several dimensions that are influenced by a series of different barriers and facilitators. According to the dashboard of socio-educational integration indicators developed within the IMMERSE Project, focusing especially on migrant and refugee children and adolescents, these dimensions are framed at the micro-systemic level, including access to rights, language and culture, well-being, connectedness and educational achievement.

With regard to barriers and facilitators at the meso and macrosystemic levels, the project identified political leadership, school segregation, school organisation and teachers, learning support, mental health services and negative attitudes towards them (Bajo Marcos et al., 2020b, 2020a). In addition to these barriers and facilitators found in the post-migration stage, there are other factors linked to the pre-migration and transit stages. These, in turn, have the potential to directly affect the experience of these children and adolescents, who are categorised as economic migrants, asylum seekers, refugees or unaccompanied migrant minors depending on their reasons for migrating and the ways in which they travel, which can have diverse effects on their integration process and global well-being depending on the perils and challenges encountered (Bartroli et al., 2023; Daniel-Calveras et al., 2022; Gewirtz et al., 2022; Scharpf et al., 2021).

Well-being is an aspect of people's lives whose study encompasses practically all areas of a person's life, as all are likely to affect how a person feels. Since it is a broad topic, there was a need to focus on a specific area, which is how, led by the personal motivations detailed before, it was decided to concentrate the research on mental health. However, the study of this dimension of well-being is also very broad, so a search of the scientific literature was conducted to assess the key aspects of mental health on which they focused. It was not surprising to find that most of the existing studies and reviews available in 2020 when this thesis started, focused mainly on emotional and behavioural problems (Belhadj Kouider et al., 2014b; Chan et al., 2009; Stevens & Vollebergh, 2008). The focus on behavioural problems, often unintentionally, feeds the image that a large part of society has of migrant children and adolescents as problematic – especially unaccompanied minors – and as a reason for social insecurity (EFE,

2024; Neubauer, 2021; RTVE.es, 2024). This is why, given the lack of literature on the mental health of migrant adolescents specifically, the focus on behavioural problems of the existing literature, and the lack of focus on other key aspects such as the relational sphere, the gap in the literature and the justification for writing this thesis were defined.

This decision to focus on adolescents' relationships with the peer group also responds to the fact that it represents one of the key needs during adolescence, as it is central to the formation of one's identity (Berger, 2007; Erikson, 1968), the development of key social-emotional skills (Mitic et al., 2021), the protection against the development of negative internalising and externalising behaviours (Norwalk et al., 2021), and other key aspects of adolescent development (Bronfenbrenner, 1979). Considering these key aspects, it becomes evident that studying peer relations during adolescence provides insights into a critical period of human development, where identity, social skills, and behavioural norms take shape. Understanding peer dynamics during this time is essential for supporting adolescents' well-being and addressing public health challenges associated with this developmental stage. Moreover, taking a close look into the results found by the IMMERSE Project on peer and friend support in Spain, it is interesting to point out that while 61% of children and adolescents declared feeling high support, there were relevant differences in this outcome by migrant background. Around 74% of non-migrant children and adolescents declared feeling high support from friends and peers. In comparison, this proportion was 10 percentage points lower in second-generation migrant children and adolescents (64%) and 18 percentage points lower in first-generation migrant children and adolescents (56%) (Molinero Gerbeau et al., 2023). These results suggest that the basic need to establish positive peer relations during adolescence poses a bigger challenge to migrant adolescents than to their non-migrant peers.

Finally, it is vital to highlight the fact that since 2020, when the research for this thesis started, the efforts of the scientific community to investigate the issue of migrant adolescents' mental health have grown exponentially. This is evidenced by the growing number of publications aimed at illustrating what their mental health looks like, with several independent systematic reviews being conducted simultaneously (Daniel-Calveras et al., 2022; Lievrouw et al., 2024; Rodriguez et al., 2024; Scharpf et al., 2021). Far from indicating that this thesis is not original, the publication of these works at the same time as this one first demonstrates the relevance of the subject at a time when, due to the Covid-19 pandemic, talking about mental health has gone from being a taboo to representing an open priority for societies (Aknin et al., 2022; Daly et al., 2022; Xiong et al., 2020). Second, in addition to the fact that the number of

migrant adolescents settling in countries such as Spain is growing every year, it is necessary to identify and respond to their needs. These reasons justify the ultimate aim of this work, which is to contribute to identifying these needs by including migrant adolescents as active subjects in their well-being and protagonists in the design of solutions to respond to them.

1.3 Objectives, research questions and hypotheses

The main objective of this thesis is to gain a broad understanding of the specificities of the emotional and relational realms of migrant adolescents' lives, with a strong focus on gaining insight into their perspectives. To this end, other specific objectives are also formulated, which are addressed throughout the three articles in the compendium.

Specific Objective 1: To explore whether recent studies identify differences in the presence of emotional and relational problems in adolescent populations with and without a migrant background.

- Research question 1: Are there differences in the presence of emotional and relational problems in adolescents with and without a migrant background?
    - Hypothesis 1.1: Adolescents with a migrant background will present more emotional problems than adolescents without a migrant background.
    - Hypothesis 1.2 Adolescents with a migrant background will present more relational problems than adolescents without a migrant background.

Specific Objective 2: To explore the existing differences in the factors related to the presence of emotional and relational problems in adolescents with and without a migrant background.

- Research question 2: Do the factors that are related to the presence of emotional and relational problems differ?
    - Hypothesis 2: There will be factors that affect both problems simultaneously and specific factors that affect each problem separately.

From this point on, the following objectives only include research questions and no hypotheses since they are addressed through qualitative research, which is inductive. This part of the research aims to explore the emotional and relational realms of migrant adolescents from a perspective which has not been previously explored. Therefore, it aims to draw conclusions based on the interactions with migrant adolescents.

Specific Objective 3: To find out the issues that adolescents consider relevant in the emotional and relational spheres of their lives.

- Research question 3: What issues do migrant adolescents consider relevant to the emotional and relational domains in their lives?

Specific Objective 4: To identify the barriers and facilitators perceived by migrant adolescents in relation to their emotional and relational well-being.

- Research question 4: What factors do migrant adolescents identify as influencing their emotional and relational well-being?

Specific Objective 5: To explore the needs perceived by migrant adolescents in relation to the emotional and relational domains of their lives.

- Research question 5: What needs do migrant adolescents identify concerning the emotional and relational domains of their lives?

Specific Objective 6: To get migrant adolescents to propose solutions to the identified needs, identifying key actors in different contexts.

- Research question 6: What solutions do migrant adolescents propose to address their identified needs?
- Research question 7: Which key actors can help meet these needs according to migrant adolescents?

1.4 The compendium

1.4.1 Justification of the thesis by a compendium of publications

This thesis is presented as a compendium of academic publications. The decision to advocate this format over a traditional thesis is based on several arguments, which are detailed below:

First, the impact that this format has on both the academic path and the soundness of the results presented. Beyond the fact that it is positive for the academic career to produce different academic articles during the development of the thesis, the review process to which the work is subjected is also fundamental. Given that all three articles have been published in quality journals that include anonymous peer review with at least two rounds of review, it can

be stressed that the international scientific community has already validated the work conducted before its public defence, which adds robustness to the findings.

Second, this format also contributes to the inherent ethical obligations of a researcher. The decision to compile the thesis by compendium responds to researchers' responsibility to share their work with the scientific community. Publishing the work as it is produced is paramount, as it can contribute to the current issues at the moment when they are relevant. Because the social environment in which the thesis is framed is volatile and changing, especially considering migration flows in Spain, this format has allowed for flexibility in adapting the research to the specificities of the environments in which it has been carried out.

Third, its potential to have a direct impact on the applied field. The spirit in which this thesis has been conceived is to produce knowledge that is useful for professionals working directly with migrant adolescents. Identifying the problems they present in the emotional and relational realms of their lives, as well as their needs in these areas and the potential solutions they have proposed, are intended to act as an inspiration to adapt interventions in different fields to their realities.

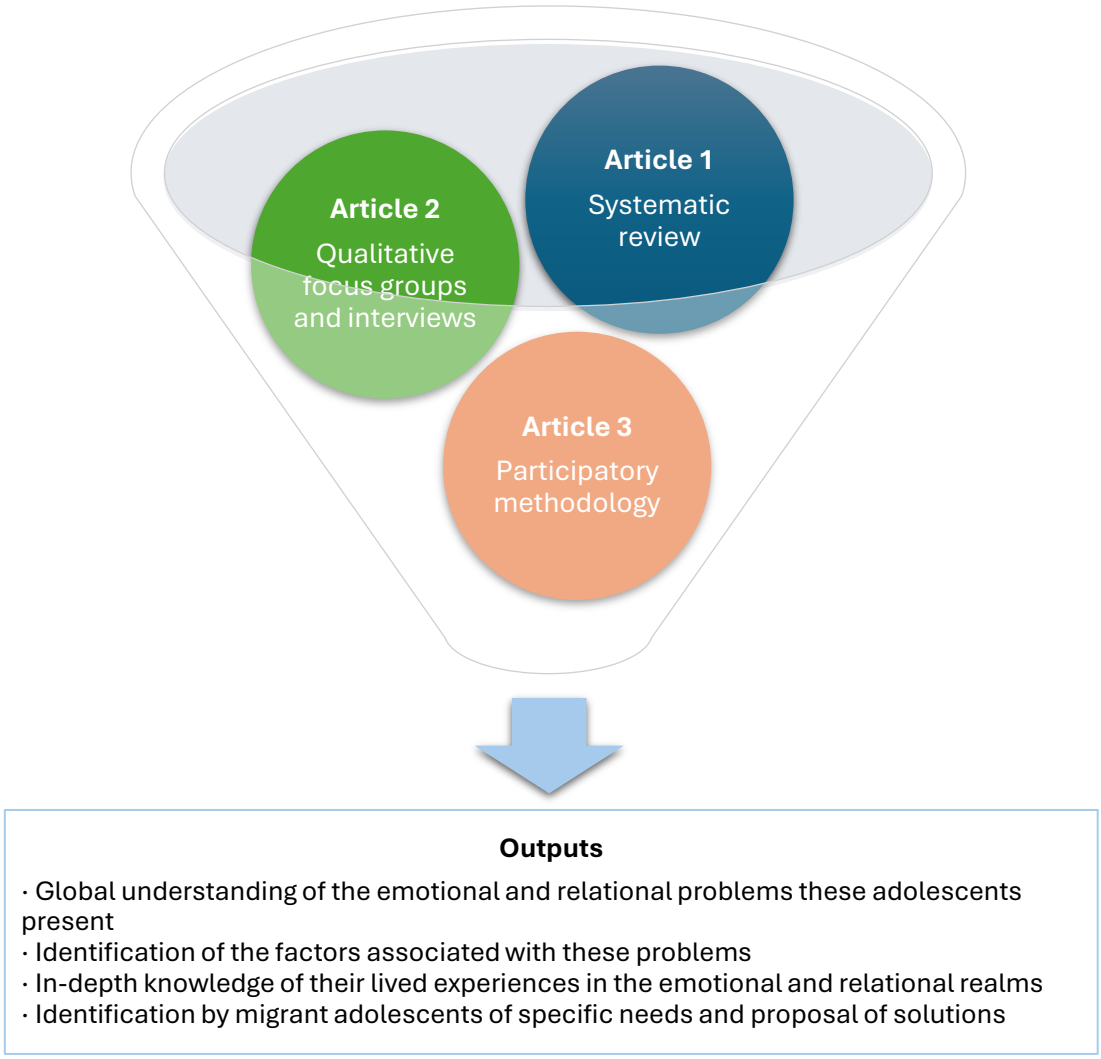
Fourth, it is a practical means of efficiently meeting the defined research objectives. In view of the objectives set out, together with their specific questions and hypotheses, it was concluded that the best way to address them was through the production of a doctoral thesis by a compendium of articles. In this way, each article is devoted to addressing several research questions. Moreover, the development of independent studies also favours the use of diverse research methodologies to answer the different questions posed.

1.4.2 Structure and methodology of the compendium

The present compendium is composed of three academic articles that are published in high-impact journals. Each article is collected in a separate chapter of this thesis as they are independent research studies. That is why they each include their own introduction, methodology, results, discussion and conclusions sections. Nevertheless, they have been conceived as a scientific unit since they aim to answer the research questions posed within the overarching theme of the identification of problems, needs, and solutions in the emotional and relational realms of migrant adolescents. Furthermore, the approach of the compendium follows a funnel structure, which implies that the articles go from the most general information about the subject matter to the most specific and personalised considerations. As reflected in Figure 2, the methodologies chosen for the three articles also follow this funnel structure.

Figure 2

Funnel structure of the compendium articles and outputs



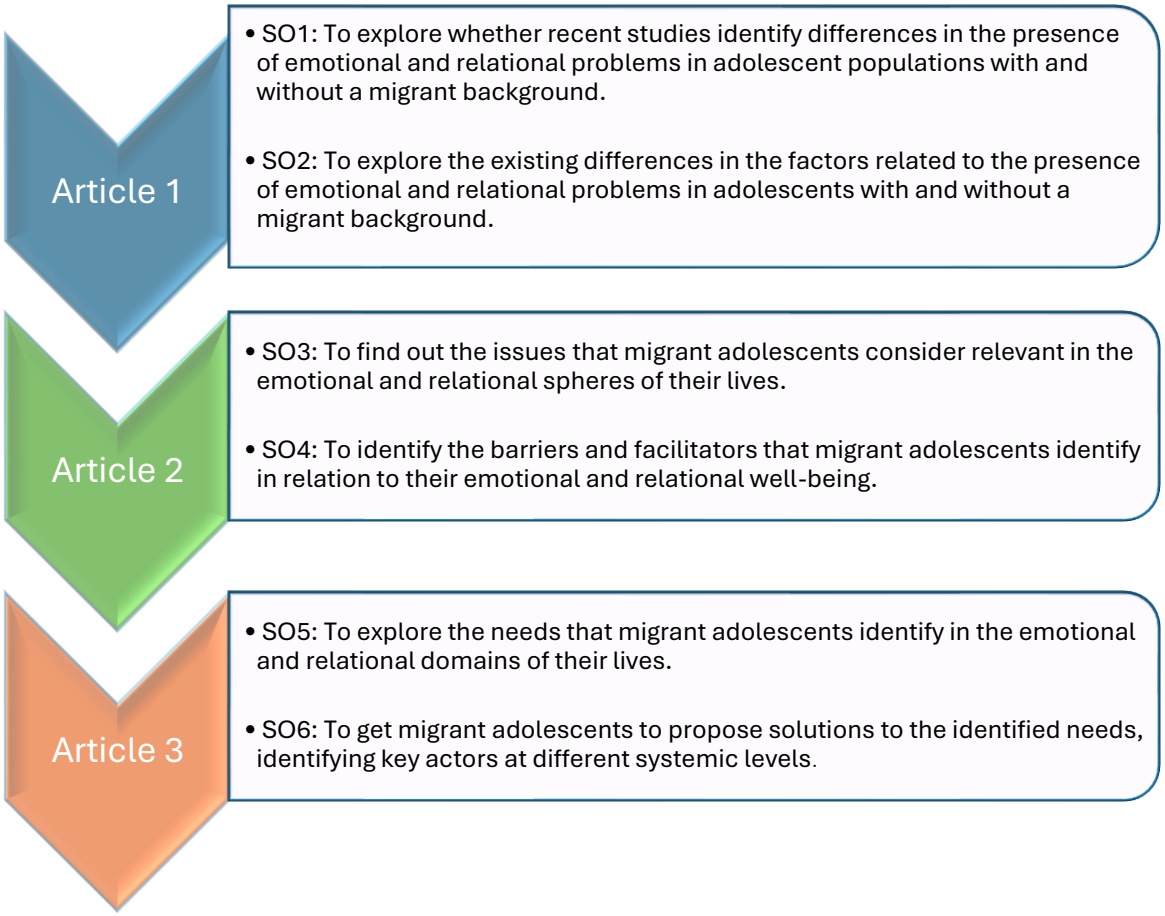
The first article consisted of a systematic review that allowed the compilation of the findings of the scientific literature on the subject in a time frame from 2010 to 2021 and to draw conclusions about the presence of emotional and relational problems comparing the population with and without migrant background in Europe, as well as identifying the factors associated with these problems. The second article focused on unaccompanied migrant adolescents as an underrepresented group of migrant adolescents that requires special consideration due to the specificities of their migration and integration experiences. This led to the choice of qualitative methodology to gain insight into their lived experiences. The chosen techniques were focus groups and interviews. Having identified the emotional and relational

problems both in the scientific literature and first-hand from unaccompanied migrant adolescents, the third article focused on finding solutions and identifying key actors that could be involved using participatory methodology through an ad-hoc workshop.

Regarding the relationship of the articles to the research objectives presented, each article covers two research objectives, as illustrated in Figure 3.

Figure 3

Specific research objectives covered in each article



Note: 'SO' stands for Specific Objective

Finally, the compendium is closed with a general discussion of the implications of the findings of the three articles, the crafting of conclusions, and the suggestions for future research lines and practical applications of the findings. This last chapter of the compendium aims to point to practical implications of the research that aim to be useful to professionals working with migrant adolescents in different settings. These include formal and non-formal educational settings, spaces dedicated to mental health, prevention and promotion of health,

residential resources, and other public and private entities involved in the process of including migrant adolescents. Finally, it also aims to contribute to the academic community in the debates related to migratory movements at a global level, emphasising the inclusion of adolescent voices in the discussion.

CHAPTER II: THEORETICAL AND CONCEPTUAL FRAMEWORK

CHAPTER II: THEORETICAL AND CONCEPTUAL FRAMEWORK

Each study that makes up this thesis refers to the key theories and concepts necessary to understand and analyse the work done and the results obtained. Nevertheless, this section aims to provide definitions of key concepts and sets out the relevant theories to understand the framework in which the thesis is articulated and the way in which all these elements relate to each other.

The protagonists of the thesis and around whom the entire investigation revolves are migrant adolescents. Within the term 'migrant adolescent', two realities converge, which are fundamental to understanding this population and need to be defined. On the one hand, the period in which this population group is framed is **adolescence**, which, from developmental psychology, is defined as "the transitional period between childhood and adulthood. Its onset, therefore, is marked by the biological changes of puberty, whereas its upper boundary is defined by the transition to the adult status. In terms of age, the boundaries are somewhat flexible" (Goossens, 2020, p.1). The ages considered in this thesis are 11 to 18, including early and mid-adolescence. Among the different frameworks from which to study and understand adolescence, Erikson's theory of psychosocial development associates this stage with a series of challenges and tasks that adolescents must face and overcome to achieve proper development that will allow them to transition to adulthood gradually. Such tasks include identity exploration, self-definition to build a coherent sense of self that integrates past experiences with future aspirations, emotional independence from the identity imposed by the family, commitment to values and ideals chosen in relation to morality, ethics and life vision, vocational exploration, and social belonging (Erikson, 1950, 1968, 1972, 1998). Given the complex tasks faced by adolescents as they leave childhood behind and gradually enter adulthood, related to the construction of identity, the conquest of autonomy and belonging to the peer group, it can be deduced that the ease or difficulties they encounter when facing them, as well as the people who accompany them in the process are determinant for their proper development. Moreover, it has been found that a mismatch between the needs of developing adolescents and their experiences in school, home and other contexts can negatively influence psychological and behavioural development (Eccles et al., 1996).

On the other hand, in the case of migrant adolescents, the challenges characteristic of adolescence are compounded by those involved in the **international migration experience,** either experienced by them or by their parents. In this thesis, the term 'migrant adolescent'

does not refer to a homogeneous group; it encompasses different profiles with distinct migration trajectories, legal status, and vulnerabilities. In line with the definitions used in the IMMERSE project, two main categories are considered: first-generation migrant adolescents, which include those born outside the host country who have migrated themselves, which can include economic migrants, asylum seekers, refugees and unaccompanied migrant minors; and second-generation migrant adolescents, defined as those born in the host country with at least one parent born abroad. This distinction is crucial since their inclusion and well-being are impacted by diverse factors, being one of the biggest differences that the first group undergoes all the stages of the migration process, while the second, born in the host country, navigates cultural differences mainly within their family environment, often growing up between two cultural frameworks without having experienced the migratory journey themselves.

Migration is considered a critical non-normative life event that brings with it challenges at a personal and family level. It is an event that consists of three key phases (Bhugra & Jones, 2001). Firstly, there is the pre-migration stage, which includes the experience in the country of origin and determines the reasons for the decision to emigrate. Secondly, there is the transit stage, which covers the journey from the country of origin to the country of destination. Of course, there is enormous variability in this stage, as it is conditioned by factors such as the route taken, the distance travelled, the means of transport used and the existing personal and travel conditions, among others. Finally, there is the post-migration stage, which begins the moment one arrives in the host country and entails a series of challenges related to inclusion and participation in this new environment. These include socioeconomic problems, acculturation stress, and difficulty learning a foreign language, among others. In the case of adolescents, socio-educational inclusion and relationships established with the peer group are especially important.

Taking into account all the factors involved in each of the phases of the migration process, it can be inferred that no two migration experiences are identical. Yet they are all subject to different stressors and barriers that complicate well-being and full inclusion in the country of destination. In the case of migrant adolescents, we find a specific profile that, due to the fact that they migrate alone, are subject to conditions in the destination society that are different to those encountered by adolescents who travel with their families. These are '**unaccompanied foreign minors**', who are usually institutionalised until they reach the age of majority. An unaccompanied is defined as “a minor who arrives on the territory of an EU Member unaccompanied by the adult responsible for them by law or by the practice of the EU

Member State concerned, and for as long as they are not effectively taken into the care of such a person or who is left unaccompanied after they have entered the territory of the EU Member State" (European Migration Network, 2021). According to Biocchi and Levoy (2008), these adolescents represent one of the most **vulnerable groups** in the population in which a triple vulnerability intersects: because they are migrants, because they are minors and because they are undocumented migrants. To this, it is added that they have no adult family role models in the host society and are left in the care of the institution responsible in each case. The absence of parental care generates additional specific forms of social vulnerability, particularly in the emotional, relational, and belonging-related dimensions. These vulnerabilities hinder their integration, emotional well-being, and the development of meaningful social networks (Eide & Hjern, 2013; Wells, 2017).

Thinking about migrant adolescents in general, both those who travel accompanied and those who do so alone, the post-migration stage is decisive in establishing their new life in the host country, which ends up becoming their new home. That is why **socio-educational inclusion** is crucial for their development and well-being. Even though inclusion is understood as a reciprocal process in which migrants and the host society adjust to one another, the final outcome hinges on the quality of their interaction (Council of the European Union, 2004). While inclusion is often used to describe the process that newly arrived migrants go through, this thesis also uses the term to refer to second-generation migrant adolescents. According to the IMMERSE Common Conceptual Framework (Serrano Sanguilinda et al., 2019), inclusion is not a one-time event, but a long-term dynamic process affecting social, emotional, and educational dimensions. Even if second-generation migrants are citizens and speak the local language fluently, they may still face cultural tensions, discrimination, or feelings of not fully belonging. This is why the inclusion process affects them as well. It is also important to distinguish integration from assimilation: while integration allows individuals to keep their cultural identity while participating in society, assimilation suggests that they must fully adopt the dominant culture and leave their own behind. Using the concept of integration in this broader and more inclusive way helps to understand the real challenges that both first- and second-generation migrant adolescents may face.

However, research indicates that the host society plays a more influential role in determining the outcome than the migrant community does (Garcés-Mascareñas & Penninx, 2016). A frequent experience among migrants integrating into a new country is acculturation stress (Berry et al., 2006). **Acculturation** refers to the gradual adoption of aspects of a foreign

culture, which may be partial or complete depending on the interactions between migrant and non-migrant groups, and successful acculturation involves preserving one's cultural identity while embracing new cultural values. In theory, this process enhances sociocultural and psychological adaptation, thereby reducing distress (IOM, 2011; Ward & Geeraert, 2016). Nonetheless, acculturation can be particularly challenging for migrant children and adolescents. Research has demonstrated that as they acquire new behaviours, norms, and customs from the host country, these can sometimes conflict with their family's traditions and beliefs, creating tension between the two cultures and their identities, which may ultimately lead to acculturation stress (Khawaja et al., 2017; Mohamed & Thomas, 2017; Schwartz et al., 2010).

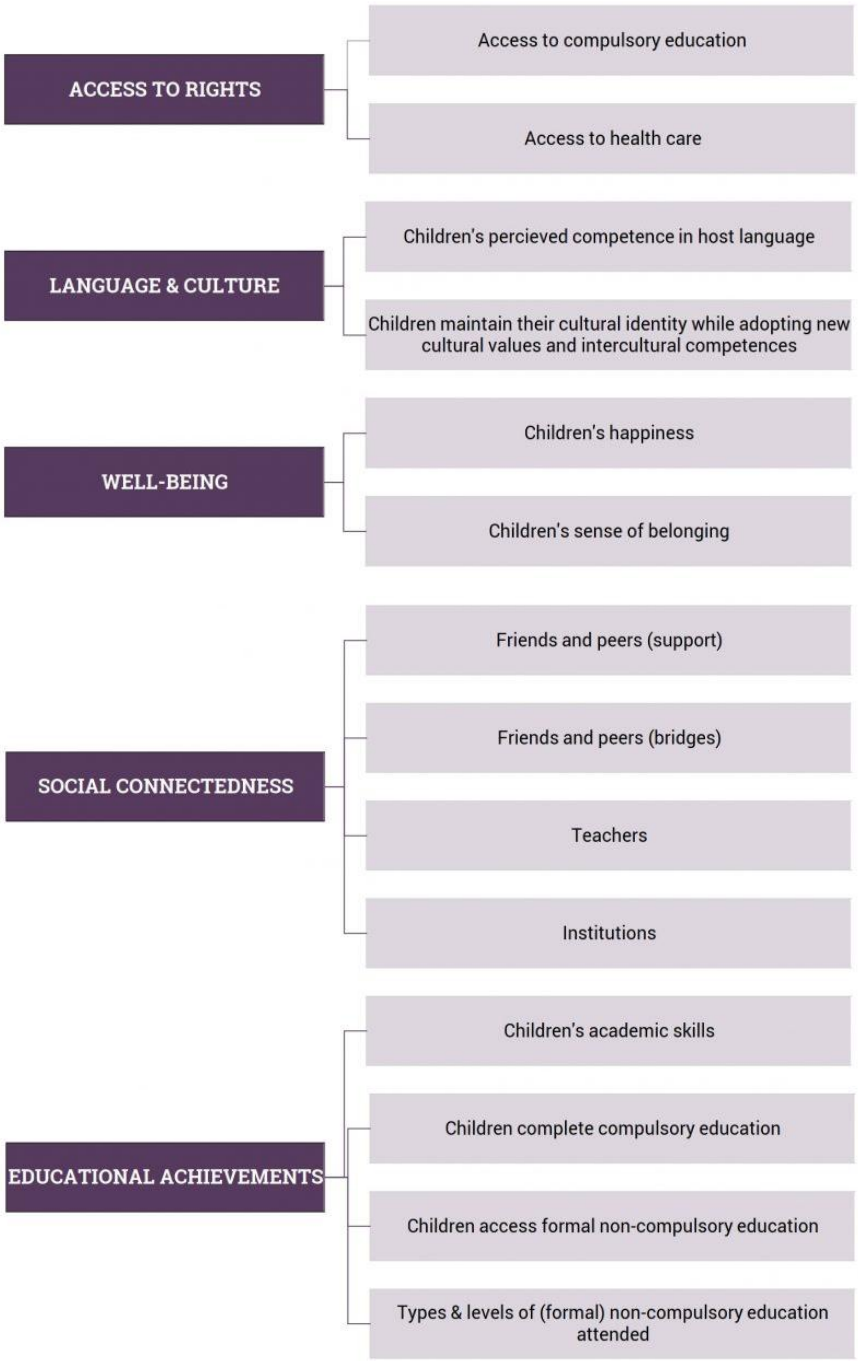
Bringing together the main concepts discussed so far, the intersection of adolescence and the migration process has complex implications for identity formation, as they begin to integrate multiple dimensions of their experience into a coherent sense of who they are and who they want to become while navigating between two cultural influences (Erikson, 1968). During this stage, migrant adolescents face the negotiation of their sense of belonging both to their country of origin and to the host society. As Suárez-Orozco et al. (2018) point out, they simultaneously face developmental, psychological, and acculturative tasks, the latter being particularly challenging when there are discrepancies regarding the values of the family and of the broader social context. These tensions can promote diverse identity trajectories depending on the degree of identification with each cultural context: ethnic, national, dual, or marginalised (Karataş et al., 2023). These trajectories are influenced by factors such as family support, the quality of peer relationships, and the inclusive attitude of the host society, which can either facilitate or hinder the development of an integrated identity (Hendrix, 2015; Gilsenan, 2018). In contexts where adolescents face value conflicts or experiences of exclusion, there is a higher chance that identity fragmentation and psychological distress can appear (Esteve Zarazaga et al., 2008). However, a flexible and coherent cultural identity that allows to adopt new cultural aspects while maintaining one's cultural identity has been linked to higher levels of adjustment (Schwartz et al., 2005).

According to the research conducted in the IMMERSE Project, which aimed to map the socio-educational inclusion of migrant and refugee children in six European countries creating a dashboard of socio-educational inclusion indicators, inclusion can be measured through 30 indicators, 14 comprising integration results and 16 for barriers and facilitators of integration results at the meso and macro levels. It synthesises the indicators that cover key

aspects across three levels of integration: 1) children and their families, 2) educational centres, the broader educational community, and neighbourhoods, and 3) society and institutions (Bajo Marcos et al., 2020a). Even though there are many other factors that affect the socio-educational inclusion of migrant students, the work carried out in the project to extract a list of 30 indicators is accurate, reliable and comprehensive, thanks to the co-creative methodology used for its design and the validation of the model carried out. The dashboard was designed using a co-creation approach that incorporates the input of migrant and refugee children, their families, and the professionals working with them in schools, NGOs, and policy-making arenas. This method leverages their firsthand experiences to offer a more comprehensive definition of integration. Figure 4 provides an overview of the integration results including the dimensions they are embedded in, which are: 1) access to rights, 2) language and culture, 3) well-being, 4) connectedness and 5) educational achievements. Figure 5 provides an overview of the barriers and facilitators indicators, which are related to 1) political leadership, 2) school segregation, 3) learning support, 4) mental health services, 5) negative attitudes towards them, and 6) school organisation and teachers.

Figure 4

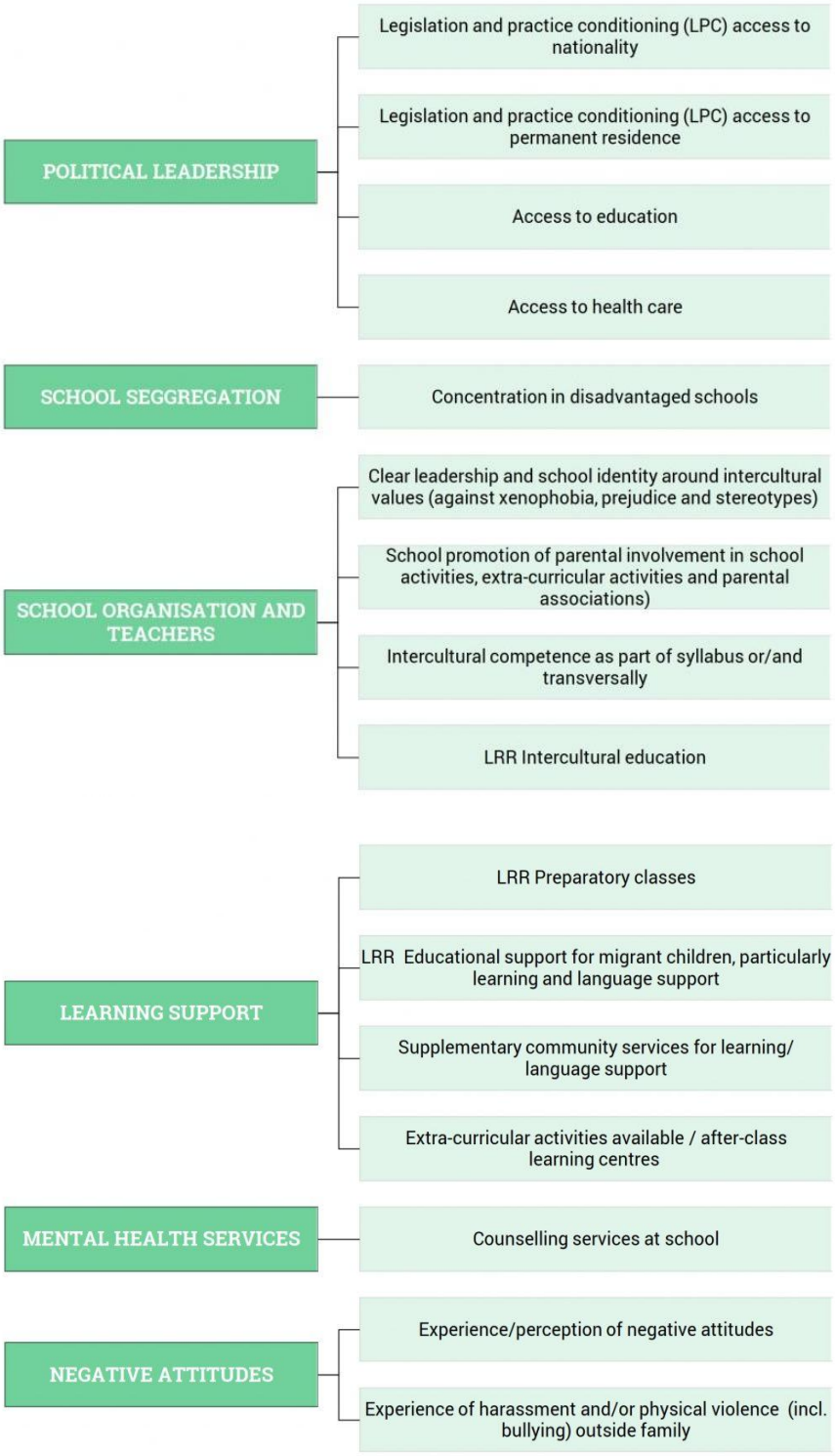
Indicators portraying the integration results and their dimensions



Source: IMMERSE Consortium, 2020

Figure 5

Indicators portraying the barriers and facilitators and their dimensions



Source: IMMERSE Consortium, 2020
Note: (LPC: Legislation and practice conditioning...); (LRR: Legislation, recommendations and resources devoted to...)

Delving into the dimensions involved in the process of socio-educational inclusion proposed by the IMMERSE project, we can find two that are key to well-being and mental health from a psychosocial perspective, which are well-being (understood as a sense of belonging to the school and happiness) and social connectedness (Dodge et al., 2012). Given that the study population in this thesis is adolescents and not children under 11 years of age, the components of well-being and social connectedness that are key at this age are presented.

This thesis adopts a contextual and psychosocial understanding of health, moving beyond a medicalised or individualised view. It considers well-being not merely as the absence of disease, but as the capacity to lead a meaningful life, cope with daily challenges, and establish positive relationships and achieve social participation. Mental health is therefore understood as a phenomenon that is strongly affected by the quality of individuals' emotional and relational experiences, rather than a separate clinical construct. In line with the World Health Organization (2005) and Galderisi et al. (2015), mental health is seen as a dynamic state of internal equilibrium that enables individuals to realise their abilities, adapt to adversity, and contribute to their communities. This definition allows for the presence of emotional discomfort as part of a healthy and normative response to life circumstances and embraces a more culturally sensitive and inclusive perspective.

Building on Park et al.'s (2023) model, this thesis views emotional and relational well-being not as subcomponents of mental health, but as deeply interconnected realms that contribute to it and interact with each other. The structural model of child well-being by Minkkinen (2013) complements this position by recognising distinct but overlapping domains of well-being. Emotional well-being involves the regulation and expression of emotions, while relational well-being is grounded in the quality of interpersonal relationships and social support. Research has shown that emotional and relational aspects influence each other (La Greca & Harrison, 2005; Ryff & Singer, 2000), and both are essential for adolescent development, especially in the context of migration (Scharpf et al., 2021; Berry et al., 2006).

Concerning well-being, emotional well-being is central at this stage, and the scientific literature has largely found that emotional problems, including anxiety and depressive symptoms and disorders, are quite prevalent at this developmental stage (Berk, 1999; Coleman & Hendry, 2003; World Health Organization, 2024). Regarding the social sphere, peer relationships are central during adolescent development since they play a crucial role in building self-esteem, shaping identity, and successfully navigating integration and

acculturation challenges (Berry et al., 2006; Scharpf et al., 2021). These two realms, emotional and relational, have been found to be central to several well-being models.

Park et al.'s model of well-being (Park et al., 2023) treats any mention of social connectedness or significant relationships as peripheral constructs related to emotional well-being, which may function as predictors or outcomes. In line with this, both the structural model of child well-being (Minkkinen, 2013) and the psychosocial model of well-being (Dodge et al., 2012) acknowledge that these factors are closely intertwined and mutually influential. All three models emphasise the importance of studying emotional and relational well-being together, as their connection is well-established in the literature. The World Health Organization (2024) also points to adolescence as a critical period for developing the social and emotional skills essential for mental health. Various studies support this view, stressing that interpersonal relationships significantly affect emotional well-being. For instance, Ryff and Singer (2000) identify positive relationships as a core aspect of psychological health; La Greca and Harrison (2005) found that adolescents with supportive peers experience lower levels of anxiety and depression; Jose and Lim (2014) show that social connectedness mediates the relationship between stress and well-being in adolescents; and Fiori et al. (2006) report that diverse social networks correlate with higher positive affect in older adults.

Emotional well-being in this thesis refers to adolescents' ability to experience positive emotions, manage the negative ones, and maintain a sense of purpose, hope, and resilience. **Relational well-being** refers to the presence of positive meaningful, supportive, and reciprocal relationships, especially with peers, which provide a sense of belonging, acceptance, and recognition, which are central to the adolescent developmental stage. Providing that the protagonists of this thesis are migrant adolescents, it is expected that their emotional and relational well-being can be affected by additional stressors related to the migratory experience, such as the aftermath of the pre-migration and transit stages and the potential difficulties in the integration process.

When these domains are negatively affected, adolescents may experience emotional problems such as depressive or anxiety symptoms or disorders, low self-esteem, or emotional dysregulation. In the relational sphere, problems are defined as a lack of interpersonal relationships with peers, peer support, friendships, peer acceptance or social competence, or where there are explicit peer relationship problems or peer rejection. Social competence here adopts the definition included in the SSRS questionnaire, which comprises assertiveness, self-

control, empathy, and cooperation (Gresham & Elliot, 1990). In this case, it is important to mention that this thesis does not focus on peer victimisation or bullying as relational problems, since their definition includes key elements that do not necessarily need to be present in our conception of relational problems, such as the intention to harm, a power imbalance and repetition of the same negative action over time (Olweus et al., 1993). While both affect adolescent well-being, bullying is more severe and requires specific interventions, whereas relational problems may be addressed through peer support and school inclusion strategies.

Just as the dashboard of socio-educational integration indicators brings together key aspects related to inclusion at the micro, meso and macro levels, this thesis also adopts an ecological perspective by putting adolescents at the centre. It seeks to understand how various factors at the different levels affect their emotional and relational realms. **The bioecological model of human development** (Bronfenbrenner & Morris, 2007) posits that an individual's development over their lifetime is influenced by a network of interconnected social systems. These systems range from the immediate and most influential environments and relationships to broader, more distant sociocultural influences. The microsystem is the basic unit of the model and refers to the activities and bidirectional interactions that take place in the child's immediate environment. The mesosystem represents the interactions between two or more microsystems or immediate environments in which the developing child or adolescent actively participates. These interactions involve the impacts of each setting on the others and on personal development. The exosystem includes the social settings that do not directly involve the individual as an active participant, but that still influence their development indirectly. Finally, the macrosystem refers to the correspondences that exist between the lower-order systems of each culture or subculture. This level consists of the values, ideologies, laws, customs and resources of a particular culture, which will influence the experiences and interactions of lower levels of the environment. Thanks to the interrelationship between systems and the inclusion of all the elements that influence people's lives at different levels, this theory represents a rich and complex framework in which to identify the key elements that influence the emotional and relational well-being of migrant adolescents as well as to design strategies to respond to the needs that arise in these areas. Simultaneously, it can be used to analyse how the adolescents can impact the different systemic levels.

At this point, it is relevant to mention that, due to the fact that this thesis is conceived within the framework of the IMMERSE project, the **child-friendly adaptation of**

Bronfenbrenner's model proposed within it has also been used in this work. According to Serrano Sanguilinda et al. (2019), the main systems in which the factors affecting children's inclusion outcomes appear are: 1) the micro level, which includes the child and their family; 2) the meso level, which includes contexts in which the daily life of children takes place (such as the school, the neighbourhood and services or associations at the local level); and 3) the macro level, which includes large political, economic and social systems within society. Since Bronfenbrenner's model is vastly cited in this work but its actual application corresponds to IMMERSE's child-friendly adaptation, Table 1 aims to serve as a useful tool throughout the reading of the thesis to be able to "translate" Bronfenbrenner's systemic levels into IMMERSE's proposal and vice versa.

Table 1

Comparison of Bronfenbrenner's and IMMERSE's systemic levels

Systemic level	Bronfenbrenner's bioecological model of human development	IMMERSE's child-friendly adaptation
Micro	Immediate contexts and relations: home, school, close friends	Child and their family
Meso	Relations between microsystems	Daily contexts: school, neighbourhood, local associations and services
Exo	Contexts indirectly affecting the individual	/
Macro	Culture, values, ideologies, beliefs, laws, and policies	Large political, economic and social systems within society

As portrayed in Table 1, there are several differences between Bronfenbrenner's proposal of the systemic levels and IMMERSE's child-friendly adaptation. Both proposals aim to understand the environments that shape children's lives. However, they conceptualise and organise the systemic levels in different ways. At the micro level, Bronfenbrenner includes all immediate environments and interpersonal relationships in which the child actively participates, such as the home, school, and peer groups, while IMMERSE's adaptation only includes the child and their family. At the meso level, Bronfenbrenner describes the interrelations between different microsystems, while IMMERSE includes the broader range of daily contexts and relationships that the child navigates, such as schools, neighbourhoods, and local associations and services. The exosystem**,** which in Bronfenbrenner's model represents settings that indirectly influence the child, is absent in the IMMERSE model. This omission implies a simplified structure for engaging children, but it also means that indirect but impactful

influences are not explicitly recognised in the proposal. Finally, both models include strong societal influences at the macro level. Bronfenbrenner refers to culture, values, ideologies, and policies as shaping the overall environment, while IMMERSE similarly includes large political, economic, and social systems within society.

Traditionally, the responses to problems in the well-being of adolescents have come from adults, thus adopting an adult-centric perspective and leaving aside the adolescents' vision since they were considered less competent (Uprichard, 2008). Bronfenbrenner's Bioecological Model (Bronfenbrenner & Morris, 2007) provides a valuable framework for understanding adolescent participation by placing them at the centre of their developmental contexts. This aligns with the **child-centered approach**, which recognises children and adolescents as social agents rather than passive recipients of adult decisions (James & James, 2012; Uprichard, 2008). Traditionally, young people were viewed as "becomings" rather than "beings," limiting their influence on matters affecting their lives (Uprichard, 2008). However, contemporary perspectives emphasise their **agency**, acknowledging their capacity to shape their environments when given adequate opportunities (Liebel, 2023).

A fundamental pillar supporting this view is the **United Nations Convention on the Rights of the Child** (United Nations General Assembly, 1989), particularly Article 12, which asserts children's right to be heard in decisions impacting them. Nevertheless, this right is not always upheld in practice, especially in schools and other everyday settings (Liebel, 2014). The academic literature argues that for children and adolescents to function as social actors, their rights must be understood as agency rights, granting them the ability to influence their communities and broader society (Horgan et al., 2017; Percy-Smith, 2015; Tisdall & Punch, 2012).

In line with the child-centred perspective and the rights of the child, this thesis also adopts a **participatory action framework,** which sees participants not just as sources of information but as active contributors to the research process. Participatory research involves creating knowledge with, rather than about, people. This approach focuses on collaboration, shared knowledge, and social change, which reinforces the idea that research can be a tool for empowerment and transformation, especially when working with groups whose voices are often excluded (Reason & Bradbury, 2001). This is how participation is the key mechanism through which adolescents exercise agency. Although the concept lacks a unified definition (Oswell, 2013; Wyness, 2013), it encompasses both formal structures (e.g., student councils)

and informal actions (e.g., daily interactions, play, and peer discussions) (Tisdall et al., 2008). Participation is inherently relational, requiring dialogue between young people and adults (Leonard, 2016; Wyness, 2013). Lundy's (2007) model of participation highlights four essential conditions: space (providing opportunities for expression), voice (ensuring support for articulating ideas), audience (ensuring adults actively listen), and influence (ensuring children's input is considered in decision-making).

Despite these frameworks, participation remains unevenly implemented. Studies show that while formal structures may exist, adolescents often feel excluded from meaningful decision-making in schools (Aston & Lambert, 2010; Davey et al., 2010). Research also highlights the need for everyday participatory interactions where young people's perspectives are genuinely considered (Horgan et al., 2015). Encouraging adolescent participation ranges from consulting them about challenges they face to co-developing solutions with adults (Mitra, 2008). Beyond individual benefits—such as fostering identity, autonomy, and self-esteem (Correia et al., 2019; Luff & Martin, 2014)—participation strengthens social integration by empowering young people to engage in decision-making that impacts their families and communities (Unicef, 2021). As the Council of Europe (2013) and more recent initiatives (Crowley et al., 2021) have emphasised, fostering participation is essential for ensuring that adolescents' rights are fully realised across multiple contexts. Recognising adolescents as central actors within these systems enables a more inclusive and effective approach to the study of their well-being.

In sum, these theoretical frameworks and key concepts provide a structured perspective paramount to understanding and analysing the work conducted in this thesis.

CHAPTER III: METHODOLOGICAL REFLECTIONS

CHAPTER III: METHODOLOGICAL REFLECTIONS

Through its funnel structure, the methodology employed in this thesis aims to explore the emotional and relational domains of adolescent migrants based on a broader understanding of the problems present in these areas, their lived experience of these problems, the needs that exist in these areas, and the proposed solutions to tackle them.

Firstly, a systematic review was carried out to identify the findings of the scientific literature on the presence of emotional and relational problems comparing the adolescent population with and without a migrant background. This search was designed based on established parameters and selection criteria following the structure of the PICOSS question. After the screening, 18 articles were identified for emotional problems and 18 for relational problems. The 36 articles are not representative of all the research carried out on the presence of these problems in the adolescent population from 2010 to 2021. Still, they constitute the selection of articles that meet the inclusion criteria established at the European level, allowing us to draw a series of conclusions based on the findings, as discussed in the first article.

The second research applied qualitative methodology through interviews and focus groups and analysed the results through interpretative phenomenological analysis to access the lived experiences of adolescents. In this case, the methodology allowed access to privileged information about the experiences of unaccompanied adolescents, who represent a vulnerable population that is particularly difficult to access. However, several limitations of this research may have affected the results obtained, among which are the restrictions derived from the Covid-19 pandemic (the impossibility of establishing a relationship of trust with the interviewees due to the limited time available to carry out the fieldwork), the collection of data in a single centre for unaccompanied minors, the language barrier, the selection bias due to language proficiency, the adolescent sample composed exclusively of males, and the professionals sample composed exclusively of females.

The third research consisted of a workshop that drew on participatory methodology and appealed to the participants' agency. Of the three investigations, this one was the most creative and not only allowed accessing adolescents' experiences of their emotional and relational well-being but also had a proactive focus that sought to get the adolescents to generate potential solutions to address their identified needs. Although the spirit of this research aspired to implement the child-centred approach, various aspects surrounding the research did not make this fully possible, thus constituting limitations of the study. On the one hand, due to the

conditions imposed by the school, we had only three sessions on consecutive days to conduct one-hour workshops. This prevented the establishment of a long-term relationship and the possibility of forming an advisory group or even a research group that could have contributed to both the co-creation of the workshop design and the motivation to engage in such long-term initiatives in an organised way.

The combination of the three methodological approaches used in this thesis – systematic review, qualitative phenomenological research through interviews and focus groups, and participatory research through a workshop – functions as a form of triangulation, understood as the use of multiple strategies to study the same phenomenon, in order to increase the validity, credibility, and richness of the findings (Patton, 1999). Specifically, this design contributes to both methodological triangulation and data triangulation. On the one hand, methodological triangulation refers to the use of different research methods to explore a single phenomenon, which allows to obtain complementary insights. In this thesis, the systematic review contributes a structural overview of emotional and relational problems through synthesised quantitative data from validated instruments across 36 European studies. The qualitative phenomenological study accesses the subjective experience of unaccompanied migrant adolescents through in-depth interviews and focus groups, capturing the specificities of their emotional and relational realms from their own perspective. The participatory workshop provides further evidence on the topic relying on the adolescents' agentic potential, which enabled them to identify their needs and propose possible solutions in a creative and collaborative way. Each methodology allows to generate different types of knowledge on the same phenomenon: descriptive (what is known), experiential (what is lived), and propositional (what could be changed).

On the other hand, this research also enables to conduct data triangulation, which involves the use of multiple sources of data to gain a more comprehensive understanding of the phenomenon (Patton, 1999). Across the three studies, data are collected from different populations (authors of existing studies, unaccompanied migrant minors, care professionals and migrant adolescents enrolled in schools) and in different settings (European academic literature, a residential care centre, and a school). The inclusion of several sources enables the combination of perspectives and the identification of shared patterns and contextual specificities.

CHAPTER IV: EMOTIONAL AND RELATIONAL PROBLEMS OF MIGRANT ADOLESCENTS WITH AND WITHOUT A MIGRANT BACKGROUND IN EUROPE: A SYSTEMATIC REVIEW

CHAPTER IV: EMOTIONAL AND RELATIONAL PROBLEMS OF MIGRANT ADOLESCENTS WITH AND WITHOUT A MIGRANT BACKGROUND IN EUROPE: A SYSTEMATIC REVIEW

Authors: Elena Rodríguez-Ventosa Herrera[1,2], Isabel Muñoz-San Roque[3] & María Angustias Roldán Franco[1]

[1] Department of Psychology, Universidad Pontificia Comillas

[2] University Institute of Studies on Migration, Universidad Pontificia Comillas

[3] Department of Education, Universidad Pontificia Comillas

Type of publication: Original article

Journal information:

European Child and Adolescent Psychiatry	
Publisher	Springer
ISSN	1018-8827
EISSN	1435-165X
2023 JIF	6.0
2023 JIF rank	22/279 in the category Psychiatry (JIF quartile Q1)
2023 JCI	1.75

Publishing timeline:

Received	Accepted	Published
21 July 2023	10 March 2024	4 April 2024

Reference: Rodríguez-Ventosa Herrera, E., Muñoz-San Roque, I., & Roldán Franco, M. A. (2024). Emotional and relational problems of adolescents with and without a migrant background in Europe: A systematic review. *European Child and Adolescent Psychiatry*, 1-17. https://doi.org/10.1007/s00787-024-02412-y

Abstract

Mental health of migrant adolescents is a topic that has been widely studied in the past decades. Emotional and behavioural problems are amongst the most explored areas; however, little attention has been paid to the relational sphere, which represents another key aspect of mental health and is paramount during adolescence. This systematic review analysed the available evidence on emotional and relational problems comparing adolescents with and without a migrant background in Europe between 2010 and 2021. The search was conducted in four databases using a common search strategy composed of terms addressing adolescence, migrant population, and emotional and relational problems. Three rounds of screening produced 36 eligible studies. Factors affecting both types of problems were identified and categorised using thematic synthesis, dividing them into factors affecting both types of problems jointly or separately and analysing them according to three systemic levels affecting the adolescents' lives (intrapersonal, interpersonal and external). Critical analysis of the results pointed to mixed findings, with a mild tendency in migrant-background adolescents to portray more emotional problems than their native peers and a stronger tendency for relational problems in the same direction. Several limitations were identified and, along with the conclusions, point to suggestions for future research focusing on studying relational problems as a key component of mental health and its link to emotional problems. Further suggestions entail designing studies that target adolescents with different migrant-background profiles and cultural origins to establish differences between them and identify additional factors affecting emotional and relational problems during the pre-migration and transit phases of the migratory journey to help prevent the onset of these problems.

Keywords

Adolescent · Migrant · Emotional problems · Mental health · Relational problems · Systematic review

4.1 Introduction

Adolescence represents a period in lifespan which is paramount for the development of the human being. It entails a series of fundamental tasks that must be completed to guarantee a correct development that will set the basis for future adults (Jackson & Goossens, 2020). Migrant adolescents encounter additional obstacles and burdens related to their specific condition as migrants. Migration has been described as a non-normative critical life event that can entail personal, family, and educational challenges, such as socioeconomic problems, family conflicts, lack of peer support, low proficiency in the host language and acculturation stress, among others (Motti-Stefanidi et al., 2008, 2012; Stefanek et al., 2012). There are no identical experiences when it comes to the barriers encountered during the pre-migration, transit and post-migration phases, and these are often related to the reasons for migrating and the routes to get to the host country. Disparities have been found for different groups of migrant adolescents, including first-generation and second-generation migrants, economic migrants, unaccompanied migrant minors, asylum seekers and refugees. Mental health assessment of migrant adolescents points to different levels of severity of pathologies depending on the aforementioned migration profiles (Kadir et al., 2019). This is explained through the exposure to various risk factors and the vulnerability levels intersecting in each case (Biocchi & Levoy, 2008; E. J. Lee & Bukowski, 2012). In fact, some authors consider that being a migrant is a risk factor for developing mental health problems (Abebe et al., 2014; Fangen, 2010). Several existing systematic reviews on mental health of migrant adolescents have focused on emotional and behavioural problems mostly (Belhadj Kouider et al., 2014b; Blackmore et al., 2020; Chan et al., 2009), disregarding the relational and social sphere that is central to health, which is supported by the biopsychosocial model and by the self-determination theory of emotional well-being (Deci & Ryan, 2000). Social relations, mainly with peers, are a core part of adolescents' lives and proper development, especially in promoting their self-worth and sense of identity and successfully navigating the integration process and acculturation tasks (Berry et al., 2006; Hjern et al., 2013; Lafontana & Cillessen, 2010; Scharpf et al., 2021). As a result, relational problems in the social sphere can potentially be detrimental to these adolescents' correct development and successful integration process, therefore damaging their general well-being and mental health (Hjern et al., 2013; Östberg & Modin, 2008). As there is no universal definition of relational problems, for this study, we describe them as a lack of interpersonal relationships with peers, peer support, friendships, peer acceptance or social competence, or where there are explicit peer relationship problems or peer rejection. Peer acceptance here

adopts the definition included in the SSRS questionnaire, which comprises assertiveness, self-control, empathy and cooperation (Gresham & Elliot, 1990). Bullying and peer victimisation have not been considered as relational problems in this study, nor problems with other relevant people, such as family members or teachers. Although very interesting and relevant, their inclusion is out of the scope of the present study as they entail different domains of social and emotional well-being. For emotional problems, anxiety and depressive symptoms and disorders will be considered since around 4% and 2% of adolescents worldwide develop anxiety and depressive disorders, respectively (World Health Organization, 2024). Such estimates are not available for the prevalence of relational problems nor for migrant adolescents specifically. The study of these aspects of mental health will enable professionals working with this population in different contexts to obtain a better understanding of their situation and contribute to preventing these problems, which is key to fostering their successful integration in the host country and reducing the mental health gap between migrant and non-migrant adolescents (Liebkind et al., 2012). In the present study we examine whether migrant adolescents present more emotional and relational problems than their non-migrant peers conducting a systematic review. We also aim to identify risk and protective factors included in the selected papers associated with the presence of emotional and relational problems to support the successful prevention of their onset. Based on the additional barriers that migrant adolescents encounter in the different stages of their migratory journey and their potential impact on their well-being, we hypothesise that they will present more emotional and relational problems than their non-migrant peers.

4.2 Method

To guarantee the quality of the systematic review, we designed the method according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al., 2009), and we registered the review in the PROSPERO (International Prospective Register for Systematic Reviews) database of the National Institute for Health Research (NIHR). This database hosts systematic reviews in health and social care, among others, where there is a health-related outcome. It consists of a review protocol that includes the relevant information on the systematic review to be conducted to avoid bias across the process by enabling the comparison of the final review with its initial plan stated in the protocol. We registered the review on the 22nd of April 2022.

4.2.1 Eligibility criteria

We defined the eligibility criteria following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Moher et al., 2009). Once we formulated the PICOSS[2] question, we selected the inclusion criteria to guarantee that the included studies were accurate to provide evidence to answer the research question. We divided the inclusion criteria into different categories. Regarding publication characteristics, we only included peer-reviewed articles in English, German or Spanish, and the publication period ranged between 2010 and 2021. Although we defined the publication period for the indicated years, we included studies if the data they used were gathered between 2005 and 2021. We established this criterion to ensure that data were still representative of the social moment and not outdated. Regarding the study design, we selected studies operating with quantitative data, and the sample size had to be at least N = 100. However, we made exceptions if the study population was difficult to access (e.g., refugees or asylum seekers) to guarantee that we included these migrant adolescents' profiles. Additionally, studies had to compare adolescents aged between 11 and 18 with and without a migrant background based in European countries. We considered an adolescent to have a migrant background if a) national frontiers were crossed (1st generation migrant) or b) if one or both parents were foreign-born (2nd generation). We did not consider the third generation in this study. Outcomes had to provide direct measures of the prevalence of emotional or relational problems and be statistically significant.

4.2.2 Search strategy

The search strategy also followed the PRISMA methodology. The databases consulted were the ones that best fit the research topic, namely, PsycInfo, Psychology and Behavioral Sciences Collection, PubMed, and Web of Science. Although we defined the search strategy between September and December 2021 (including several test searches and refinement of the

[2] PICOSS is an acronym for Participants; Intervention; Comparison; Outcome; Study; and Setting. Participants were adolescents aged 11 to 18 years with and without a migrant background. We did not include intervention, as only prevalence was measured. Additionally, we did not provide prevalence estimates in our study since each study used different measures and sampling strategies and they could not be compared. Therefore, we only informed about whether migrant adolescents or their non-migrant peers portrayed more emotional and relational problems, accounting for statistical significance. Comparison referred to adolescents with a migrant background compared to adolescents without a migrant background. We included quantitative studies in a European setting where a migrant background included international migration of either the adolescents or at least one of their parents.

search terms to be included and excluded), we conducted the final search on the 5th of January 2022. We developed two general search strategies for the definition of the final search strategy and the selection of the search terms. One focused on emotional problems, and the other on relational problems; however, both coincided in the terms included to define the study population referring to adolescent age and migrant background. Once we defined both general strategies, we enriched them with documentary language specific to each database. The resulting search strategies for each database can be consulted in Appendix A for emotional problems and in Appendix B for relational problems. Search areas included title and abstract.

4.2.3 Study selection

After applying the designed search strategies in each of the selected databases, we identified a total of 2,569 articles for emotional problems. These were incorporated into the Rayyan software for systematic reviews (Ouzzani et al., 2016), which helped identify the 808 duplicate records that we eliminated, and we also used the software for the following stages of the selection process. The screening process started with 1,761 studies, which, after the title and abstract screening based on eligibility criteria, resulted in the exclusion of 1,675 studies. We assessed the remaining 86 studies for eligibility based on the full-text screening. This process was carried out independently by the three authors of the present paper, who provided their opinions on the inclusion or exclusion of the remaining articles in the final selection. We compared our three views, and whenever there were disagreements on the final decision on a particular paper, we held a discussion until we made a final joint decision for inclusion. A total of 68 studies were excluded due to not being European, having a small sample size, emotional problems' outcomes were not clearly stated, there was no comparison between adolescents with and without a migrant background, or the sample not including adolescents. We included the resulting 18 studies in the synthesis. Figure 6 shows the study selection process for emotional problems, which followed the structure of the PRISMA Diagram (Moher et al., 2009). We followed the same procedure for the selection of articles addressing relational problems. The search in the different databases delivered a total of 2,700 articles, which resulted in 1,977 records undergoing title and abstract screening after the exclusion of duplicate records. The records excluded after this phase were 1,897, leaving 80 records for full-text screening to assess them for eligibility. We excluded 62 articles owing to not being European, having a small sample size, being based on data gathered before 2005, the relational problem outcomes did not match the ones selected for this study, there was no comparison between adolescents with and without a migrant background or the sample not including adolescents.

Surprisingly, we finally included 18 studies in the synthesis, the same amount as in the search for emotional problems. Figure 7 shows the study selection process on relational problems, which followed the structure of the PRISMA Diagram (Moher et al., 2009).

4.2.4 Risk of bias assessment

The selected studies underwent a risk of bias assessment to guarantee they met the required quality criteria. We considered several tools for the process based on the study design, which referred to cross-sectional descriptive studies. Of the tools that assessed these kinds of studies, we chose the JBI (Joanna Briggs Institute) Descriptive Studies Appraisal Tool (The Joanna Briggs Institute, 2011). According to a systematic review analysing several risk of bias assessment tools by Ma et al. (2020), it was one of the most used, the newest among all, and it only included nine items, which were enough to conduct the quality assessment but were not too many in comparison to other tools. We adapted some items to the specificity of the population studied, which, due to difficulty in access, required a smaller sample (item 3, sample size), and the application of tests used self-reports in some cases, which could compromise validity (item 6, use of valid methods for the identification of the condition). However, to safeguard validity, we exclusively included studies using tools that had undergone analysis of their psychometric characteristics and their suitability to be used with the study population or at least with the general adolescent population. Although not all the 18 selected studies on emotional problems and the other 18 on relational problems met the nine items successfully, we identified no risk of bias among those that did not meet some of the items or in which it was unclear. The JBI matrix for risk of bias assessment in cross-sectional descriptive studies for the selected studies addressing emotional and relational problems can be found in Appendix C and Appendix D.

Figure 6

PRISMA flow diagram of studies addressing emotional problems

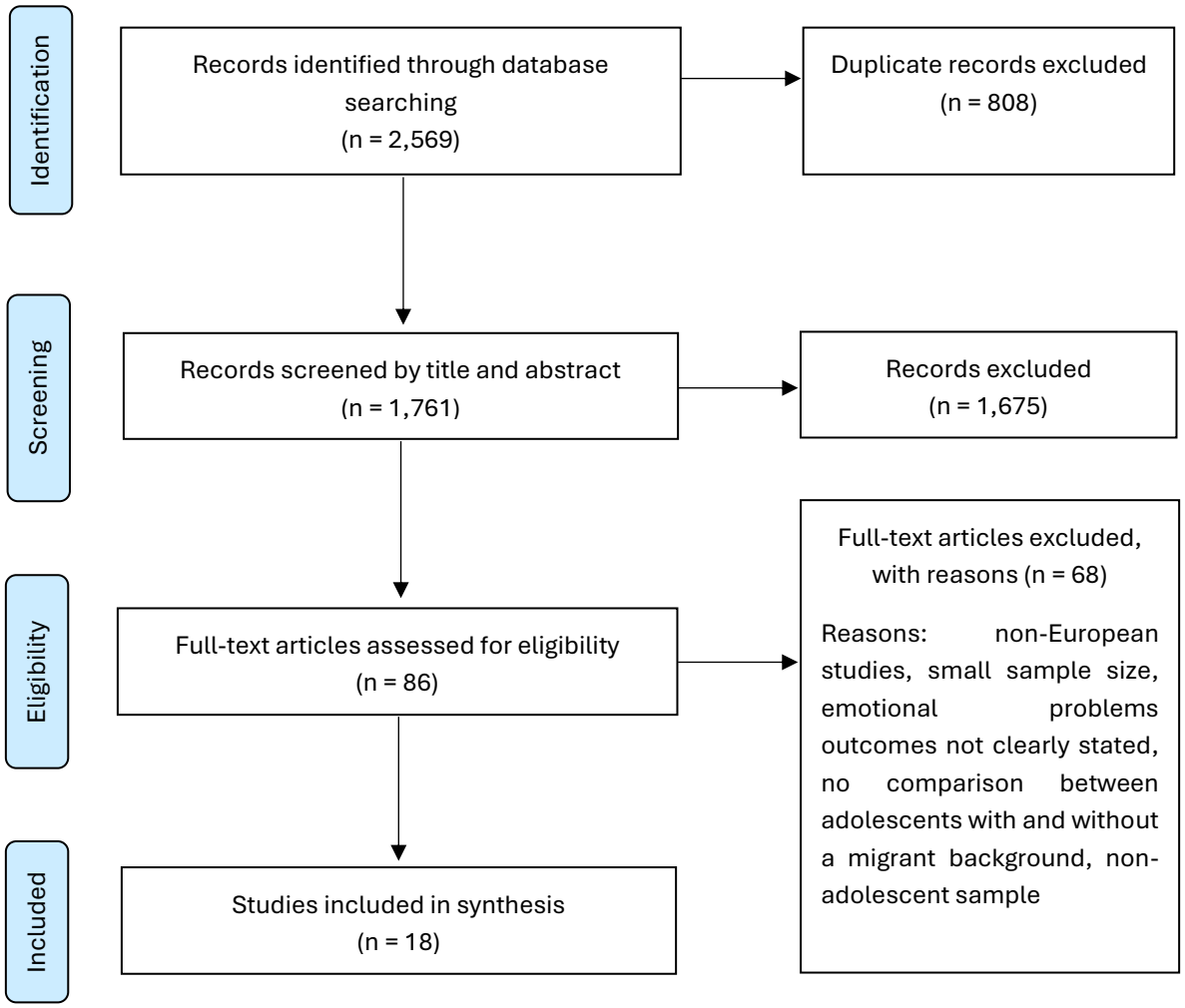
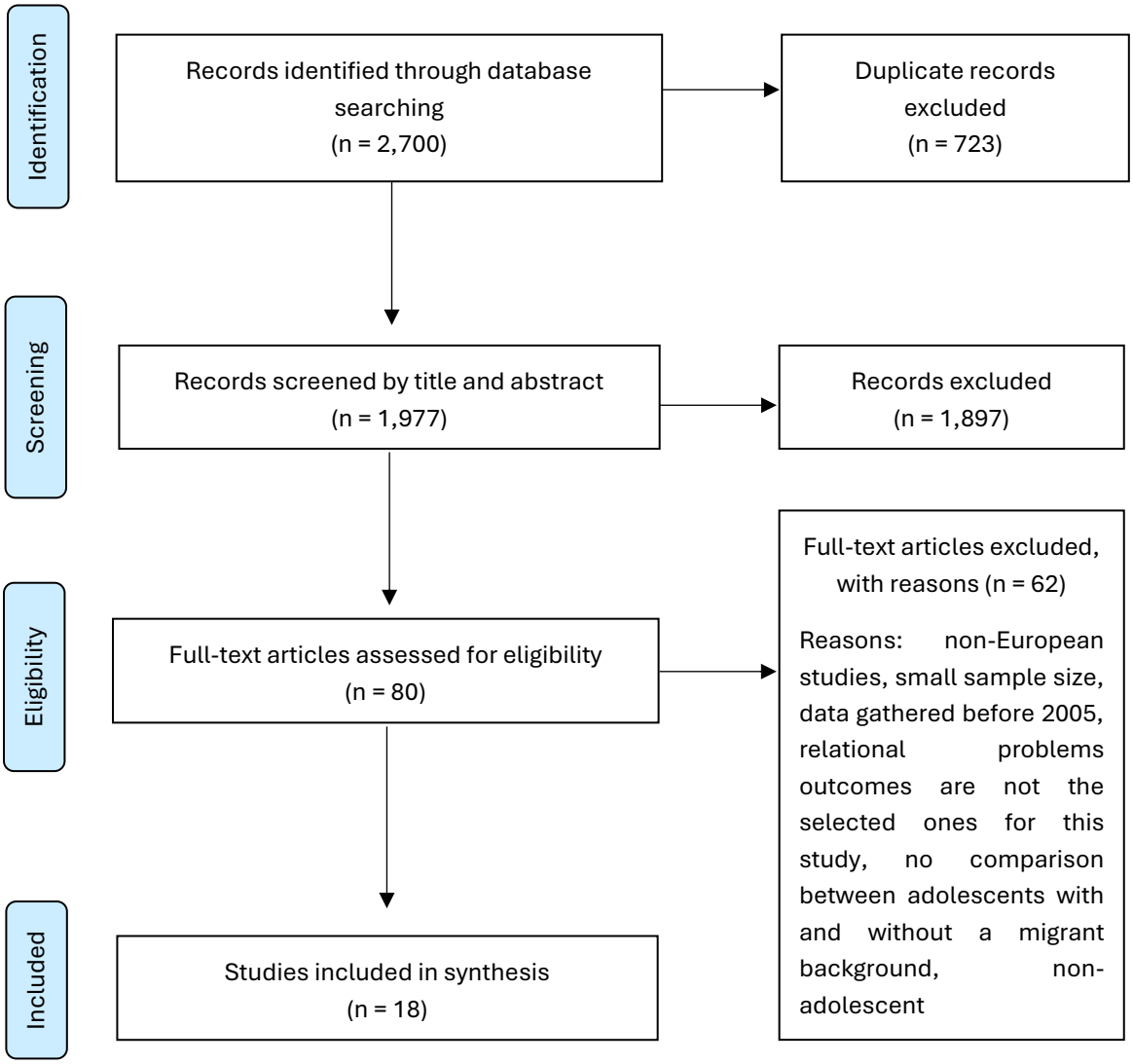


Figure 7

PRISMA flow diagram of studies addressing relational problems



4.2.5 Data abstraction

We extracted data from articles on emotional and relational problems considering different key aspects included in the selected studies. First, we extracted key characteristics of the studies and organised them into two tables (Appendix E and Appendix F), where data were reported on the migrant profile, sample size, whether it was an institutionalised sample, age, country of destination, country of origin, whether the study compared the outcomes by origin, the definition of migrant and native adolescent provided in the study (to provide evidence of the lack of coherence in the definitions of migrant background among studies), the emotional or relational problems' outcomes considered in the study, the measures used to evaluate the prevalence of the problem, and the problem behaviour report (whether it was the adolescents

themselves or their parents/teachers who answered the questionnaires). Second, in line with the hypothesis held in the present study, we paid more specific attention to the outcomes, identifying whether the studies found statistically significant differences in the emotional and relational problems explored between both adolescent groups. Finally, we also extracted data on the relevant socio-demographic or situational characteristics that affected the outcomes positively or negatively.

4.2.6 Acceptance or rejection of the hypothesis

In order for the hypothesis to be accepted in the present study, at least 75% of the included studies on emotional or relational problems must provide evidence that adolescents with a migrant background present more emotional and/or relational problems than their non-migrant peers. The decision to set this threshold was based on the criterion used in Delphi methodology, which seeks to find consensus among experts in the field. In a systematic review conducted on Dephi studies, it was found that 39,9% of the included studies defined consensus as 60% agreement or higher, where 75% was the median value (Foth et al., 2016). We opted to include the median value as our definition for consensus since it was stricter. We considered it needed to be this way since the acceptance or the rejection of the hypothesis in this case directly depended on the selected studies.

4.3 Results

In light of the information extracted from the included articles, we have divided the results into different key aspects that include the characteristics of the migrant population in the selected studies, the differences found by migrant background in emotional and relational problems, and the factors affecting the latter.

4.3.1 Characteristics of the migrant population in the included studies

4.3.1.1 Definition of 'migrant'

There is no unified definition of 'migrant', not even of first- and second-generation migrant. Therefore, it is not surprising that there is no consensual definition of a native person in the migration literature either. The studies included in the present paper are no exception in this regard. While five out of 36 studies hold the exact definition of first-generation migrant, second-generation migrant and native (Burdzovic Andreas & Brunborg, 2017; Hjern et al., 2013; Miconi et al., 2017; Paalman et al., 2015; Stefanek et al., 2012), the rest of the studies

either hold slightly different definitions of these terms or do not define what they consider to be a migrant or a native.

Some studies only provide their generic definition of migrant without differentiating between generations. For instance, two studies focus on nationality, defining those who have a different nationality from the host country as migrants (Alonso-Fernández et al., 2017; Ertanir et al., 2021). Another two studies focus on the parents' origin, meaning that either one or both parents should be born abroad for an adolescent to be considered a migrant (Duinhof et al., 2020; Smith et al., 2015). As they do not point to where the adolescent was born, this definition could include first- and second-generation migrants according to our definition. Finally, another two studies consider that an adolescent can be defined as a migrant if they and both parents were born abroad, which is what we consider a first-generation migrant, according to our definition (Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021).

Regarding the definitions of first-generation migrants, all included studies that provide a definition align with ours (Alivernini et al., 2019; D. Bianchi et al., 2021; Burdzovic Andreas & Brunborg, 2017; Caravita et al., 2020; Hjern et al., 2013; Miconi et al., 2017; Paalman et al., 2015; Plenty & Jonsson, 2017; Stefanek et al., 2012; Strohmeier & Dogan, 2012; Svensson et al., 2012). However, three of them specifically mention that the adolescent and at least one parent should be foreign-born (Borraccino et al., 2018; Dalmasso et al., 2018; Delaruelle et al., 2021). While we automatically consider that an adolescent is a first-generation migrant if he or she was born abroad, these three studies also add the condition that at least one parent should be born abroad as well. Technically, the adolescents included in this category would all be the same, but these three articles go a step further and provide specific information regarding both parents' origins.

Second-generation migrants are also defined by almost all included studies which evaluate their results for this profile in the same way as our definition, meaning that the adolescents are native-born and at least one of the parents is born abroad (Burdzovic Andreas & Brunborg, 2017; Dalmasso et al., 2018; Delaruelle et al., 2021; Hjern et al., 2013; Paalman et al., 2015; Stefanek et al., 2012; Strohmeier & Dogan, 2012). Nevertheless, five studies add to their definition that both parents have to be born abroad (Alivernini et al., 2019; D. Bianchi et al., 2021; Caravita et al., 2020; Plenty & Jonsson, 2017; Svensson et al., 2012). Finally, studies also differ in their definition of native adolescents. Most papers that define a native adolescent coincide with our definition (Burdzovic Andreas & Brunborg, 2017; Caravita et al.,

2020; Dalmasso et al., 2018; Delaruelle et al., 2021; Duinhof et al., 2020; Hjern et al., 2013; Miconi et al., 2017; Paalman et al., 2015; Smith et al., 2015; Stefanek et al., 2012; Svensson et al., 2012). However, four studies considered a child with at least one native parent as a native (Alivernini et al., 2019; D. Bianchi et al., 2021; Plenty & Jonsson, 2017; Strohmeier & Dogan, 2012), while that would fit our definition of a second-generation migrant. Only one study focuses on nationality to define the participant's background (Alonso-Fernández et al., 2017).

While all included studies provide results for migrant adolescents compared to native adolescents, only a few focus on specific migrant profiles. Five studies provide evidence of emotional and relational problems in first- and second-generation migrant adolescents, comparing them to their native peers (Alivernini et al., 2019; Delaruelle et al., 2021; Motti-Stefanidi et al., 2012; Strohmeier & Dogan, 2012; Svensson et al., 2012). Two studies compare refugee adolescents to their native peers (Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021). Finally, only one study targets unaccompanied minors and compares them to their non-migrant peers (Thommessen et al., 2013).

1.3.1.2 Countries of destination and countries of origin of participants with a migrant background

This study focuses on the emotional and relational problems of adolescents with and without a migrant background in Europe. Nevertheless, the selected papers solely represent 11 European countries. Seven studies focus on Italy (Alivernini et al., 2019; D. Bianchi et al., 2021; Caravita et al., 2020; Dalmasso et al., 2018; Miconi et al., 2017; Thommessen et al., 2013; Verhulp et al., 2015), five in the Netherlands (Duinhof et al., 2020; Paalman et al., 2015; Smith et al., 2015; Verhulp et al., 2014, 2015), four in Germany (Belhadj Kouider et al., 2015; Belhadj Kouider et al., 2014a; Busch et al., 2021; Smith et al., 2015) and Spain (Alonso-Fernández et al., 2017; Nunes et al., 2016; Romero-Acosta et al., 2014; Romero-Oliva et al., 2017), three in Austria (Gutmann et al., 2019; Stefanek et al., 2012; Strohmeier & Dogan, 2012), Sweden (Hjern et al., 2013; Plenty & Jonsson, 2017; Svensson et al., 2012) and Turkey (Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021; Ustuner Top & Yigitbas, 2021), two in Greece (Asendorpf & Motti-Stefanidi, 2017; Motti-Stefanidi et al., 2012), Portugal (Nunes et al., 2016; Romero-Oliva et al., 2017) and Switzerland (Ertanir et al., 2021; Hüsler & Werlen, 2010) and only one in Norway (Burdzovic Andreas & Brunborg, 2017) and in several European countries (Delaruelle et al., 2021). Surprisingly, of the 36 included studies, seven provide specific information about the countries of origin of the migrant-background adolescents,

enabling comparisons by the origin of the participants. Dutch adolescents are the population that got the most compared by the selected studies, including non-Western adolescents (Duinhof et al., 2020), Moroccan adolescents (Paalman et al., 2015), Surinamese, Turkish and Moroccan Dutch adolescents (Verhulp et al., 2014, 2015). Germans are compared to Asians (Belhadj Kouider et al., 2015) and other European adolescents (Belhadj Kouider et al., 2014a). Italian adolescents are compared to Eastern European, non-Western non-European and Western European migrant adolescents (Borraccino et al., 2020; Dalmasso et al., 2018). Finally, Spaniards are compared to Latin-American migrant adolescents (Romero-Acosta et al., 2014).

4.3.2 Differences found by migrant background in emotional problems

To verify if the included studies found results in line with our hypothesis, we analysed whether they found clear evidence that adolescents with a migrant background portrayed more emotional problems than their native peers, fewer problems or no significant differences between both groups. Emotional problems mainly refer to depression, anxiety and related emotional symptoms, including suicidal thoughts. In this analysis, we also highlighted the specific origin of the migrant-background adolescents if this sample was composed of at least 100 adolescents, enabling significant comparisons and extracting conclusions. As many studies did not describe the background of the migrant adolescents in their sample or this group was too small, we provide this information in a few cases.

A total of 10 papers found results that aligned with the hypothesis, as portrayed in Table 2. Seven of them measured the differences between the two groups in anxiety problems and symptomatology (Belhadj Kouider et al., 2015; Busch et al., 2021; Gutmann et al., 2019; Karadag & Ogutlu, 2021; Strohmeier & Dogan, 2012; Thommessen et al., 2013; Ustuner Top & Yigitbas, 2021). Only one of them included refugee adolescents (Karadag & Ogutlu, 2021), another one included unaccompanied migrant children (Thommessen et al., 2013), and another one measured social anxiety and differentiated it between first and second generation, finding that the first generation showed more anxiety symptoms, followed by the second-generation adolescents and finally by adolescents without a migrant background (Strohmeier & Dogan, 2012). Nine papers which concentrated on depression and depressive symptomatology found results that coincided with the hypothesis, providing evidence that having a migrant status was associated with higher depression scores (Belhadj Kouider et al., 2015; Busch et al., 2021; Ertanir et al., 2021; Gutmann et al., 2019; Karadag & Ogutlu, 2021; Romero-Acosta et al.,

2014; Stefanek et al., 2012; Strohmeier & Dogan, 2012; Thommessen et al., 2013). Again, Karadag and Ogutlu (2021) were the ones including refugee adolescents compared to adolescents without a migrant background and Thommessen et al. (2013) compared unaccompanied migrant minors to their native peers. This last study included the social workers' and parents' views of the adolescents rather than their own, which could produce a bias in the results found. Strohmeier and Dogan (2012) found that first-generation migrant adolescents presented higher depression levels than their second-generation peers, and these were higher than their peers without a migrant background. Regarding the origins of the migrant-background adolescents, Turkish adolescents seemed to portray higher depression and anxiety scores than their Austrian native peers (Gutmann et al., 2019; Strohmeier & Dogan, 2012), and Asian migrant adolescents had higher scores than their German peers (Belhadj Kouider et al., 2015). However, although the Asian sample was small (n = 71), the differences between both groups were still statistically significant.

The remaining papers that did not align with the central hypothesis showed two different results; they either found that migrant adolescents presented fewer emotional problems than their peers born in the host country or they found no significant differences between both groups. A total of six papers found more emotional problems in native adolescents than in their migrant-background peers (Belhadj Kouider et al., 2014a; Hüsler & Werlen, 2010; Paalman et al., 2015; Romero-Acosta et al., 2014; Verhulp et al., 2014, 2015). Four studies focused on depression, with one of them finding that European adolescents with a migrant background had lower levels than their German peers (Belhadj Kouider et al., 2014a) and the remaining finding the same results when comparing Moroccan adolescents to their native Dutch peers (Verhulp et al., 2014, 2015) or Surinamese and Turkish adolescents compared to their Dutch peers (Verhulp et al., 2014). Three studies focused on anxiety (Romero-Acosta et al., 2014; Verhulp et al., 2014, 2015), one finding higher anxiety levels in Spanish adolescents than in their Latin-American peers (Romero-Acosta et al., 2014), two of them finding higher anxiety levels in Moroccan adolescents than in their native Dutch peers (Verhulp et al., 2014, 2015) and one comparing Surinamese and Turkish adolescents to Dutch adolescents (Verhulp et al., 2014). Interestingly, one of these studies found this result exclusively for parental perceptions of depression and anxiety levels of their offspring, while this was not shared by the adolescents (Verhulp et al., 2015). Additionally, one study found more suicidal tendencies in Swiss adolescents than in their peers with a migrant background (Hüsler & Werlen, 2010). Among the eleven articles that found no statistically significant

differences between both groups, nine focused on depression or depressive symptomatology (Alonso-Fernández et al., 2017; Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015; Burdzovic Andreas & Brunborg, 2017; Hüsler & Werlen, 2010; Miconi et al., 2017; Strohmeier & Dogan, 2012; Verhulp et al., 2014, 2015) and eight on anxiety disorders or symptomatology (Alonso-Fernández et al., 2017; Belhadj Kouider et al., 2015; Ertanir et al., 2021; Hüsler & Werlen, 2010; Paalman et al., 2015; Strohmeier & Dogan, 2012; Verhulp et al., 2014, 2015). Regarding the studies that provided information on the migrant background of the adolescents, one found no differences in emotional problems between adolescents originating from countries different from some European countries, including Turkish, Polish, Russian, Arabic, African, Kurdish and Asian and their German peers (Belhadj Kouider et al., 2014a), and another one between Turkish, Kurdish, Russian, other European countries, Polish, Arabic and African adolescents and their German peers (Belhadj Kouider et al., 2015). Two studies found no significant differences between Moroccan adolescents and their Dutch peers (Paalman et al., 2015; Verhulp et al., 2014), two studies between Surinamese and Turkish adolescents and their Dutch peers (Verhulp et al., 2014, 2015), and one study between Turkish adolescents and their Austrian peers (Strohmeier & Dogan, 2012). Only one study found no significant differences between second-generation migrant adolescents and their native peers (Strohmeier & Dogan, 2012).

Table 2

Alignment of the results on emotional problems with the central hypothesis

Study	Opposite to the hypothesis	No differences between groups	In line with the hypothesis
Alonso-Fernández et al., 2017		Depressive and anxious symptomatology M/N	
Belhadj-Kouider et al., 2014a	Depression European M<N	Depression Other origins M/N	
Belhadj-Kouider et al., 2015		Depressive and anxious symptomatology Other origins M/N	Depressive and anxious symptomatology Asian M > N
Burdzovic & Brunborg, 2017		Depressive symptomatology M/N	
Busch et al., 2021			Depressive symptomatology M>N Anxiety symptomatology M>N
Ertanir et al., 2021		Anxiety	Depression

		M/N	M>N
Gutmann et al., 2019			Depression Turkish M>N State Anxiety Turkish M>N
Borraccino et al., 2020	Suicidal tendencies M<N	Depression and anxiety M/N	
Karadag & Ogutlu, 2021			Depressive and anxious symptomatology MR>N
Miconi et al., 2017		Depression M/N	
Paalman et al., 2015	Depression Moroccan M<N	Generalised and social anxiety Moroccan M/N	
Romero-Acosta et al., 2014	General Anxiety Latin-American M<N		Depressive symptoms Latin-American M>N
Stefanek et al., 2012			Depressive symptoms M1>M2>N
Strohmeier & Dogan, 2012		Depression Turkish M2/N Social Anxiety Turkish M2/N	Depression Turkish M1>M2&N Social anxiety Turkish M1>M2&N
Thommessen et al., 2013			Depressive and anxious symptomatology UAMsw>Np
Ustuner Top & Yigitbas, 2021			Social anxiety M>N
Verhulp et al., 2014	Depression and anxiety Moroccan M<N T1&T2 Surinamese & Turkish M<N T2	Depression and anxiety Moroccan M/N T1 Surinamese & Turkish M/N T1	
Verhulp et al., 2015	Depression and anxiety Moroccan Mp< Np	Depression and anxiety Surinamese & Turkish Mp/Np M/N	

Note: M>N (migrants more problems than natives); M/N (studies were inconclusive, differences were found without statistical significance, or results were similar between both groups); M<N (migrants fewer problems than natives); M = migrant; N= native; M1 = first-generation migrant; M2 = second-generation migrant; Mp= migrant parent; Np = native parent; MR =migrant refugee; UAMsw = social worker of an

unaccompanied migrant minor; T1 = first time when the results were measured; T2 = second time when the results were measured (T1 and T2 refer to longitudinal studies)

4.3.3 Differences found by migrant background in relational problems

To analyse whether the included studies found results that aligned with the hypothesis, we looked into the evidence that either found more relational problems in migrant- background adolescents than in their non-migrant peers, no statistically significant differences between both groups or more problems in natives than in their migrant-background peers. In this analysis, we also highlight the migrant-background adolescents' specific origin if this sample comprises at least 100 adolescents. As many studies did not describe the background of the migrant adolescents in their sample, or this group was too small, we provide this information in a few cases. Table 3 shows the comparisons of relational problems between adolescents with and without a migrant background and their alignment with the hypothesis in all included studies.

A total of 16 papers aligned with the central hypothesis regarding relational problems (Alivernini et al., 2019; Asendorpf & Motti-Stefanidi, 2017; D. Bianchi et al., 2021; Borraccino et al., 2020; Dalmasso et al., 2018; Delaruelle et al., 2021; Duinhof et al., 2020; Hjern et al., 2013; Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021; Motti-Stefanidi et al., 2012; Nunes et al., 2016; Plenty & Jonsson, 2017; Romero-Oliva et al., 2017; Smith et al., 2015; Ustuner Top & Yigitbas, 2021). Seven papers focused on peer friendship and peer relations (Alivernini et al., 2019; D. Bianchi et al., 2021; Hjern et al., 2013; Plenty & Jonsson, 2017; Romero-Oliva et al., 2017; Smith et al., 2015; Ustuner Top & Yigitbas, 2021), one of them finding that first-generation migrant adolescents had a lower number of friends than second-generation migrant adolescents and their native peers (Alivernini et al., 2019). Regarding the origin of the migrant-background adolescents, only one study provided this information, finding that first-generation Asian and African adolescents had fewer peer relations than their Swedish peers; they came across the same finding for first-generation migrant adolescents from other unspecified origins (Hjern et al., 2013). Five studies analysed the differences in peer acceptance and popularity, finding that migrant adolescents were less accepted by their classmates and less popular than their non-migrant peers (Alivernini et al., 2019; Asendorpf & Motti-Stefanidi, 2017; Motti-Stefanidi et al., 2012; Nunes et al., 2016; Romero-Oliva et al., 2017). One longitudinal study that provided results for the different migrant-background generations found that the first time it was measured, first-generation migrant adolescents were less popular than second-generation and non-migrant adolescents (Motti-Stefanidi et al., 2012). Another longitudinal study found

that peer acceptance was higher in native adolescents, measured at two different moments (Asendorpf & Motti-Stefanidi, 2017). One study comparing peer acceptance levels between migrant-background adolescents and their Spanish and Portuguese native peers found better results for the non-migrant Portuguese adolescents (Nunes et al., 2016). Opposite to peer acceptance, two studies measured peer rejection, finding that migrant-background adolescents were more rejected than their native peers, and one of them also provided evidence that first-generation migrant adolescents were more rejected than second-generation migrants and their native peers (Asendorpf & Motti-Stefanidi, 2017; Plenty & Jonsson, 2017). Three studies focused on peer support (Borraccino et al., 2020; Dalmasso et al., 2018; Delaruelle et al., 2021). Two found that migrant adolescents from Eastern-European and non-Western non-European countries perceived less peer support than their native Italian peers (Borraccino et al., 2020; Dalmasso et al., 2018). The remaining study found that first-generation migrant peers perceived less peer support than second-generation and native adolescents (Delaruelle et al., 2021). Three papers measured peer problems (Duinhof et al., 2020; Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021). Two found that refugee adolescents had more problems than their non-migrant peers (Karadag & Gokcen, 2021; Karadag & Ogutlu, 2021), and another one found that migrant adolescents from non-Western countries accounted for more peer relationship problems than their Dutch peers (Duinhof et al., 2020).

Eight studies found no significant differences in relational problems when comparing adolescents with and without a migrant background. Four focused on peer acceptance and popularity (D. Bianchi et al., 2021; Caravita et al., 2020; Motti-Stefanidi et al., 2012; Nunes et al., 2016), two on peer support (Borraccino et al., 2020; Dalmasso et al., 2018), one on peer rejection (Asendorpf & Motti-Stefanidi, 2017) and one on social competence (Romero-Oliva et al., 2017). Regarding their origins, the articles on peer support found no differences between migrant-background adolescents from Western countries (including EU-15 and other Western countries such as Switzerland, Norway, Iceland, the USA, Canada, Australia and New Zealand) and their Italian peers (Borraccino et al., 2020; Dalmasso et al., 2018). Another study, which compared peer acceptance of migrant-background adolescents and their non-migrant Spanish or Portuguese peers, found no differences between groups only when compared to Spanish native peers (Nunes et al., 2016). The study that focused on peer rejection was a longitudinal study that found no differences between groups the second time it was measured (Asendorpf & Motti-Stefanidi, 2017). Two studies found results opposite to the hypothesis, one of them accounting for more peer acceptance in migrant-background adolescents than in their native

peers (Asendorpf & Motti-Stefanidi, 2017) and another one finding that second-generation migrant adolescents had more peer friendships than their non-migrant peers (Svensson et al., 2012).

Table 3

Alignment of the results on relational problems with the central hypothesis

Study	Opposite to the hypothesis	No differences between groups	In line with the hypothesis
Alivernini et al., 2019			Peer friendship M1<M2<N Peer acceptance M<N
Asendorpf & Motti-Stefanidi, 2017	Peer acceptance M>N	Peer rejection T2 M/N	Peer rejection T1 M>N Peer acceptance T1 & T2 M<N
Bianchi et al., 2021		Peer acceptance M/N	Peer friendship M<N
Borraccino et al., 2020		Peer support Western M/N	Peer support EE/nW-nE M<N
Caravita et al., 2020		Peer acceptance M/N Peer popularity M/N	
Dalmasso et al., 2018		Peer support Western M/N	Peer support EE/nW-nE M<N
Delaruelle et al., 2021			Peer support M1<M2<N
Duinhof et al., 2020			Peer relationship problems nW M > N
Hjern et al., 2013			Peer relations Asian, African and other origins M1<N
Karadag & Gokcen, 2021			Peer problems MR<N
Karadag & Ogutlu, 2021			Peer problems MR<N
Motti-Stefanidi et al., 2012		Peer popularity T2 M/N	Peer popularity T1 M1<M2<N
Nunes et al., 2016		Peer acceptance M/N Spanish	Peer acceptance M<N Portuguese

Plenty & Jonsson, 2017			Peer rejection M1>M2>N Peer friendship M<N
Romero-Oliva et al., 2017		Social competence M/N	Peer acceptance M<N Peer friendship M<N
Smith et al., 2015			Peer friendship M<N
Svensson et al., 2012	Peer friendship M2>N		
Ustuner Top & Yigitbas, 2021			Peer relations M>N

Note: M>N (migrants more problems, acceptance, popularity, friendships or social acceptance than natives); M/N (studies were inconclusive, differences were found but without statistical significance); M=N (same results in both groups); M<N (migrants fewer problems, acceptance, popularity, friendships or social acceptance than natives); M = migrant; N= native; M1 = first-generation migrant; M2 = second-generation migrant; MR =migrant refugees; EE M = Eastern European migrant; nW M = non-Western migrant; nE M = non-European migrant; T1 = first time when the results were measured; T2 = second time when the results were measured (T1 and T2 refer to longitudinal studies)

4.3.4 Factors affecting emotional and relational problems

We used thematic synthesis to extract the variables affecting the development of emotional and relational problems (Thomas & Harden, 2008). This process consists of three phases, which entail 1) the identification of factors influencing the development of emotional and/or relational problems, 2) the development of descriptive themes that summarise the meanings of the initial variables identified and 3) the generation of analytical themes that enable the interpretation of the previously identified descriptive themes to generate new synthetic categories that enable answering our research question.

The thematic synthesis delivered six descriptive themes (socio-demographic, psychological, family factors, abnormal environment, immigrant proportion of the classroom and time) and three analytical themes (variables affecting emotional problems, relational problems or both emotional and relational problems). We developed the descriptive themes to group the identified variables in the papers included in this review, while analytical themes enabled to interpret the descriptive themes concerning the key outcome, which is the presence of emotional and relational problems. To explain the results, we conducted the analysis

according to the three analytical themes, and within each of them, we also contextualised the descriptive themes in the different systemic levels (intrapersonal, interpersonal and external). The factors affecting mental health identified in the study can be found in Table 4.

Table 4

Identified factors affecting emotional and relational problems in three systemic levels

Identified variables affecting emotional and relational problems		
Systemic levels	**Descriptive themes**	**Subthemes**
Intrapersonal	Socio-demographic	Age
		Gender
		Ethnicity
	Psychological	Self-concept
		Cognitive ability
		IQ
Interpersonal	Family factors	Structure*
		Relations
		Culture and attitudes
		SES
		Situational*
External	Abnormal environment	
	Immigrant proportion of the classroom	
	Time	

Note: Regular font stands for factors found in included papers addressing both emotional and relational problems; underlined font for factors found in papers addressing emotional problems; and *italics* for factors found in papers addressing relational problems, coinciding with the analytical themes. *Family structure refers to the configuration of the family (e.g., single-parent family vs family with both parents). Situational family factors refer to losing a relative (e.g., mother, father or sibling) or living with a family member with a psychopathology that affects the family dynamic (usually in a negative way).

4.3.4.1 Factors affecting both emotional and relational problems

The first analytical theme includes factors found in the studies that affected both emotional and relational problems. At the intrapersonal level, socio-demographic characteristics were the first descriptive theme found to affect both emotional and relational problems. We found gender differences in emotional and relational problems in 13 papers

(Alivernini et al., 2019; Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015; L. Bianchi et al., 2020; Dalmasso et al., 2018; Ertanir et al., 2021; Gutmann et al., 2019; Miconi et al., 2017; Nunes et al., 2016; Plenty & Jonsson, 2017; Romero-Acosta et al., 2014; Stefanek et al., 2012; Verhulp et al., 2015). Girls seemed to be more prone to developing emotional problems than boys in seven studies (Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015; Ertanir et al., 2021; Miconi et al., 2017; Romero-Acosta et al., 2014; Stefanek et al., 2012; Verhulp et al., 2015); however, one study found that boys had higher anxiety levels than girls (Gutmann et al., 2019). Six additional studies found no gender differences in emotional problems, specifically referring to emotional symptoms (Alonso-Fernández et al., 2017; Strohmeier & Dogan, 2012), depression (Gutmann et al., 2019; Karadag & Ogutlu, 2021; Paalman et al., 2015), suicidal tendencies (Hüsler & Werlen, 2010), and anxiety (Karadag & Ogutlu, 2021; Paalman et al., 2015). For relational problems, similar results were found, with four studies accounting for worse results in girls than in boys regarding peer friendship, acceptance and support (Alivernini et al., 2019; D. Bianchi et al., 2021; Dalmasso et al., 2018; Nunes et al., 2016) and only one finding more peer rejection in boys (Plenty & Jonsson, 2017). Six papers found no gender differences in relational problems regarding peer acceptance (D. Bianchi et al., 2021; Caravita et al., 2020; Romero-Oliva et al., 2017), popularity (Caravita et al., 2020; Motti-Stefanidi et al., 2012), friendship (Romero-Oliva et al., 2017), and peer relationship problems (Duinhof et al., 2020; Karadag & Ogutlu, 2021).

Five papers also found ethnicity to affect emotional and relational problems (Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015; Borraccino et al., 2020; Dalmasso et al., 2018; Verhulp et al., 2015), providing mixed findings. On the one hand, regarding the emotional problems of German native adolescents, two studies provided different results depending on who they were compared with. Asians reported more internalising problems than their German peers. Still, several authors did not find this result for adolescents with a different migrant background, and they found the opposite effect when compared with their peers with migrant backgrounds from other European countries (Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015). Another study found no ethnic differences in emotional problems reported by adolescents; however, they did when asking the parents, where Moroccan Dutch parents reported fewer anxiety disorders than Surinamese Dutch, Turkish Dutch and native Dutch parents (Verhulp et al., 2015). Regarding relational problems, two studies found that adolescents from Eastern Europe and non-Western and non-European countries were more

likely to perceive low peer support than their peers from the host country (Italy) or Western countries (Borraccino et al., 2020; Dalmasso et al., 2018).

At the interpersonal level, some family factors also appeared to influence both emotional and relational problems. Socioeconomic status (SES) seemed to affect both types of problems. The included studies held many different definitions of this variable, some focusing on social class (Alonso-Fernández et al., 2017), parental education (Alonso-Fernández et al., 2017; Belhadj Kouider et al., 2014a; Belhadj Kouider et al., 2015; Ertanir et al., 2021; Hjern et al., 2013; Karadag & Ogutlu, 2021; Verhulp et al., 2014, 2015), parental education and household income (Plenty & Jonsson, 2017), parental education and occupation (Busch et al., 2021; Miconi et al., 2017; Smith et al., 2015; Strohmeier & Dogan, 2012), socioeconomic adversity (Motti-Stefanidi et al., 2012), access to a private room at home (Ertanir et al., 2021), OECD definition of SES (Alivernini et al., 2019; Organisation for Economic Co-Operation and Development, 2014; Romero-Oliva et al., 2017), and SES According to the Family Affluence Scale (FAS) (Borraccino et al., 2020; Dalmasso et al., 2018; Delaruelle et al., 2021; Duinhof et al., 2020; Svensson et al., 2012; Torsheim et al., 2016). In most cases, these were self-reported by the adolescents or their parents, except for the household income, which was drawn from the registers held by Statistics Sweden (Plenty & Jonsson, 2017). Some papers described the SES differences between the migrant and non-migrant adolescent groups they were comparing. Out of the 13 papers describing them, 12 found that the migrant adolescents had lower SES than their native peers (Alonso-Fernández et al., 2017; Borraccino et al., 2020; Busch et al., 2021; Dalmasso et al., 2018; Delaruelle et al., 2021; Duinhof et al., 2020; Karadag & Ogutlu, 2021; Miconi et al., 2017; Romero-Oliva et al., 2017; Strohmeier & Dogan, 2012; Ustuner Top & Yigitbas, 2021; Verhulp et al., 2014), and just one adjusted for SES in their analyses because they could not match the groups on socioeconomic status as the differences between groups were too large (Paalman et al., 2015). On the one hand, regarding SES effects on emotional problems, two studies found that having a higher SES worked as a protective factor (Ertanir et al., 2021; Romero-Acosta et al., 2014), one found that parents' middle educational background acted as a risk factor (Busch et al., 2021), and another one found no effects (Alonso-Fernández et al., 2017). On the other hand, regarding SES effects on relational problems, having a higher SES was related to more friendships and peer acceptance (Alivernini et al., 2019) and fewer peer relationship problems and rejection (Duinhof et al., 2020; Plenty & Jonsson, 2017). However, when controlling for migrant status, it was not a risk factor for popularity (Motti-Stefanidi et al., 2012). Situational family factors like losing a family member

or living with psychopathology predicted the development of depression, anxiety disorders and peer problems (Belhadj Kouider et al., 2014a; Karadag & Ogutlu, 2021).

4.3.4.2 Factors affecting emotional problems

The second analytical theme refers to factors found in the articles that affected emotional problems exclusively. Of all included studies, age seemed to be the only socio-demographic descriptive theme at the intrapersonal level affecting depression, where older adolescents had higher levels than their younger peers (Burdzovic Andreas & Brunborg, 2017; Miconi et al., 2017). Although more studies included age as a variable in their designs, they either found no significant differences or controlled for this variable in their analyses. Additionally, in papers where the study sample included children younger than 11, our study did not include significant age differences as we focused on adolescents aged 11 to 18. Regarding psychological characteristics, having a negative self-concept (Busch et al., 2021) and average or above-average intelligence levels (Belhadj Kouider et al., 2015) were associated with increased emotional problems. Family factors at the interpersonal level, such as family structure and family relations, seemed to affect the development of emotional problems. Adolescents living in a single-parent family were more prone to developing internalising disorders than children living with both parents (Belhadj Kouider et al., 2015). Additionally, perceived maternal and paternal care acted as a protective factor against depressive symptoms (Miconi et al., 2017), while inadequate parental authority or unreasonable demands of parents worked as a risk factor (Belhadj Kouider et al., 2015). At the external level, living in an abnormal environment (such as an institution or a household with very limited space) increased the probability of developing anxiety and depressive disorders (Belhadj Kouider et al., 2015).

4.3.4.3 Factors affecting relational problems

The final analytical theme includes factors that affect relational problems. At the intrapersonal level, within the descriptive psychological theme, having stronger cognitive skills appeared to positively impact rejection, reducing its likelihood (Plenty & Jonsson, 2017). Among the family factors belonging to the interpersonal level, culture and attitudes seemed to play an important role in the development of relational problems. Parents with out-group friends seemed to help migrant children develop positive out-group attitudes that contributed to increasing the number of out-group friends. However, the study did not find the same result for children without a migrant background (Smith et al., 2015). At the external level, the immigrant proportion of the classroom seemed crucial in developing relational problems. Four

studies found that classrooms with a lower percentage of migrant students had protective effects against the development of relational problems, meaning that they would more likely have more friends without a migrant background, peer acceptance and popularity (Asendorpf & Motti-Stefanidi, 2017; Motti-Stefanidi et al., 2012; Smith et al., 2015; Svensson et al., 2012). Two papers found opposite results, finding that a higher immigrant proportion in the classroom was related to more peer acceptance and less peer rejection (Asendorpf & Motti-Stefanidi, 2017; Plenty & Jonsson, 2017). One study found that a lower immigrant proportion in the classroom was associated with higher peer rejection (Plenty & Jonsson, 2017). Time was another descriptive theme identified to affect the development of relational problems. Two longitudinal studies found that over time, adolescents with a migrant background became less rejected, more accepted and more popular than at the first time these were assessed (Asendorpf & Motti-Stefanidi, 2017; Motti-Stefanidi et al., 2012).

4.4 Discussion

In the present study, we conducted a systematic review following the PRISMA statement (Moher et al., 2009), focusing on two main components of the mental health of adolescents in Europe with and without a migrant background: emotional and relational problems. We consulted a vast number of articles to make the final selection for the study. However, we only included 36 studies which met the inclusion criteria. In this sense, one of the most recent systematic reviews evaluating the mental health of migrant children more than a decade ago mentioned that research on this topic was very scarce and urged researchers in the field to keep focusing and deepening on it (Chan et al., 2009). After conducting this study, it becomes evident that the topic has received more attention in recent years and continues to be relevant at present.

According to the central hypothesis, adolescents with a migrant background would present more emotional and relational problems than their peers without a migrant background. The discard of many of the consulted papers in the selection process poses a reason to argue that there could be a bias in the results due to the inclusion criteria. Although the studies included portray mixed findings, 26 of the 36 included studies found results in line with our hypothesis for both emotional and relational problems. This study also enabled us to identify factors that influence these problems, pointing to some affecting both emotional and relational problems and others being specific to each type of problem.

Despite having analysed emotional and relational problems separately in this study, both represent key components of well-being. Although the emotional sphere is central to mental health, relatedness to others is considered a peripheral aspect contributing to well-being (Park et al., 2023). According to the structural model of child well-being, emotional and social dimensions are two central components (Stevens & Vollebergh, 2008). The emotional dimension holds strong bi-directional connections to all other components, including the social sphere. Therefore, a positive balance in emotional well-being should have a positive effect on the social dimension, and the same would happen if there was a positive or negative balance in the social dimension, meaning that it would either positively or negatively affect the emotional dimension. This conception points to the importance of considering both when researching children's and adolescents' mental health and well-being.

As previously stated, emotional problems have been widely studied as a key component of mental health, and the findings of the present study are in line with other systematic reviews evaluating concrete disorders such as depression and anxiety (Belhadj Kouider et al., 2014b; Chan et al., 2009; Stevens & Vollebergh, 2008). Although the question regarding whether children with a migrant background present more emotional problems than their peers without a migrant background cannot be fully answered due to several factors that are explained in the following paragraphs, there is a mild tendency among the included studies to consider that they do present more emotional problems, providing evidence that endorses the hypothesis in 10 out of 18 studies. However, based on the established criterion for accepting the hypothesis, it cannot be accepted for emotional problems since less than 75% of the included studies found more emotional problems in migrant adolescents than in their non-migrant peers.

Regarding relational problems, in this study, we provided a definition for these as part of mental health, focusing mainly on peer problems and social competence. We consider these the social part of mental health, usually set aside. However, according to the biopsychosocial model of health, social factors are as essential as biological factors (such as predisposition to develop certain mental health diseases) and psychological factors, which are the most widely known in the domain of mental health problems. From a developmental psychology perspective, the social sphere is also crucial in the developmental stage of the population studied. In adolescence, the peer group is a key aspect which influences well-being to a large extent. Hence, when researching the mental health of migrant adolescents, it is paramount to focus on their peers and their social competence, which is needed to establish positive peer relationships. In light of the hypothesis stating that adolescents with a migrant background

portray more relational problems than their non-migrant peers, there is also a difficulty in providing a final answer due to the same reasons previously mentioned. Nevertheless, the tendency of the included studies points to the hypothesis being true more clearly than in emotional problems, with 16 out of 18 studies in line with it. Therefore, based on our pre-established criterion, the hypothesis is true for relational problems, since more than 75% of the included studies support it. An interesting finding of the present paper is that out of the 18 selected studies on relational problems, only one focused on social competence (Romero-Oliva et al., 2017). Therefore, we suggest that researchers focusing on relational problems specifically dedicate some efforts to evaluating adolescents' social competence with and without a migrant background to provide more evidence for this underrepresented component of the relational sphere.

Although a majority of studies evaluating emotional and relational problems found results in line with the hypothesis, another significant amount either found no differences between both groups of adolescents or identified more problems in native adolescents than in their migrant peers. To better understand the differences in these findings, we provide more details of the studies that might explain at least part of them. Many identified reasons that could account for bias in the results are related to the study samples. In many studies, the native sample was over-represented compared to the migrant-background sample (Burdzovic Andreas & Brunborg, 2017). This sampling strategy is usually justified stating that it is highly representative of the proportions of the population with and without a migrant background in a particular country; however, it can also explain part of the results found against the hypothesis as it is a convenience sample. Along the same line, some papers that found evidence against the hypothesis pointed to using a convenience sample as a limitation in their studies, which can directly affect the results (Burdzovic Andreas & Brunborg, 2017). Other studies focusing directly on the mental health problems of adolescents referred that their results could partially be explained by the oversampling of at-risk adolescents (Paalman et al., 2015; Verhulp et al., 2014).

Other possible reasons for finding results that refute the hypothesis are related to differences in several factors affecting emotional and relational problems in both populations that were either not controlled or not measured. For instance, one study indicated that the personal history of their participants was not considered in data analysis and suggested that their results represented more of a 'patchwork' than the clear picture (Hüsler & Werlen, 2010). Additionally, other reasons might be related to the study design. As this review includes a few

longitudinal studies, we observed that, especially for relational problems, differences were found between native and migrant adolescents when comparing them at time one and time two (Asendorpf & Motti-Stefanidi, 2017; Svensson et al., 2012). Usually, the evidence found that supported the hypothesis at T1 was no longer the same at T2, pointing to time as a key variable affecting relational problems. Moreover, studies that sampled classrooms with different compositions of migrant-background students found opposite results depending on the proportions (Asendorpf & Motti-Stefanidi, 2017). Finally, the finding shared by some studies that second-generation migrant adolescents and their non-migrant peers had similar levels of emotional or relational problems can be explained by the fact that they were raised in the same country and, therefore, did not encounter some obstacles or challenges that come with the migration and integration processes, in comparison to their first-generation migrant peers (Strohmeier & Dogan, 2012; Verhulp et al., 2014).

To identify the variables that affect emotional and relational problems, the study came across several findings. First, we identified some as factors protecting against the development of emotional and relational problems, and we found others to act as risk factors. Second, we found that some widely studied variables affected emotional and relational problems, but others were specific to emotional problems and others to relational problems. Many variables affecting emotional problems are also well-known, such as age, self-concept, family structure, family relations and an abnormal environment (Harland et al., 2002; Lewinsohn et al., 1994; MacPhee & Andrews, 2006). In contrast, the variables affecting relational problems seem specific for adolescents with a migrant background. These variables include culture and attitudes, the immigrant proportion of the classroom, and time. This finding suggests that these variables and relational problems as part of mental health should be further studied to prevent the development of relational problems in adolescents with a migrant background. Third, we found variables affecting both emotional and relational problems at all three ecological levels, including gender, ethnicity, socioeconomic status and situational family factors. This fact points to the importance of conducting research and interventions that tackle intrapersonal, interpersonal and external factors, as all three contribute to adolescents' mental health and are, therefore, equally important. The knowledge of how these variables influence emotional and relational problems enables professionals working with migrant adolescents to gain a broader understanding of how their environment's important relationships and factors affect them. It gives them the opportunity to design strategies to control them and prevent the onset of such problems.

Delving into some of these key variables affecting both emotional and relational problems, we found that the majority of the included studies pointed to girls portraying more problems than their male peers, especially regarding emotional problems. At the same time, this was less clear for relational problems. Drawing conclusions on ethnicity effects is cumbersome since few origins and host countries are represented, and some studies group several countries together. This grouping hinders verifying whether migrant adolescents from concrete countries are more prone to developing emotional or relational problems than adolescents with a different background. Among the studies that provided this information, one found that adolescents of European descent presented fewer emotional problems than their German peers. At the same time, the rest of the countries were either African (Moroccan compared to Dutch peers) or South American (compared to Spanish and Dutch native peers). Papers that found no significant differences in emotional problems between both groups compared Dutch peers to Moroccan, Turkish and Surinamese migrant adolescents, and Austrian adolescents to their Turkish migrant peers. For relational problems, this was only found in migrant-background adolescents from Western countries compared to their Italian peers.

Regarding studies finding evidence aligned with the hypothesis, it was found that Asian adolescents portrayed more emotional and relational problems than their German and Swedish peers, Turkish adolescents more emotional problems than their Austrian peers, and Latin-American adolescents higher depression scores than their Spanish peers. For relational problems, it was found that African adolescents had fewer peer relationships than their Swedish peers, and migrant adolescents from Eastern-European and non-Western non-European countries had less peer support or more peer problems than their Italian peers. It becomes clear that more research is needed where the samples of different migrant backgrounds are representative and differentiated in the analysis to compare them to their migrant peers and between them. The same can be extrapolated to the native sample, where it would be highly beneficial to establish differences in emotional and relational problems between European backgrounds to provide the prevalence of both types of problems in each country. This information would then enable cross-country studies comparing native and migrant-background adolescents. Finally, while there appears to be a tendency for migrant-background adolescents in the included studies to account for lower SES than their native peers, the different definitions and measurement of SES in the studies prevent us from extracting sound

conclusions. Nevertheless, we point to the potential of having high SES as a protective factor that should be further studied.

There are several limitations of the included studies that could imply biases in the results presented. On the one hand, although most of the studies included share the same definition of migrant and native adolescent, some present differences that entail considering an adolescent as a native peer without focusing on the second-generation background. Additionally, as few studies provide different results for first- and second-generation migrants, refugees and unaccompanied minors, we cannot draw any conclusions regarding these groups' mental health. On the other hand, only 11 European countries were included in the study regarding the cultural factors to be accounted for. While some countries were represented in up to seven studies, others appeared in one study or two, being underrepresented. The same happened with the countries of origin of the migrant background adolescents. A minority of the included articles provided information on the cultural origin of the migrant adolescents, hindering the drawing of conclusions regarding different results based on the specific cultural background.

The present study also faced some limitations that should be carefully considered to contribute to future research in the field. First, we designed differentiated and separate search strategies for emotional and relational problems and included mainly cross-sectional studies, which made it impossible to contribute to studying the mutual dependence and possible causal links between both spheres. Although delving into this link was not a goal pursued by the study, exploring it in future research is extremely interesting, especially considering that both are key elements of well-being closely intertwined. Second, the focus of the present paper on peer relationships only when studying relational problems left out other relevant relationships contributing to both social well-being and the relational sphere of mental health. These are also paramount for the adolescents' development but were out of the adopted scope. Therefore, we urge future researchers interested in the field to include these relationships in their studies. Third, as we only considered the factors affecting emotional and relational problems included in the studies, we did not focus on additional variables that have proven to affect psychological well-being, such as climate in the family, type of socialisation, stereotypes, and size and quality of peer networks, to name a few. These should be included in future research to try to draw causal links between the variables and the emotional and relational problems present. Finally, as this study was designed as a systematic review and not a meta-analysis, we did not provide prevalence estimates for emotional and relational problems found in the studies. The design of

the study did not allow it, since the studies included do not share similar sampling strategies, tools or outcomes. Future research should focus on providing such estimates since they are not available for relational problems and especially not related to adolescent migrant population.

4.5 Conclusions

Migration is a complex social phenomenon affecting adults, children, and adolescents. For the latter, the barriers encountered during the pre-migration, transit and post-migration stages of the process pose additional challenges that can impact their mental health.

In the present paper, we conducted a systematic review focusing on emotional and relational problems, identifying 18 articles for each focusing on the European context that measured mental health problems through self-administered questionnaires. Although the inclusion criteria included several profiles of migrant adolescents, very few of the included studies focused on refugees and unaccompanied migrant minors. This finding notes the importance of conducting more comparative research on children without a migrant background and refugees or unaccompanied migrant minors on their mental health status.

Although the hypothesis held in this study points to adolescents with a migrant background presenting more emotional and relational problems than their peers without a migrant background, it could only be confirmed for relational problems, since more than 75% of the included studies support it. A small majority of studies also found more emotional problems in adolescents with a migrant background than in their non-migrant peers. However, as the amount of studies supporting this hypothesis was below the acceptance criterion, it could not be fully confirmed. Nevertheless, to provide more direct evidence to test the hypothesis, more studies are needed focusing on the cultural origins of both adolescents with and without a migrant background, cultural differences between the host and home countries, and the different profiles of migrant-background adolescents. Another critical aspect on which future studies should focus is the factors affecting emotional and relational problems. Many of the factors identified in the included studies, and the most known ones, are embedded in the post-migration stage. However, as already pointed out by Chan and colleagues (2009), more research is needed focusing on variables pertaining to both the pre-migration and transit stages and the variables affecting both problems jointly and separately. Moreover, further research is needed to understand the relationship between emotional and relational problems and the key role that these factors play in their presence and onset.

Finally, this study focused on studying the emotional and relational problems of adolescents with and without a migrant background to provide evidence of the differences both peer groups present. It also aimed to identify the variables that affect their mental health, intending to contribute to the prevention and intervention of the development of mental health problems. We urge professionals working with migrant adolescents in different domains and contexts to consider the findings of the present study to tackle the risk and protective factors affecting migrant adolescents and foster their well-being and integration in the host country. This task will help build a better future for these adolescents who slowly enter adulthood and represent a vital part of European countries.

Supplementary Information

The online version contains supplementary material available at https://doi.org/10.1007/s00787-024-02412-y

Authors contribution

E.R.-V.H. conceived of the study, participated in its design and coordination, drafted the introduction, designed the methodology, performed a review for the inclusion of articles, designed the interpretation of data and drafted the manuscript. I.M.S.R. participated in the conception, design and coordination of the study, performed a review for the inclusion of articles, participated in the discussion of results and reviewed the final manuscript. M.A.R.F. participated in the conception, design and coordination of the study, performed a review for the inclusion of articles, participated in the discussion of results and reviewed the final manuscript. All authors read and approved the final manuscript.

Funding

This article has been elaborated as part of a doctoral thesis dissertation within the research project IMMERSE: Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe funded by the European Commission under the Horizon2020 programme, Contract No. 822536.

Availability of data and materials

This declaration is “not applicable”.

Declarations

Conflict of interest

To their knowledge, the authors declare having no competing interests.

Ethical approval

This declaration is “not applicable”.

Open Access

This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article’s Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article’s Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit http://creativecommons.org/licenses/by/4.0/.

CHAPTER V: EMOTIONAL AND RELATIONAL REALMS OF UNACCOMPANIED MIGRANT ADOLESCENTS: AN APPROACH TO THEIR LIVED EXPERIENCES

CHAPTER V: EMOTIONAL AND RELATIONAL REALMS OF UNACCOMPANIED MIGRANT ADOLESCENTS: AN APPROACH TO THEIR LIVED EXPERIENCES

Authors: Elena Rodríguez-Ventosa Herrera[1,2], Isabel Muñoz-San Roque[3] & María Angustias Roldán Franco[1]

[1] Department of Psychology, Universidad Pontificia Comillas

[2] University Institute of Studies on Migration, Universidad Pontificia Comillas

[3] Department of Education, Universidad Pontificia Comillas

Type of publication: Original article

Journal information:

Revista Española de Sociología	
Publisher	Federación Española de Sociología
ISSN	1578-2824
EISSN	1578-2824
2023 JIF	0.7
2023 JIF rank	162/217 in the category Sociology (SJR quartile Q2)
2023 JCI	0.26

Publishing timeline:

Received	Accepted	Published
28 February 2023	25 January 2024	8 April 2024

Reference: Rodríguez-Ventosa Herrera, E., Muñoz-San Roque, I., & Roldán Franco, M. A. (2024). Emotional and relational realms of unaccompanied migrant adolescents: An approach to their lived experiences. *Revista Española de Sociología (RES)*, *33*(2), 1-25. https://doi.org/10.22325/fes/res.2024.217

Abstract

After the arrivals of unaccompanied migrant adolescents to Spain reached their peak in 2018, the trends have varied in the last few years, significantly decreasing in 2019 and slowly starting to increase again in 2020. These adolescents represent one of the most vulnerable groups due to their unique characteristics closely linked with the stressors encountered in their migratory process and the host society. All these experiences have been found to affect their well-being in different domains; however, very little is known about their perception of the matter, which is critical to understanding their needs and perspectives. This paper aims to look into the lived experiences of these children and how this process has affected their relational and emotional spheres, which are paramount to their development, especially during adolescence. These experiences were gathered using qualitative methodology consisting of interviews and focus groups conducted in a reception centre for unaccompanied migrant children in Catalonia. The view of these children is enriched with the contributions of the staff working in the reception centre. Analysis of the verbatims yielded six main topics revolving around frustrated expectations, obtention of legal documents, freedom, contact with the Spanish society, family and mental health. These are discussed considering how they affect emotional and relational well-being in the three stages of the migration process.

Keywords

Unaccompanied migrant minors · Relational well-being · Emotional well-being · Adolescents · Qualitative methods

5.1 Introduction

5.1.1 Unaccompanied minors' trajectories

Article 2 of the Directive 2011/95/EU (Recast Qualification Directive), as included in the European Migration Network's Asylum and Migration Glossary (European Migration Network, 2021), defines an unaccompanied as 'a minor who arrives on the territory of an EU Member unaccompanied by the adult responsible for them by law or by the practice of the EU Member State concerned, and for as long as they are not effectively taken into the care of such a person or who is left unaccompanied after they have entered the territory of the EU Member State'.

Regarding the moving trends of migrant children, in comparison to the previous years, although the total number of migrant children has decreased, the percentage of unaccompanied children among them has had a staggering rise. During the period 2018 2019, about 63,000 children entered the southern and southeastern European borders, accounting for 42% of unaccompanied minors in 2018 and 27% in 2019 (UNHCR et al., 2019, 2020). Only in 2021, about 24,000 children arrived in southern and southeastern European countries (including Greece, Spain, Malta, Bulgaria and Cyprus), of which 71% were unaccompanied and separated (UNHCR et al., 2022). Although the migration fluxes suffered a significant decrease during 2020 with the outburst of the Covid-19 pandemic (UNHCR et al., 2021), data from 2021 and previous years confirm that the migration of unaccompanied minors has become a regular trend in the European context and, therefore, it requires special attention (UNHCR et al., 2019, 2020, 2022).

While this group of children is heterogeneous in many aspects, the most common demographic profile includes male gender and an age range of around 15-17 years. Their countries of origin mainly belong to the African continent, making southern European countries like Italy, Greece, Spain, or Malta the main entry points and also the places where these children first end up in foster care centres (UNHCR et al., 2022).

In their journey from their home countries to their destination, these children encounter all kinds of perils, endangering their physical integrity, emotional and relational well-being, and mental health. Being exposed to stressors not only during the transit phase of the migration journey but also during the pre- and post-migration stages has a cumulative effect on the adaptation of these children (Salas-Wright & Schwartz, 2019).

5.1.2 Integration challenges

Once migrant children arrive in the host country, they encounter a new context that challenges them on their path towards achieving successful integration. In the present study, integration is understood as a dynamic bidirectional process in which both migrants and the host society have an active role in achieving active and full participation of migrant people in society (Council of the European Union, 2004; UNHCR, 2007). According to the definition held by the European Commission, 'this implies that, on the one hand, it is the responsibility of the host society to ensure that the formal rights of immigrants are in place in such a way that the individual has the possibility of participating in economic, social, cultural and civil life and, on the other, that immigrants respect the fundamental norms and values of the host society and participate actively in the integration process, without having to relinquish their own identity' (European Commission, 2005). Moreover, this study adopts the integration model of inclusive interculturalism proposed by the IMMERSE Project (Serrano Sanguilinda et al., 2019).

In this sense, it is not surprising that aiming at migrant children's full integration is the primary goal of children protection services for this population. These kinds of services put their efforts into accomplishing specific objectives in different areas. These mainly include granting access to education and removing barriers that hinder their active participation in the classroom, fostering their participation in the community, and providing access to social services (Basque Ombudsman, 2021).

When it comes to unaccompanied migrant adolescents, however, these challenges appear to have an extra layer of difficulty derived from their specific circumstances. Not only do they face the same challenges as other migrant adolescents, but they also encounter a few more. For instance, as these children reach legal age, they usually stop receiving support from the care institutions and see themselves in a situation where they are on their own. Therefore, before their coming of age, these facilities and services usually focus on accompanying and supporting them in their transition to adulthood (Basque Ombudsman, 2021).

5.1.3 Vulnerability

The challenges previously mentioned form the basis of the social vulnerability condition embedded in the concept of being an unaccompanied minor. Although the Convention on the Rights of the Child (United Nations General Assembly, 1989) clearly states that unaccompanied minors are first and foremost children, it often happens that the condition

of migrant prevails over the condition of being a child, in this case, disregarding their basic needs as such. Examples of this violation of their fundamental rights are being held in detention centres, seeing their asylum applications denied, and being denied access to quality medical services and education, among others (Bravo & Santos-González, 2017; Radjenovic, 2021).

Unaccompanied minors are commonly described as one of Europe's most socially vulnerable populations. Authors like Biocchi & Levoy (2008) dive deeper into the concept of vulnerability and explain why this group is considered one of the most socially vulnerable. They state that these children see themselves in a situation where three different vulnerability levels intersect: minors, immigrants, and undocumented migrants. Although according to this concept of social vulnerability deriving from the intersectionality perspective unaccompanied minors are inherently vulnerable, it must be noted that vulnerability is not a static condition. This implies that it can develop over time, which means that these children are, on the one hand, in danger of adding to their existing vulnerability, which may negatively affect their well-being while they are children and as adults in the future (Radjenovic, 2021). Easily explained, the inherent social vulnerability of these adolescents can worsen when adding additional barriers to their holistic integration and well-being. On the other hand, they can also develop their resilience thanks to their individual traits acting as coping mechanisms and the social context and experiences that enhance these traits in the host society. It must be therefore pointed out that the concepts of vulnerability and resilience are compatible (Corona Maioli et al., 2021).

5.1.4 Adolescents' voices

The social vulnerability of unaccompanied children is a characteristic that has a significant impact during adolescence, representing a stage in human development in which several developmental challenges arise. These lead to the formation of their identities, the ultimate goal of this developmental stage that strongly relies on social relationships and socialisation (Pérez et al., 2021). In the case of migrant adolescents, apart from the paramount need to form bonds with their peers, family is a critical pillar in the construction of their cultural and ethnic identity that helps overcome acculturative stress (Suárez-Orozco et al., 2018). Unaccompanied children encounter more difficulties at this point due to being separated from their families and lacking opportunities to socialise as any other adolescent, especially considering that, in most cases, their school attendance is disrupted (Pérez et al., 2021).

On one side, from a developmental psychology perspective, adolescence is known as a complicated developmental stage because of the developmental challenges and tasks that

adolescents face during these years (Berger, 2007). On the other side, from a more sociological perspective, it has been argued that the conception of adolescence as a critical developmental stage has been constructed by clinical psychologists treating problematic adolescents only. This widespread perspective has contributed to a self-fulfilling prophecy that causes adolescents to assume that they are in a complicated stage and behave as such (Martín-Criado, 2005).

Regardless of the perspective, it can be assumed that being an unaccompanied migrant adolescent implies additional challenges to the ones expected during adolescence that come with their integration process and account for a more difficult adaptation to this period (Corona Maioli et al., 2021). This fact redirects attention to the concept of vulnerability previously mentioned. However, several authors point to the idea of agency at this point as something that adults should acknowledge, as it entails the ability to make decisions on matters that affect their lives (James & James, 2012). Nevertheless, Senovilla Hernández (2014) states that vulnerability and agency are two concepts that can coexist. The key is recognising their vulnerability and supporting them in their deficiencies while fostering their agency by providing opportunities for them to make decisions.

Contrary to this idea, retrieving information on unaccompanied migrant children and adolescents' well-being is usually done through questionnaires and surveys not designed in collaboration with them (Tsang et al., 2012). Although this method allows for collecting data from many participants, it does not capture the specificities of their perspectives.

Care professionals accompanying these children in their everyday lives should be able to provide reliable information on their emotional and relational affairs. However, in a study by Bravo & Santos-González (2017), two main findings contradict this premise. First, these children struggle to express their personal affairs with these professionals because they fear the information they share can be used against them. Second, they found different results depending on the informant.

In this sense, adopting a child-centred approach represents the best way to provide them with opportunities to express themselves and for their opinions to be taken into account. It is based on the premise held by the new sociology of childhood, which states that children and adolescents are already competent human beings capable of valuable decision-making (James & James, 2012). The child-centred approach is based on several fundamental pillars that include agency, active participation, safeguarding of children's rights, the development of resilience and fostering of their well-being (Fattore et al., 2012). Therefore, it believes in the

importance of children's subjective experiences in matters that concern their lives, which is in line with Art. 12 of the Convention on the Rights of the Child, which states that they have the right to be heard (United Nations General Assembly, 1989).

To follow this approach, this study focuses on the discourses of unaccompanied minors, allowing them to express themselves on the emotional and relational spheres of their lives that contribute to their well-being.

5.1.5 Relational and emotional realms of their lives

As previously stated, a child's life's relational and emotional aspects are paramount to their well-being. This view is supported by the psychosocial model of well-being, which says that this is achieved when a balance of psychological, social and physical resources are available to face existing challenges (Dodge et al., 2012). Nevertheless, the literature on well-being is somewhat confusing when trying to disentangle its different components. While there are several well-known and widely accepted definitions of well-being, subjective well-being and emotional well-being, others have used the terms emotional and subjective well-being interchangeably (National Institutes of Health (NIH), 2018). This lack of consensus has served as a motive to lead different authors and organisations to meet and start developing a unified definition of emotional well-being. After their discussions, they came up with the following definition: 'emotional well-being is a multi-dimensional composite that encompasses how positive an individual feels generally and about life overall. It includes experiential features (emotional quality of momentary and everyday experiences) and reflective features (judgments about life satisfaction, sense of meaning, and ability to pursue goals that can include and extend beyond the self). These features occur in the context of culture, life circumstances, resources, and life course' (Park et al., 2023).

This definition does not include any references to social connectedness or relationships. This is because, although discussed as constructs related to emotional well-being, they are considered peripheral and should therefore be studied as a potential predictor or consequence of emotional well-being. In the same direction, mental health is considered as an outcome of emotional well-being that interacts with other peripheral factors (Park et al., 2023). In fact, in the structural model of child well-being, social and mental dimensions are two of its four key components (Minkkinen, 2013). In this model, the mental dimension refers to mental health that includes emotional and cognitive well-being as perceived by children themselves. Social well-being is described as 'a positive situation between the child and the people in their life',

which includes relationships with close adults, caregivers and friends. As stated by the author, the mental dimension has strong bi-directional connections with all other dimensions. For instance, a positive balance in the social dimension positively influences the mental dimension, as the adolescent feels accepted and safe. This means that, although mutually dependent, emotional and relational aspects are two separate concepts that should be studied in this population's well-being. Taking both perspectives into consideration, for this study, we focus on the emotional well-being and mental health included in the mental dimension of Minkkinen's structural model of child's well-being and also its social dimension (Minkkinen, 2013) and combine it with Park's definition of emotional well-being and relationships as a separate concept that should also be studied in relation to the emotional well-being (Park et al., 2023).

Evidence that supports these models applied to our study population can be found in studies that compared unaccompanied minors to their peers without a migration background. Authors like Bravo & Santos-González (2017) or Corona Maioli et al. (2021) found that the migration journey experienced by these children, characterised by a lack of available psychological, physical and social resources, resulted in psychological distress often expressed as hopelessness, lack of appetite, sleep problems, or even deriving in depression and anxiety problems. Peer problems have also been reported in this population more often than in their peers without a migration background explained by negative friendship quality. These problems have been described as loneliness, being disliked by peers and forming stronger bonds with adults than with peers (Samara et al., 2020). However, the mentioned study does not explore the possible role of racism and discrimination in the development of peer problems, as other studies have mentioned (Martínez Rojas et al., 2021). It has also been found that friendship has the potential to buffer the adverse effects of trauma caused by migration (Peltonen et al., 2012), and it has been identified as a protective factor for emotional development in this population (Mels et al., 2008).

Considering that friendships and meaningful bonds act as protective factors against mental health problems, contexts where these relationships are fostered, such as schools and family, are highly beneficial. Family has been found to help adolescents adapt and promote their socioemotional development (Borraccino et al., 2018; Pérez et al., 2021). Since unaccompanied minors sometimes lack opportunities to either enrol in non-compulsory education (when they are 16 or older) (Basque Ombudsman, 2021) or have contact with their

families, it can be hypothesised that their emotional and relational well-being will be negatively affected.

5.2 Methodology

5.2.1 Design

Following a child-centred approach, the study aimed to get to know the matters that were important for unaccompanied minors in relation to their emotional and relational well-being by asking them directly. To access subjective aspects of the experiences lived by these adolescents, the study adopted a qualitative approach through interpretative phenomenology (Denzin & Lincoln, 2008). This approach allowed to access the participants' direct lived experiences narrated through their perspective. The techniques chosen to access the meanings provided to the lived experiences of these adolescents were interviews and focus groups.

This research is part of a broader investigation within a project funded by the Horizon 2020 programme of the European Commission. The IMMERSE project aims to map the socio-educational integration of migrant and refugee children in six European countries. A script was developed to cover the main topics identified in the research related to their full integration. For this specific research, additional topics were included to explore the emotional and relational spheres of their lives.

The study faced some limitations that stem from the Covid-19 scenario present when conducting the interviews and focus groups. Although they will be further described at the end of this article, it is important to note that due to the restrictions, the researchers were only able to spend two days in the centre to conduct the interviews and focus groups. This made it impossible to establish a previous relationship with the interviewees and participants, which resulted in additional difficulty in accessing the emotional sphere of their lives.

To overcome said difficulties, the researchers emphasised that participants' contributions would be anonymous and that it was safe for them to share their experiences since these would not be used in any way that could be detrimental. On the contrary, sharing their emotional experience would be used to help other adolescents in their situation. Additionally, two researchers of the team were psychologists, and their experience in the field of psychotherapy was used to accompany the participants when sharing their experiences.

5.2.2 Recruitment and sampling

The study was carried out in a residential care centre for unaccompanied migrant minors located in Catalonia and in a supervised flat of the same organisation provided to some migrant adolescents who showcase excellent behaviour while residing at the centre. The centre and the flat are part of a foundation and run on behalf of the Catalan Government. It provides institutional foster care for 140 unaccompanied minors (although this number can change depending on the migration flows) aimed at pursuing their integration in the domains of society, community, and labour since 2018.

A visit was planned between March 23 and 24, 2021, scheduling 15 interviews with children willing to participate, three focus groups with four to five children each, and seven interviews with staff working in the centre. The sociodemographic profile of the interviewees is included in Table 5. Although the study aimed to understand children's lived experiences, the staff's perspectives were included to provide information on the context of the centre, the children's routines and trajectories and their professional views.

Table 5

Sociodemographic profile of interviewees

Interviewee	Profile	Age	Gender	Country of origin
AG1	Adolescent	16-17	Male	The Gambia, Ghana, Morocco, Senegal
AG2	Adolescent	16-17	Male	The Gambia, Pakistan, Senegal
AG3	Adolescent	16-17	Male	The Gambia, Morocco, Pakistan
A4	Adolescent	16	Male	Costa de Marfil
A5	Adolescent	16	Male	Morocco
A6	Adolescent	17	Male	The Gambia
A7	Adolescent	16	Male	The Gambia
A8	Adolescent	17	Male	Morocco
A9	Adolescent	17	Male	Morocco
A10	Adolescent	17	Male	The Gambia
A11	Adolescent	17	Male	Senegal
A12	Adolescent	17	Male	Pakistan
A13	Adolescent	18	Male	Morocco
A14	Adolescent	17	Male	Pakistan
A15	Adolescent	16	Male	Morocco
A16	Adolescent	17	Male	Morocco
A17	Adolescent	17	Male	Morocco
A18	Adolescent	16	Male	Morocco
P19	Psychologist	34	Female	Spain
P20	Social educator	33	Female	Spain
P21	Director	47	Female	Spain

P22	Nurse	31	Female	Spain
P23	Social worker	45	Female	Spain
P24	Social educator	46	Female	Spain
P25	Social educator	27	Female	Spain

'AG' stands for adolescent group, 'A' stands for adolescent, and 'P' stands for professional.

5.2.3 Ethical considerations

Considering the sensitivity of the topics involved in this research and the participants' vulnerability, compliance with the appropriate ethical requirements was guaranteed through the approval of the study by the Ethics Committee of the Universidad Pontificia Comillas. Before conducting interviews and focus groups, all participants were informed about the topics they were going to be asked about, the aims of the study, their rights to decide at any moment to drop out without providing any explanations and to decide what topics to elaborate on and which ones to drop. A consent form was provided to the participants and explained in detail, emphasising that their participation was voluntary, requesting permission for audio recording and guaranteeing their confidentiality.

In this section, it is also paramount to mention that the research conducted in this paper does not pursue the intention of representing unaccompanied minors in a way that is detrimental to them. Neither does it seek to boost the negative conception that several social media in Spain share of them joining the political debate in which they emphasise the hate speech against them, among others (Neubauer, 2021). Any affirmation about them is merely descriptive and has no intention of contributing to such a negative image of unaccompanied minors.

5.3 Data analysis

Once the interviews were transcribed, qualitative analysis was performed with the support of NVivo 12 Plus software (QRS International Pty Ltd, 2020), which helped arrange the categorisation and codification of the verbatims. Thematic analysis was the chosen method to address the information provided by adolescents and professionals of the centre, developing codes and analytical categories to organise the topics that arose in the discourse. The final step included interpreting and associating meanings to extract the main themes presented in the results section. The interpretative phenomenological analysis was used to offer insight into how these adolescents provide meaning to their lived experiences about their migration journey until they reach the host country and start their integration into the host society and how this affects the emotional and relational spheres of their lives. Information from the centre's professionals

was also considered to provide a different perspective and context to their experience in a centre for unaccompanied migrant minors in the host country. However, it must be noted that the contributions of the professionals and the adolescents are not treated equally, as the present study aims to identify the lived meaning provided to the experiences of the adolescents. Therefore, the contributions of the professionals are only portrayed to contextualise the experiences of the adolescents and not to retrieve the professionals' own meaning provided to their lived experiences. To avoid biases in the interpretations of the first author, the second and third authors reviewed the analysis and results, and discrepancies were solved through discussion and agreement of the three authors.

5.4 Results

Results are organised following six main topics identified in the verbatims. To illustrate them, extracts from the interviews and focus groups are embedded in the text.

5.4.1 High expectations that get frustrated

The interviewed adolescents, when deciding to come to Spain, pursued several dreams that they had in mind and sometimes had been there for a long time:

I have wanted to be a cardiologist since I was a child. I had a friend who died in front of me, and I don't want friends to die in front of me because there is no one to help them" (AG3, Moroccan adolescent aged 17).

They strived to change their lives not only for themselves but also for their families, which was usually dependent on earning a living and starting up a business: "I have come here to change my life, have a future and help my family. My family has nothing; we are poor" (AG3, Pakistani adolescent aged 17). These motivations usually stemmed from the insufficient living conditions they saw themselves in, usually concerning poverty and dramatic situations in their home countries.

Although these reasons motivated them to leave everything behind and decide to come to Spain, once they arrived, established themselves in the residential care centre and realised the difficulties of getting the first chance to start earning money, they pointed to the pressure of providing for their families and the inability to do so:

"It depends on the day because of family issues. Sometimes, when I'm alone, I think about my family, and I feel sad. Also, when I think my family needs something I will only be able to get when I am working. Now, I can't get it, and that makes me sad. But this is life,

sometimes it's good for you, and sometimes it's bad for you" (A10, Gambian adolescent aged 17).

According to the professionals, the expectations of these adolescents are frustrated upon arrival: "It is very frustrating. They come with expectations that are frustrated as soon as they arrive" (P19, Spanish female psychologist aged 34). They stressed that the inability to immediately start working prevented them from reaching everything they had hoped for and that they had promised to their families, with the result that they lied to them about how well things were going in Spain: "If they can't work, they can't earn money, which is frustrating. Because if they don't have money, they don't have a house, they lie to their families, their mothers… They have that pressure" (P20, Spanish female social educator aged 33).

Dealing with this clash between expectations and reality represented a personal challenge for these adolescents, causing them strong feelings of frustration, anger, sadness, resignation, and even depressive states:

"I came to Spain, directly to that school, with my father. They told me that I only needed to do some paperwork. And after a week, they told me there had been a mistake because I needed the ID. Then I got depressed again" (AG3, Moroccan adolescent aged 17).

5.4.2 Obtention of documents: the key to happiness and the way to despair

Every single adolescent and professional mentioned the obtention of legal documents in their interviews, either for the joy of obtaining them or for the hell it meant not having them. As explained by the professionals, not obtaining legal documents in a timely fashion meant that the adolescents could not exercise some of their basic rights. These included the inability to attend school when they are older than 16, enrolling in vocational training, and participating in after-school activities, among others:

"The second success is that we can get their legal documents. The difference between having them and not is being able to opt for everything or be left with nothing for three years. Without documents, you don't exist. You can't go to high school unless you're under 16. As long as you are over 16 and have no legal documents, you have nowhere to go and nothing to do. It is the basis for everything else" (P21, Spanish female director aged 47).

The struggle to obtain the documents and the awareness that the matter was out of their hands led the adolescents to feel helpless, sad and frustrated in a way that was described as unbearable at times:

“It's hard. Sometimes you think you can't stand it. You want to do many things that you cannot. You want to get the documents and study. Sometimes I cry here alone. It is very difficult to handle. You have no rights; you have no help” (A8, Moroccan adolescent aged 17).

This was supported by the professionals, who stated seeing them distressed due to their inability to do anything about it:

“You see them more apathetic and worried, but it’s not their fault. For example, we go to get their ID, and they keep their passport. In the end, we return to the same thing: some things generate mental health problems in children, such as frustration, and it must be dealt with correctly” (P20, Spanish female social educator aged 33).

On the contrary, managing to get their IDs was described as the only way in which the adolescents would be able to enter the educational path and get opportunities to find a job: “When they get their documentation, they go to high school or wherever they want to study, or they are enrolled in vocational training and, once finished, they do an internship. Many of them are then hired” (P22, Spanish female nurse aged 31). Once the adolescents understood how the bureaucracy worked and became aware of the consequences of not obtaining the legal documents, all their efforts were directed towards overcoming this obstacle. This also implied that their emotional well-being was strongly dependent on this goal, especially because it was the key to being able to take further steps towards reaching their full autonomy and living on their own: “Only when I get my legal documents will I be happy” (A14, Pakistani adolescent aged 17). In a way, it was as if the decision to migrate while remaining underage and everything this journey entailed in terms of malaise, witnessing dramatic situations, and the burden of leaving everything behind would be worthwhile or not depending on the obtention of legal documents.

5.4.3 Lack of freedom as a burden to integrate

The fact of living in a residential care centre meant that the adolescents were subject to a series of norms, procedures and protocols that they experienced as a burden to enjoying their freedom. The Covid-19 scenario only made things more difficult, as there were restrictions that affected the adolescent’s free time and gave them the sensation that they were in jail rather than in a centre for children their age:

“Here, life is not the life of a minor; it is like a prison. There is no freedom. Not all things are easy at the centre. In 24 hours only half an hour of recess, for example. And here, without fresh air” (AG2, Senegalese adolescent aged 16).

As adolescents understood it, freedom did not refer to doing whatever they wanted at any time. Rather, the absence of it meant that they lacked the chance to go out of the centre and live what any other adolescent would describe as a normal social life. For instance, when adolescents made it to the supervised flats, they remembered all the restrictions they faced when living in the centre, such as being unable to go out freely in the afternoons:

“There are many things you cannot do in the centre. For example, you cannot go out. Only on the weekend, and you can't do whatever you want. Here you have freedom to go out in the evening. There is more freedom. The food is also better here than there” (A11, Senegalese adolescent aged 17).

Sticking to the norms imposed by the centre generated discomfort in the adolescents and required the adaptation to a new way of living: “Upon arriving at the centre, I realised they did not let us go out alone. I don't like rules. Because when I was in Morocco, I lived without rules. It's been a bit of a change” (A13, Moroccan adolescent aged 18). This highlights the evident differences between living in the centre or in the flat and the upgrade it represents moving from the first one to the second.

In this sense, although residential care centres are designed to take care of unaccompanied migrant children and help them reach opportunities for their future, the way they are conceived, added to the bureaucratic issues these adolescents face, somehow overlooks certain key aspects of their integration process, according to the professionals: “Here, it is difficult to work on the integration issue because they are isolated with quite rigid regulations, learning a culture unknown to them and discovering everything. It is very frustrating” (P19, Spanish female psychologist aged 34). Some adolescents complained about lacking time to meet people when they lived in flats due to their tight schedule: “I learn Catalan, and then at 1 o'clock I cook, shower and go to the course... I come back at 7 or 8 pm. I can't go out; I can't talk to people” (A12, Pakistani adolescent aged 17), or about not having had the chance to meet any Spanish peers when living in the centre: “I don't have any Spanish friends here. I haven’t met anyone” (A11, Senegalese adolescent aged 17). The result of this isolation made them feel lonely: “You can't go out without permission; I feel lonely. I can't talk to my friends; I don't

have time. I get up in the morning and spend 3 hours learning Catalan" (A12, Pakistani adolescent aged 17), sad, frustrated and therefore hampered their self regulation abilities:

"It's hard to be patient here. Sometimes I get very nervous because I can't do anything. When I get nervous, I sit on a chair or go to the bathroom and relax. When I'm nervous, I don't want to talk to anyone or for anyone to bother me; I like to be alone. Sometimes I spend the day crying. But nothing happens; there is no solution" (A8, Moroccan adolescent aged 17.

5.4.4 Contact with Spanish society: mixed experiences

When talking about their contact with Spanish society at different levels, experiences were very heterogeneous among the adolescents. On the one hand, most of them felt welcome in Spain, especially in Catalonia, which they described as a home to them: "Catalan society respects foreigners a lot. We feel at home, like in our country" (AG2, Gambian adolescent aged 16). They also delved into concrete experiences they had had with Spaniards in different contexts. For instance, before going to the centre, several adolescents spent some time living in the streets, where they met Spanish people who offered to help them by supporting them or at least having someone to talk to:

"When I slept in the street, an older man asked me why I slept there. I told him that I had no family. He gave me his number so I could talk to him whenever I wanted. I didn't know much Spanish, but over time I'm learning, and now we speak more often" (AG1, Ghanaian adolescent aged 17).

This represented the first favourable approach towards Spanish society. This positive exchange with Spaniards was also experienced in the classroom, where some acknowledged the existence of racist and discriminatory attitudes but had not been direct targets of them: "For example, since I've been here for almost two years, I go to high school and hear about racism, but I've never seen it. My friends treat me as one of their own" (AG3, Moroccan adolescent aged 17).

On the other hand, others declared having been victims of discriminatory attitudes, some more explicit and direct: "I have often been told, "Go to your country" (AG3, Gambian adolescent aged 16) and some less so. In the second case, they stated feeling helpless, uncomfortable and complained that they did not do anything to deserve such a treatment: "When they accuse you of something you didn't do. [It has happened to me] lots of times, but I can't say anything" (A16, Moroccan adolescent aged 17). The professionals in the centre were

aware of this kind of attitude among some members of Spanish society and declared that much needed to change in this sense. Therefore, to protect the adolescents, they adopted an approach in which they warned them about these existing discriminatory attitudes so that they would not catch them unprepared:

"People who work on this are not supposed to have certain prejudices. But society, in general, has a long way to go. So, I prefer to prepare them rather than tell them they will meet someone on the street who will help them just like here. I wish it were like that" (P39, Spanish female director aged 47).

5.4.5 Seeking for a family

The inherent nature of unaccompanied migrant minors is that they are separated from their families when they arrive in the host country, meaning that they are alone in a foreign country with an unknown culture, a different language and no one to turn to. This is especially dramatic for adolescents from cultures where the construct of family is sacred to the point that they state that one needs a family to live. Bearing this in mind, it is no surprise that they missed their families dearly and that they were in contact with them as often as possible: "I always talk to them. family is love. If you don't have family, you are nothing. Family is everything" (AG3, Moroccan adolescent aged 17). Professionals acknowledged this and stressed the special place mothers held in their lives compared to their fathers: "Everyone has a daily relationship with the family, especially with the mother. I do not know if they have told you, but they miss their mother the most. Their father not so much, but their mother a lot" (P20, Spanish female social educator aged 33).

In this sense, in the host country, adolescents lacked adult references that supported them in the adaptation to this new society and context full of norms, bureaucratic hurdles and several obstacles that they must face:

"They are teenagers like the ones out there. Their problem is that they don't have references, they don't have their parents here, and they totally change the education, the culture, and the context. So yes, there are some for whom this implies more difficulties adapting. But in the end, they are like any teenager" (P19, Spanish female psychologist aged 34).

However, when arriving at the care centre, they found in the professionals an adult figure whom they could trust and with whom they could share their joys and sorrows. This is why many adolescents claimed that the professionals of the centre, mainly the social educators

who spent time with them the most among the remaining professionals, were like family to them: “I've been here almost a year, and you see them every day, so it's like family. You tell them everything because you live here” (AG3, Moroccan adolescent aged 17). The professionals were aware of this perception of the adolescents and admitted that, in a way, they seek to create this feeling of being a family at the centre to try to provide them with the support that they lack in the host country:

“We keep in touch when the boys leave. We call them and worry about how life is going for them. That motivates them to think that even though they don't have a biological family, they have us, and they are not alone. One of the goals we work on here is to create a family” (P20, Spanish female social educator aged 33).

However, they also stressed that they could not and would never try to replace their real families, as they understood the importance of providing support while not taking someone else’s place:

“I always tell them we have to be the closest thing to a family, but we are not. Not even if they were boys from the territory. We are not their family; we cannot replace it, but we must get close. Make them see that they can trust us when they have a problem” (P21, Spanish female director aged 47).

Another evidence of the adolescents’ longing for a family was the relationship they established with their peers at the centre. In them, they saw someone who had been through a very similar migratory experience and who could therefore understand what they were going through. They were also considered a great source of support for them and stated that they shared everything with them. This is why they also referred to them as family: “The other boys are all family. We are all one. We share the good things and the bad things” (AG3, Gambian adolescent aged 17). However, not only did they describe them as family but also as brothers, pointing to the importance of sharing a cultural background: “The boys here are like my brothers because we are from the same country. Also, with people from other African countries” (A17, Moroccan adolescent aged 17).

5.4.6 Difficulties and consequences for their mental health

When asked about mental health directly, almost all adolescents were unfamiliar with the term: “Mental health. No, never heard of it” (A5, Moroccan adolescent aged 16). However, once explained to them, the majority stated that they were happy and doing okay. What was

surprising is that when asked directly, this was their answer, but when exploring several domains of their lives, such as the effect the whole migratory experience had had on them and the way the daily integration difficulties affected them once in the host country, their answers were quite the opposite; one of them even incurring in self-harm to deal with the malaise: “I feel very sad. My grandmother died. But I can't go to Pakistan. I made some cuts to my arms” (A12, Pakistani adolescent aged 17). There appeared to be evident differences in the experience of their own well-being and mental health between adolescents from African countries and Pakistanis, where the first did not share their emotions easily, and the second were more open about them. Not only to the interviewers but also to the professionals in the centre: “There is a psychologist who was in the centre. She comes on Fridays. She asks me how I am here. I like talking to her; I trust her” (A12, Pakistani adolescent aged 17). This was confirmed by them, who, after acknowledging the difficulty for these adolescents to talk about the traumatic things they had experienced in their journeys, pointed to the difficulty of Africans in showing themselves as vulnerable to others:

“Dealing with the complex situations they lived in their journeys and the aftermath is very difficult because they are not open to talking about it. It's something very private that they don't want to explain. I understand that some parts show their vulnerability that is not contemplated in their way of being or in their culture, especially in Southern Africans” (P19, Spanish female psychologist aged 34).

Going through the different barriers encountered for their emotional and relational well-being, the first would be the difficulties experienced in the home country and during the migratory journey. Back in their home countries, they experienced all kinds of challenges and tragedies, such as poverty: “I have come here to change my life, have a future and help my family. My family has nothing; we are poor” (AG3, Pakistani adolescent aged 17), the death of a loved one or child labour, that motivated them to migrate to a different country in search of better life opportunities: “Yes, better than here, but it’s difficult to earn money. But much better because I had friends there with whom I went to school. My life was better. But then my father died” (A14, Pakistani adolescent aged 17). During their journeys, the obstacles and perilous situations were still present for many adolescents:

“Very difficult. Because I had an accident in the Sahara, our car overturned. And there I got hurt. I spent a week without being able to breathe through my nose, only breathing through

my mouth. I cut my hand. Some people died, and some lost hands and legs. So, it was a very complicated accident" (A6, Gambian adolescent aged 17).

These situations cause a strong negative impact on their lives to the point that, on occasions, their lives were in danger: "I got under a bus, where the wheels were, and it brought me to Barcelona. I was 42 hours there. Without eating. Four people, we sweat a lot. My parents didn't know; I could have died" (AG3, Pakistani adolescent aged 17). The professionals also pointed to the route taken as something decisive on the impact and subsequent trauma it would cause them, stressing that due to the longer distance between Spain and Sub-Saharan African countries, the journeys were more prone to entailing multiple difficulties of different nature:

"It is very different how boys come, for example, from Morocco, compared to how boys from Sub-Saharan Africa come. Because the journey is often not the same. There are many boys from Gambia and Senegal who, until arriving here, have spent a year travelling to different places, staying a few months in each place, working. Some have been ill-treated. I'm not saying that it isn't for the rest of the boys; it is different. But I think for the kids in Sub-Saharan Africa it's harder.

They arrive more traumatised, although they do not express it. They rarely express that pain to you, that suffering. It is very difficult for them to talk about this" (P23, Spanish female social worker aged 45). They also stated that the more traumatic the route, the less the adolescents wanted to talk about it.

Contrary to the belief of many, the arrival to Spain did not mean there would be no more challenges and difficulties. The fact that things were not how they imagined them and that they had to give up on their expectations was something that they experienced as extremely frustrating to the point that they sometimes did not know how to cope with their emotions and ended up resigned as they did not see any possible way to change things. On top of the already mentioned struggles that all adolescents had to face, such as not obtaining their legal documents easily or adapting to the centre's norms, there was a minority who faced additional issues. One Pakistani adolescent felt left out by his flatmates due to not sharing the same cultural background or speaking the same language:

"I am fine with my flatmates, but we don't talk much. They are from different countries, and we do not speak the same language. I used to play pranks, but they didn't like it. The social worker always tells me to talk to the boys and to make jokes. But since I don't know how to

speak their language, they always insult me. And when we eat together, they speak Arabic, and I don't understand it" (A12, Pakistani adolescent aged 17).

This evidenced the importance of sharing a cultural background for the adolescents as a way of finding allies in the difficult task of integrating in the centre, and the disadvantage of those who did not share such traits with their peers. The fact was that, added to the difficulty of getting to know native peers of the host country, they would also have to deal with the prejudices that the host society held against them: "I think there are many integration challenges. First of all, ourselves. Because you realise that we are all a bit discriminatory and have many prejudices. So, there is society itself, which has to break down barriers" (P23, Spanish female social worker aged 45).

All of these challenges, struggles and difficulties to adapt to this new context and to cope with everything they had been through without their families to support them on the way formed a breeding ground for the adolescents' overall well-being and mental health to be negatively affected in some way. According to the professionals, they were in the midst of a grieving process of everything they had lost, left behind, or given up in order to move towards achieving their dreams:

"I work with the grieving process they go through when coming here, losing their families, friends, culture, food, house... Losing all this, how they face the situation, adapting to the new rules, living here, how they deal with the fact that the documentation takes so long. Adaptation is the most difficult challenge" (P19, Spanish female psychologist aged 34).

This is what led the professionals in the centre to assert that the vast majority of them would need to go to therapy to learn to cope with the burden they carried on their shoulders at such a young age:

"Physically, they are fine. The most serious problem is mental health. Either because they miss their parents and their family or because most of them come with expectations that are totally different from what they later find here, I think it's a grieving process that is very hard for them, although they have a lot of support from the professionals. But even so, it is very difficult because they cannot talk much with their family, and they see that they cannot start studying until they can get the documentation. They think everything is faster and they can work when they arrive. This is not the case either. They have a very bad time. 80% of the boys (approximately) should go to therapy" (P23, Spanish female social worker aged 45).

In addition to the topics identified in the verbatims, the analysis of the interviews and the focus groups also allowed us to identify the facilitators and stressors that the adolescents perceived for their emotional and relational well-being. These are divided by migration stage and portrayed in Table 6.

Table 6

Facilitators and stressors for the emotional and relational well-being of adolescents identified in their verbatims

Migration stage	Facilitators	Stressors
Pre-migration stage		Low socioeconomic status or poverty Witnessing a dramatic situation
Transit stage		Dramatic experiences Homelessness Being held captive Unsafe travelling conditions
Post-migration stage	Access to resources Obtention of legal documents Enrolment in high school / vocational training Living in a flat	No access to resources No obtention of legal documents No enrolment in high school / vocational training Living in the centre
	Social relations Regular contact with their families Bonds with the professionals in the centre Peer relationships at the centre Contacts outside the centre Perception of a receiving society	Lack of social relations No contact with the family No peer relationships at the centre No relationships with Spanish people Perception of a rejecting society

In the pre-migration stage, the adolescents mentioned two stressors: having a low socioeconomic status or living in poverty and witnessing or experiencing a dramatic situation. Regarding the first, this was the reason that motivated their decision to migrate in many cases, as they had to look for better chances to make a living and send money to their families. The

second category was formed by dramatic experiences such as homelessness, losing a parent or even witnessing the death of a close person, which were non-normative traumatic experiences that negatively affected their well-being.

Due to their unnatural nature, all stressors of the transit stage were classified as dramatic situations. These included all kinds of perils and varied depending on the distance from the home country to their destination and the routes and means of transport used to travel. Homelessness was repeatedly mentioned as a period many adolescents underwent during their journeys. Some claimed there were times when they did not have anything to eat or drink due to being in a boat or hidden under a truck, which endangered them to the point where they believed they could have died. It was common that they experienced extreme fear when being held captive or travelling in conditions in which they felt unsafe.

The post-migration stage was characterised by facilitators and stressors that were complementary to a big extent and that are explained jointly. Two main categories affected their emotional and relational well-being at this stage: access to resources and social relations.

Within access to resources, one of the main factors was the obtention of the legal documents. As already portrayed in the topic identified from the verbatims, having the legal documents enabled the adolescents to enrol in school or vocational training and profit from a series of rights that were denied if they did not obtain them. They described this as one of the most difficult challenges to handle, along with the frustration it entailed. The other factor highlighted by the adolescents was the difference between living in the residential care centre or in the flat. As the second enabled them to live a life similar to the one of any other adolescent in the host country, it was described as something beneficial for both their emotional and relational well-being. On the contrary, remaining at the centre meant they had to adapt to strict norms and had fewer opportunities to interact with people outside the centre.

Social relations were divided into relationships with different groups of people. The first one mentioned by all adolescents was the relationship with their families. As being an unaccompanied migrant minor meant not having their families by their side, this was experienced as sad by all of them as they realised they were on their own in Spain. Nevertheless, they talked to them over the phone to tackle this absence whenever possible. The relationship with the care professionals of the centre, especially social educators, buffered this lack of adult references in some way. When adolescents established a strong bond with them, they felt safe and as if they were their family. The same happened with peers at the centre.

When they established a close relationship with them, which was described by most of them, they referred to them as brothers, as they found someone they could trust and who could understand what they had been through. However, in very few cases, the adolescents did not establish this kind of relationship with their peers due to not sharing the same cultural background, causing them distress and making them feel lonely.

Relationships with other peers or people from the host country were also described as a source of well-being, and the lack of them as something that hindered their integration in Spain. Finally, the attitudes of the Spanish society they perceived were also key to their well-being. While around half of the adolescents pointed to them as a receiving society that made them feel at home, the other half perceived attitudes of rejection towards them, which negatively impacted their relational and emotional well being. Some discriminatory attitudes they perceived were very explicit, and others more indirect, both making them feel frustrated as they did not identify with what was being assumed about them without knowing them.

5.5 Discussion

Unaccompanied migrant minors represent a vulnerable group among children their age, and special attention must be paid to the factors that influence their lives and affect their emotional and relational well-being to be able to impact them positively. This study pursued the goal of contributing to fostering their well-being through the identification of these factors so that future interventions and services provided to unaccompanied minors can consider them. The results found are discussed in light of the academic literature.

Usually, the topics stressed when conducting research on children's and adolescents' well-being are conceived from an adult-centric perspective, often disregarding their own views (James & James, 2012). In this study, we intended to put adolescents at the centre of a core matter in their lives: their emotional and relational well-being. The child-centred approach adopted allowed us to access their views and lived meanings on the matter and highlight the topics that were most important to them. Although care professionals of the centre were interviewed, their inputs only served to provide context to the adolescents' verbatims and provide background information and a professional view in matters concerning integration and mental health. Surprisingly, and contrary to what Bravo & Santos-González (2017) found, the inputs of the professionals and the adolescents were considerably similar. The only topic on which we found bigger differences was mental health. However, this is not surprising considering that most adolescents were unfamiliar with the term and did not like to talk about

the things that made them feel vulnerable. Additionally, the inputs of the psychologist and some social educators on mental health were conceived from a more professional perspective in which they analysed what the adolescents lived since leaving their home country and until arriving in Spain and could draw direct lines between the stressors encountered and the consequences for their well-being.

Regarding the topics identified that affected their emotional and relational well-being, these are analysed jointly. Although emotional and relational well-being are two separate dimensions of overall well-being, these hold strong bi-directional connections in which the balance of one affects the other, according to the structural model of child well-being adopted in this study (Minkkinen, 2013). Despite the fact that this study focused mainly on the topics identified in the post-migration stage, the factors fostering or hindering their well-being pertaining to the pre-migration and transit stages will also be discussed as the adolescents mentioned them as variables that affected their well-being.

In the pre-migration stage, the identified stressors were mainly low socioeconomic status and experiencing dramatic situations. These have been widely recognised in the literature as negatively impacting well-being. Alonso-Fernández et al. (2017) found that migrant children with lower socioeconomic status (as derived from their families' situation) had a lower quality of life when compared to their peers with and without a migration background with a higher socioeconomic status. Plenty & Jonsson (2017) found that immigrant adolescents whose families had a lower socioeconomic status were subject to social exclusion among peers more often than their non-migrant peers. The negative impact of the lack of resources to face the existing challenges is also envisioned in the psychosocial model of well-being (Dodge et al., 2012).

Regarding dramatic situations, these are often specific to underprivileged contexts or war contexts, which are usually the ones that unaccompanied migrant minors flee in search of better life opportunities. These were also found to be the primary stressor of the migration stage. The distress experienced while witnessing these dramatic situations can be analysed as extreme life circumstances that have a negative impact on emotional well-being, according to Park et al. (2023). Several studies comparing unaccompanied refugee adolescents and their peers from the host countries found that experiencing or witnessing traumatic events such as torture, violence, a severe injury or accident, or the death of a close relative contributed to causing peer problems, anxiety, depression, and stress (Karadag & Gokcen, 2021; Karadag &

Ogutlu, 2021; Stefanek et al., 2012). Although the present study did not intend to diagnose psychopathology in adolescents, it was observed that many of them stated feeling sad, frustrated, or angry at times. This was supported by care professionals, who confirmed that many of these adolescents had gone through traumatic experiences that negatively affected their mental health.

In the post-migration stage, interviewees pointed to the obtention of legal documents as one of the main stressors they encountered. Apart from the time they had to wait until they finally got their legal documents, they also pointed to how vital these documents were to participate in society. Without documents, if older than 16, they cannot be enrolled in school or vocational training and can only dedicate their time to learning the host country's language. This was described as very frustrating, as they could not move towards reaching their expectations, which mainly included finishing school or doing vocational training to find a job and start earning money. This frustration and fear of not obtaining the legal documents and being able to meet the families' expectations has previously been described in other studies as something that negatively impacts their well-being (Manzani & Arnoso Martínez, 2014). Additionally, not obtaining the legal documents and the frustration of their expectations were closely intertwined, and at the same time, these had a direct negative impact on the reflective dimension of their emotional well-being. This dimension gathers the judgements about life satisfaction and the ability to achieve one's goals (Park et al., 2023). Considering that the adolescents' most repeated emotion was frustration and that they all complained about not being able to earn a living, which was the goal of coming to Spain in the first place, it can be assumed that this was extremely detrimental to their emotional well-being.

Alternatively, once they obtained their legal documents, they could attend school or vocational training, which was identified as a facilitator by them. Similar results were found in other studies, where participants mentioned that going to school not only helped them learn new things but also made them happy and enabled them to make new friends in the host country. However, they also mentioned that, while remaining in the centre, most of their friends were the peers with whom they lived (López Belmonte et al., 2019).

Another critical aspect that proved to be an influencing factor in their emotional and relational well-being was the presence or lack of meaningful relations with different people. According to Minkkinen et al.'s structural model of child well-being (2013), these would directly impact their social well-being, as they represent positive situations between the

adolescents and the close people they have in their lives, including adults, caregivers, and friends. Regarding family relations, not having them by their side meant that they missed them a lot, which worsened their well-being, as many stated that the only thing missing to be happy was being with their families. However, they claimed that regularly talking to their families made them happy. In line with this finding, a study found that most unaccompanied minors talked periodically to their families over the phone, highlighting the importance of being in touch with them (López Belmonte et al., 2019). The importance of the bond established between these adolescents and their families is supported by the paramount role that families have in contributing to the formation of their children's cultural and ethnic identity, especially in a context with a different culture and beliefs where they face acculturative stress without adult references of their own culture (Suárez-Orozco et al., 2018).

Nevertheless, looking at the bonds established between the adolescents and the care professionals, it was clear that they were positive for their relational well-being, as they referred to them as family because they knew they could count on them. This result is in line with several studies which found that adolescents are in a sensitive stage in which they pursue being accepted by the environment, and especially for unaccompanied minors, affectionate bonds with their caretakers are essential for their emotional well-being (Eriksson et al., 2019; Kalverboer et al., 2017). This provides more evidence of the bi-directional relation between emotional and relational well-being, where positive factors that affect one have positive consequences on the other.

The identified need for establishing relations in the host country close to a family, although not a real one, was also observed in the bonds with their peers at the centre, calling them brothers. This need was also found in a study by Eriksson et al. (2019) with the same population. This was the bond that represented the strongest support for the adolescents at the centre. Nevertheless, although only mentioned by a few, not establishing meaningful bonds with their peers represented a stressor. When they referred to a lack of relationship with their peers at the centre, they felt lonely and sad, as found in other studies (Eriksson et al., 2019). This finding shows the close connection between the factors that directly affect these adolescents' relational well-being and the consequences on their emotional well-being.

Regarding the lack of bonds outside the centre in our study, adolescents pointed to the inability to get to know people due to a lack of opportunities. However, once they got to know people from the host country, some experienced prejudice or even racism, which they could

not understand, as they perceived they were blamed for things they would never do. This has also been found in other studies, where unaccompanied migrant adolescents expressed that it was hard to establish meaningful relationships with native peers because they had prejudices towards them or were socially discriminated against by them (Caravita et al., 2020; El-Awad et al., 2017; Eriksson et al., 2019). However, other adolescents in our study, mainly some living in the flats, were able to establish bonds with native peers and some had never been victims of racist or discriminating attitudes. These mixed experiences with the Spanish society can potentially boost or hinder the integration process in Spain. In this sense, as integration is regarded as a two-way process in which the native citizens should provide these adolescents with opportunities to socially participate in life (European Commission, 2005), among other domains, the fact that only a few had the chance to establish bonds with native peers and that some still perceived negative attitudes from the host society against them, shows that there is still a long way to go until these adolescents are fully integrated into society, which negatively affects both their emotional and relational well-being.

Finally, regarding results found on mental health, opposite perceptions were shared by professionals and adolescents. On the one hand, it was surprising that, while being asked directly about their mental health or happiness, most adolescents pointed to feeling happy or quite happy in the host country. Very few opened up about usually feeling depressed and sad in their daily lives, and the ones who were more open to doing so were Pakistanis, in contrast to their African peers. However, when asked about the migration journey, leaving their families behind, adapting to the new rules and norms of the centre, or facing difficulties obtaining their legal documents, they usually described feeling sad, lonely, angry and frustrated. On the other hand, when asking care professionals, they all agreed that the traumatic experiences these adolescents had witnessed or experienced during migration and the challenges faced in the home country worsened their emotional and relational well-being and overall mental health. Many pointed to them undergoing a grieving process due to losing their families, friends, and homes, but also the frustrated expectations, causing them to develop internalising symptoms or difficulty regulating their emotions. This finding has been widely shared in the literature, where migrant children have been found to develop internalising disorders more often than their native peers due to their experiences related to migration and adaptation to the host country dynamics. Difficulties in emotion regulation and anger management have also been observed in this population (El-Awad et al., 2017; Thommessen et al., 2013).

Nevertheless, when pointing to the dissent in the adolescents' and care professionals' views, professionals stated that the adolescents did not like to talk about their feelings or journey until arriving in the host country for cultural reasons or mistrust. These views are supported in the literature. Raghallaigh and Gilligan (2010) observed that unaccompanied minors suppressed their emotions not only because of cultural norms that implied not expressing one's feelings but also as a way to cope with the difficult thoughts and images that arose when remembering past traumatic experiences. However, although this way of dealing with difficult emotions is a helpful strategy in the short term to deal with their current circumstances, it is deemed problematic in the long run (Beiser & Wickrama, 2004). Regarding mistrust, other studies have found that migrant adolescents find difficulty in expressing their emotions to care professionals, in case they might use this information against them (Bravo & Santos-González, 2017). Considering that these adolescents have been through several traumatic experiences that might have entailed deceit and others taking advantage of them, it is unsurprising that they keep their emotions to themselves.

5.6 Conclusions

This study tried to give space to listen to unaccompanied migrant adolescents' voices to recognise their agency in matters that concern their lives. A series of topics influencing their well-being were identified based on their lived experiences. They should be considered to tackle the difficulties that their situation entails. Emotional and relational well-being of unaccompanied minors represent vital elements of their mental health that should be prioritised in every decision made around their lives. When arriving in Spain, these adolescents are sent to separate care structures in which they have to adapt to norms, face the challenges of obtaining their legal documents and see their expectations regarding their future become frustrated.

Professionals working with them at the centre and outside of it and the general population should try to establish meaningful bonds with them so that they can feel safe and welcome. Only in this way will they eventually open up about their thoughts and feelings if they feel prepared to talk about them to reduce their burdens. Care professionals, teachers and civil society are also called to listen to their voices and incorporate them into matters that affect their lives, as they usually have perspectives different from adults' and have the right to be heard and be recognised as agents.

5.7 Limitations

The present study faced several limitations that might have impacted the results and should be considered. First, strict measures hindered access to more participants since the data was collected during the pandemic because of the Covid-19 outburst. This also prevented researchers from establishing a trusting relationship with the interviewees, which might have affected their answers. Second, regarding the participants, only those who could speak Spanish participated, which might imply a possible bias in the selection. In this sense, although they could speak Spanish, there were cultural and idiomatic barriers that might also have hampered the quality of responses owing to the difficulty of adolescents understanding the questions and researchers understanding their answers.

Additionally, there was a gender bias, as all adolescent participants were male, resulting in a lack of female perspectives in the present study. Finally, although the adolescents' participation was voluntary, many did not seem willing to open up about their experience and did not elaborate much on some topics that arose and were interesting for the study. As a result, some interviews are shorter than expected and superficial.

The incorporation of the care professionals' inputs into the results could risk the focus that the article tries to put on the adolescents' lived experiences and the meaning provided to them. However, they were included to contextualise the adolescents' inputs into the context of the residential care centre and Spanish bureaucratic processes for their integration and active participation in society. The professional opinions of the social educators and the psychologist were also included more extensively in the topic of mental health as it is a dimension that adolescents could develop to a lesser extent.

Authors contribution

Conceptualisation, E.R.-V.H., M.A.R.F. and I.M.-S.R.; methodology, E.R.-V.H.; software, E.R.-V.H.; formal analysis, E.R.-V.H.; investigation, E.R.-V.H., M.A.R.F. and I.M.-S.R.; resources, E.R.-V.H., M.A.R.F. and I.M.-S.R.; writing—original draft preparation, E.R.-V.H.; writing— review and editing, E.R.-V.H., M.A.R.F. and I.M.-S.R.; visualisation, E.R.-V.H.; supervision, M.A.R.F. and I.M.-S.R.; project administration, E.R.-V.H. All authors have read and agreed to the published version of the manuscript.

Funding

The research leading to these results received funding from European Commission Horizon 2020 Program under Grant Agreement No. 822536 as part of the research project IMMERSE: Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe. The authors declare no conflict of interest.

Acknowledgements

We want to thank the director and coordinator of the residential care centre for unaccompanied migrant adolescents for allowing us to conduct this study in their centre. Additionally, we are incredibly thankful for the generosity of the interviewees who participated in our research.

CHAPTER VI: “OUR NEEDS, OUR SOLUTIONS”: WORKSHOP WITH MIGRANT ADOLESCENTS ON THEIR EMOTIONAL AND RELATIONAL NEEDS

CHAPTER VI: "OUR NEEDS, OUR SOLUTIONS": WORKSHOP WITH MIGRANT ADOLESCENTS ON THEIR EMOTIONAL AND RELATIONAL NEEDS

Authors: Elena Rodríguez-Ventosa Herrera[1,2], María Angustias Roldán Franco[1] & Isabel Muñoz-San Roque[3]

[1] Department of Psychology, Universidad Pontificia Comillas

[2] University Institute of Studies on Migration, Universidad Pontificia Comillas

[3] Department of Education, Universidad Pontificia Comillas

Type of publication: Original article

Journal information:

Social Sciences	
Publisher	MDPI
ISSN	2076-0760
EISSN	2076-0760
2023 JIF	1.7
2023 JIF rank	77/267 in the category Social Sciences, Interdisciplinary (JIF quartile Q2)
2023 JCI	0.95

Publishing timeline:

Received	Accepted	Published
15 October 2024	12 November 2024	13 November 2024

Reference: Rodríguez-Ventosa Herrera, E., Roldán Franco, M. A., & Muñoz-San Roque, I. (2024). "Our Needs Our Solutions": Workshop with Migrant Adolescents on Their Emotional and Relational Needs. *Social Sciences, 13*, 1-19. https://doi.org/10.3390/socsci13110617

Abstract

Migrant adolescents face unique emotional and relational challenges that can hinder their well-being and development. While prior research has identified many of these challenges, there is limited work exploring migrant adolescents' perspectives on their needs. This study aims to bridge that gap by adopting a participatory approach to investigate the emotional and relational needs of migrant adolescents in Spain and the solutions they propose to address them. Using Bronfenbrenner's ecological systems theory as the theoretical framework, we conducted qualitative participatory research with migrant adolescents. They identified their emotional and relational needs, which were categorised into six thematic areas distributed across the ecological levels. The themes include supporting their families, receiving recognition and emotional support from relatives, improving school and societal experiences, learning the host language, gaining empathy from the local population, and regularising their legal status. The key actors identified to help meet their needs include parents, teachers, peers, society, and policymakers. The participants proposed self-directed solutions to these challenges, such as fostering peer relationships and advocating for policy reforms. The findings suggest that migrant adolescents have valuable insights into their emotional and relational needs, emphasising the importance of involving them in shaping interventions that support their inclusion and mental health.

Keywords

Migrants · Adolescents · Emotional needs · Relational needs · Participatory research · Ecological systems theory

6.1 Introduction

In 2022 alone, the percentage of arrivals of migrant adolescents aged 11 to 18 to Spain increased by almost 6% compared to the previous year, from 75,748 to 117,875 adolescents (INE 2024). Not only has this trend established itself in the past few decades as a common phenomenon in the country, but it also calls for special attention to these adolescents' needs derived partly from their migration experiences. The academic literature has made great contributions to the identification of the challenges faced by this population when arriving in the host country, such as language barriers, cultural and social isolation, school segregation, family challenges, a lack of support systems, and inconsistent policies, to name a few (Onsès-Segarra & Domingo-Coscollola, 2024).

All migrants are susceptible to being somewhat vulnerable due to experiencing such challenges. Nevertheless, being a migrant adolescent poses additional challenges that are characteristic of adolescence. In particular, it is a critical period for emotional and relational development as they forge their identities and strongly rely on their peers and other significant individuals for this task (Berger, 2007). When an adolescent must face the challenges of adaptation to the host country and adolescence itself, several needs arise that, if not met, can negatively impact their overall well-being and development.

In the case of migrant adolescents, their emotional and relational needs described in the literature are closely intertwined. For instance, two reviews in the field identified a few that cover all the important areas relevant to adolescents: learning the host language, successfully navigating an unknown educational system, adapting to new cultural norms, managing emotions and developing coping strategies to face the challenges of the migration process, making friends to be able to count on peer support, family support, and managing daily stressors (Bennouna et al., 2019; Jaeger et al., 2012). As pointed out by several authors, migrant adolescents' emotional and relational well-being and mental health tend to be worse than their non-migrant peers' (Belhadj Kouider et al., 2014b; Gatt et al., 2020; Gutmann et al., 2019; Spaas et al., 2022). This is not only due to the fact that they have diverse needs but also because they often go unaddressed (Belhadj Kouider et al., 2014b; Bennouna et al., 2019; McMahon et al., 2017).

Considering that many efforts, such as school-based psychosocial interventions (Chau et al., 2012), targeted support programmes for newly arrived refugee adolescents (Hettich et al., 2020), and the WHO's Mental Health and Psychosocial Support (MHPSS) framework

(Ventevogel et al., 2015), have been implemented to identify and address such complex needs but have proved insufficient in fully meeting them, we consider that alternative strategies are necessary. Grounding our approach in adolescent participation and evidence from adolescent development studies, we propose that involving migrant adolescents directly in identifying and addressing their needs will lead to more effective interventions. Research has shown that adolescents, particularly those from migrant backgrounds, possess unique insights into their emotional and relational needs that are often missed when adults dominate programme design (Mitra, 2018; Ozer & Wright, 2012). Including adolescents' perspectives can help avoid the adult-centred assumptions that may inadvertently overlook critical aspects of their lived experiences, such as peer relationships, cultural identity, and the impact of daily stressors (Jennings et al., 2006). By prioritising adolescent voices, we consider that interventions can be better tailored to their specific realities and thereby achieve greater success. Previous approaches to adolescent intervention programmes have primarily relied on adult-driven frameworks, resulting in gaps in cultural sensitivity, long-term relevance, and adolescent engagement (Checkoway, 2011; Coyne & Carter, 2018).

As discussed above, there is evidence of numerous interventions to help migrant adolescents face the different challenges associated with their migration process. However, to the best of our knowledge, no such programmes nor academic articles focus on the adolescents' evaluation of their needs and the design of solutions to tackle them. We believe this approach is necessary to contribute to the field and think of new ways to help these adolescents successfully face the challenges of their new lives in their host countries. In this article, we aim to explore the emotional and relational needs of migrant adolescents in Spain from their perspective and the solutions they come up with to meet them using a participatory approach through an ad hoc-designed workshop.

6.2 Conceptual framework

The ecological systems theory suggests that a person's development across the lifespan is shaped by a series of interconnected social systems, ranging from the closest and most impactful environments and relationships (micro and meso levels) to the wider and more remote socio-cultural influences (exo and macro levels) (Bronfenbrenner & Morris, 2007). This theory is key in identifying adolescents' emotional and relational needs and finding solutions to tackle them, as these needs can be allocated to the different ecological levels, allowing us to point to key actors specific to each level that can help apply the solutions. This is why Bronfenbrenner's theory will serve as the backbone to structure the analysis so that the different

needs and solutions identified can be understood within each ecological level proposed by the author, thus facilitating the identification of key actors that can influence these needs. Furthermore, by taking advantage of the interrelational nature of the different systems, the model allows for these needs to be placed and addressed simultaneously on several levels, as needs can be complex and cross different spheres at the same time. To adapt this theory in a more child-friendly way, we adopted the definition following a child and adolescent perspective proposed by Serrano Sanguilinda et al. (2019), in which (1) the micro level concerns the adolescent and their family; (2) the meso level concerns the school, neighbourhood, and other primary places in their daily life, including all possible relations at this 'local' level, from small groups to formal organisations (e.g., associations, social services, etc.) (McLeod & Lively, 2003); and (3) the macro level concerns the policies and large political, economic, and social systems of a given society.

Bronfenbrenner's model, which puts the child or, in this case, the adolescent, in the centre, fits the principles of the child-centred approach perfectly. This approach, alongside other child participation models deriving from the new sociology of childhood, puts children in the centre by treating them as social agents and seeing childhood as valuable (James & James, 2012; Uprichard, 2008). Traditionally, children and adolescents were considered less competent than adults and therefore regarded as 'becomings' rather than 'beings', so their opinions were not considered in matters affecting their lives (Uprichard, 2008). These new perspectives allow us to recognise them as agents able to shape their lives and those of the people surrounding them by making their own choices. This is only enabled if proper opportunities are granted to them in the different contexts where they participate so that they can gradually develop their agentic potential and exercise their rights (Liebel, 2023). Furthermore, building their sense of agency is core to their understanding of themselves as active members of their communities (Edmonds, 2019).

The UN Convention on the Rights of the Child (United Nations General Assembly, 1989) holds children's and adolescents' human rights, among which we can find the well-known Article 12, which advocates for children's right to be heard in matters affecting them directly. However, in practice, we find that such rights are not fully respected in daily contexts, including in schools or at home. According to Liebel (2014), children and adolescents can only function as social actors if their human rights are first regarded as agency rights. For that, they have to be recognised as active subjects capable of making changes to their own lives and to

those of the people surrounding them, as well as to the community in which they live and the society they are part of (Horgan et al., 2017; Percy-Smith, 2015; Tisdall & Punch, 2012).

Such opportunities to unravel their agentic potential are grounded in the concept of child participation. Although child participation is a contested term lacking a unitary model (Oswell, 2013; Wyness, 2013), we have chosen to use it throughout this paper to capture the wide-ranging and multi-dimensional ways in which adolescents exercise agency and interact within their environments. Research on child participation often emphasises formal structures like children councils, yet this term encompasses a broader spectrum of behaviours and contexts. Any action by a child or adolescent—whether through play, verbal production, or everyday interaction in formal or non-formal contexts—is considered an act of participation (Tisdall et al., 2008). Some authors also stress the consideration of dialogue between children or adolescents and adults as a core component of child participation, recognising the relational nature of children's and adolescents' lives and the need for an intergenerational dialogue framework of child participation (Leonard, 2016; Wyness, 2013). Given these perspectives, we maintain the term to underscore both the everyday and structured forms of adolescents' participation, as well as the essential role of relational engagement in their agency and development (Leonard, 2016).

Several central documents support a participative approach in different contexts. As outlined earlier, the celebration of the UN Convention on the Rights of the Child (United Nations General Assembly, 1989) represented a landmark that recognised children and adolescents as being entitled to rights, including some that allude to participation, like Art. 12, which defends the right to be heard in matters affecting them as an active part of decision-making, or Art. 13, which grants freedom of expression by supporting broader participation, which enables children to express their thoughts and access key information. Almost twenty-five years later, the Council of Europe urged all member states to foster child and adolescent participation in decisions that affect children's and adolescents' lives (Council of Europe, 2013). The same council recently released a handbook called 'Listen – Act – Change' addressed to professionals of different institutional contexts to ensure the right to child participation (Crowley et al., 2021).

Nevertheless, such documents do not guarantee that child participation is implemented. While more formal ways of participation usually prove to be successful, most children and adolescents do not feel involved in school decision-making (Aston & Lambert, 2010; Davey et

al., 2010). A study by Horgan and colleagues (Horgan et al., 2015) assessed children's and adolescents' participative experiences in different contexts, such as their homes, schools, and communities. The children and adolescents pointed to the limitation of their participation by adults and their dissatisfaction with their level of input into decision-making processes at school. They also stressed the need for more opportunities for meaningful everyday participative interactions where their opinions and views are considered.

Boosting child and adolescent participation in schools should range from sharing their opinions about problems they face and proposing potential solutions to encourage them to work alongside adults to tackle them (Mitra, 2008). However, as pointed out earlier, there is no unified guide on promoting child participation in school (Castro-Zubizarreta & Calvo-Salvador, 2023). However, Lundy's model of child participation (Lundy, 2007) is a well-known proposal. She notes the need to consider four key factors to enable a participatory process that allows children and adolescents to share their concerns and influence decisions affecting them. The four factors follow a chronological order: 1) space, 2) voice, 3) audience, and 4) influence. The model states that children and adolescents require chances to convey their 'opinions' or perspectives (space) and should be supported in sharing them (voice) with adults who actively pay attention to what they say (audience) and give appropriate consideration to their input (influence).

Research has shown that when such participatory opportunities are offered to children and adolescents, it has benefits both at the individual and societal levels. On the one hand, through the promotion of autonomy, it is related to the construction of one's identity and the development of a positive self-concept (Correia et al., 2019; Luff & Martin, 2014). On the other hand, it enables participation in diverse social contexts where children and adolescents can exercise their rights, positively affecting not only them but also their families and communities (Unicef, 2021).

For migrant children and adolescents, participation represents a challenge since they are not on an equal footing with their non-migrant peers. Several factors contribute to this inequality, such as adjustment difficulties, language barriers and cultural devaluation (Parajuli, 2023), segregated classroom settings (Terhart & von Dewitz, 2018), or cultural differences (Droessler et al., 2021), among others. These factors, in turn, depend on the course of the inclusion process that the adolescents experience. Although inclusion is defined as a two-way process of mutual accommodation by both the migrant population and the host society, the

result of the process depends on the interaction between both parties (Council of the European Union, 2004). Nevertheless, it has been found that the role of the host country is more decisive in the outcome than the role of the migrant population (Garcés-Mascareñas & Penninx, 2016).

A common phenomenon experienced by migrants during the inclusion process into a new country is acculturation stress (Berry et al., 2006). While acculturation can be defined as the progressive adoption of elements of a foreign culture that can be partial or total depending on the interaction between the migrant and non-migrant groups, successful acculturation entails maintaining one's cultural identity while adopting new cultural values. In theory, this process fosters sociocultural and psychological adaptation and reduces distress (IOM, 2011; Ward & Geeraert, 2016). However, acculturation can be a challenging process, especially for migrant children and adolescents. Research has shown that they learn new ways, norms, and customs from the host country that may clash with their family's customs and beliefs, creating tension between both cultures and their own identities and potentially leading to acculturation stress (Khawaja et al., 2017; Mohamed & Thomas, 2017; Schwartz et al., 2010). In this sense, acculturation stress can lead to an identity crisis, especially among youth who face conflicting expectations from family and society (Suárez-Orozco & Qin, 2006; UNHCR, 2015).

Following the stress thread, migrant adolescents are also candidates for suffering cumulative stress (Burgos et al., 2017), which refers to the presence of stressors related to the migration experience that go beyond those expected during the integration process. These include limited or interrupted previous education, unstable housing and insufficient access to basic needs, negative stereotypes, and discrimination, along with the disruption of family and social connections or witnessing traumatic experiences during the route to the host country (Block et al., 2014). The presence of some of these stressors and the ones involved in the acculturation process is an experience shared by all migrants intricately linked with the development of their group identity that protects them against both cumulative and acculturation stress (Liu & Zhao, 2016).

Navigating the mentioned stressors characteristic of migration is related to the emergence of several needs that require a response to ensure the well-being of people migrating. During adolescence, emotional and relational needs take centre stage, as these are two key elements for their development (Berger, 2007). The emotional and relational spheres of a person's life are considered two key components of well-being. Park et al.'s model of well-being (Park et al., 2023) considers any reference to social connectedness or important

relationships as peripheral constructs related to emotional well-being that can potentially act as a predictor or a consequence. Additionally, in accordance with the structural model of child well-being (Minkkinen, 2013) and the psychosocial model of well-being (Dodge et al., 2012), both components hold a close relationship and bi-directional connections, affecting one another. All three models emphasise the need to study emotional and relational well-being together, as their interconnection is well documented in the literature. The World Health Organization (2024) highlights adolescence as a key stage for developing social and emotional habits essential for mental health. Studies across populations reinforce this, showing that interpersonal relationships strongly impact emotional well-being. For instance, Ryff and Singer (2000) identify positive relationships as a core component of psychological health; La Greca and Harrison (2005) found lower anxiety and depression among adolescents with supportive peers; Jose and Lim (2014) show social connectedness mediates stress and well-being in adolescents; and Fiori et al. (2006) report that diverse social networks correlate with positive affect in older adults.

These components or spheres are especially central during adolescence, where well-being and mental health strongly depend on the presence or absence of problems in the emotional and relational spheres and how adolescents manage to overcome them. When it comes to migrant adolescents specifically, a positive balance in the emotional and relational spheres directly affects their integration process, which is vital to creating a new life in the host country that is now their new home (Fazel & Betancourt, 2018). According to Raabe (2019), belonging and social acceptance are fundamental needs of adolescent well-being, and migrant adolescents are at higher risk of not forming stable friendships.

This study holds the same definitions for emotional and relational problems described in our previous work (Rodríguez-Ventosa Herrera, Muñoz-San Roque, et al., 2024). We consider emotional problems as the presence of depressive and anxiety symptoms as well as mood and anxiety disorders. Furthermore, we understand relational problems as a lack of interpersonal relationships with peers, peer support, friendships, peer acceptance or social competence, or where there are explicit peer relationship problems or peer rejection. Social competence here adopts the definition included in the SSRS questionnaire, which comprises assertiveness, self-control, empathy, and cooperation (Gresham & Elliot, 1990). In sum, these theoretical frameworks provide a structured lens through which to analyse the needs and solutions identified by migrant adolescents. They guide our understanding of the data by emphasising the role of multiple actors and systems in shaping adolescents' emotional and

relational well-being. As we explore their expressed needs and proposed solutions, the theoretical grounding will be crucial in informing the discussion of our findings, enabling us to critically evaluate the implications of these needs and how different ecological systems can effectively respond to them.

6.3 Materials and methods

The present study aimed to consult a small group of migrant adolescents about their perception of their needs regarding their emotional and relational well-being through a three-session workshop relying on participatory methodology and to explore what proposals they come up with to tackle them within the different systemic levels according to Bronfenbrenner's systemic ecological theory (Bronfenbrenner & Morris, 2007).

6.3.1 Sample

The workshops took place in May 2024 for three consecutive days in a subsidised secondary school in the north of Madrid. Participants were part of a preparatory class for newly arrived migrant adolescents[3]. This group consisted of 13 first-generation migrant adolescents aged 13–17 (mean age 15.08), four girls (31%) and nine boys (69%), as detailed in Table 7. The adolescents came from nine different countries (Brazil, Iran, Ivory Coast, Mali, Moldova, Morocco, Philippines, Ukraine, and Vietnam), and the time they had spent in Spain since their arrival ranged from less than a month to 16 months.

[3] The purpose of preparatory classes is to accommodate adolescents from foreign countries who have low language competence in Spanish to join the age-appropriate group in mainstream classes. Over a maximum period of nine months, they aim to acquire the necessary language competence to integrate into the mainstream classroom (Padre Piquer 2024).

Table 7

Sociodemographic profile of the participants in the workshop

Participant	Age	Gender	Country of Origin	Time in Spain
A1	17	Male	Iran	7 months
A2	13	Female	Brazil	Less than a month
A3	13	Male	Moldova	8 months
A4	14	Male	Mali	7 months
A5	15	Female	Brazil	One year
A6	15	Male	Ivory Coast	One year
A7	14	Female	Morocco	16 months
A8	14	Male	Philippines	9 months
A9	17	Male	Philippines	10 months
A10	17	Male	Philippines	9 months
A11	16	Male	Philippines	2 months
A12	16	Male	Vietnam	9 months
A13	15	Female	Ukraine	16 months

Note: In the 'Participant' column, 'A' stands for 'adolescent'.

Following a child-centred methodology, we designed the sampling strategy respecting every adolescent's decision on whether to participate or not in the workshop freely. We first contacted the school principal, and once she agreed, the adolescents were informed of the aim of the workshop, and they could decide whether to stay at school for the workshop or leave since the workshop took place after their mainstream classes. In research with migrant children and adolescents, it is usual that schools select their 'best' students to project a positive image of the school (Caldwell & Jarrett, 2018). To avoid a biased selection of the participants, all students were informed regardless of the time they had spent in Spain or of their proficiency with the Spanish language. In the end, all students agreed to participate in the workshop. Given that both the material and the workshop were conducted in Spanish—a language that was not the mother tongue of any participant and in which proficiency levels varied—we allowed and encouraged translanguaging. This practice enabled adolescents to use their full linguistic repertoire to better understand and engage with the activities. Since we, as researchers, could not control or fully comprehend what they shared in their native languages, this further underscored our commitment to viewing adolescents as active agents, which aligns with the child-centred methodology we aimed to implement.

6.3.2 Design

The design of the workshop and the different sessions were strongly determined by

the conditions imposed by the centre. This limitation has already been acknowledged in previous research with children and adolescents, where the tensions between the research requirements and the needs and preferences of the schools have been stressed (Bradbury-Jones & Taylor, 2015; Collins et al., 2020). In our case, the centre decided on the number and duration of the sessions and the dates they would take place. Nevertheless, the centre respected our approach to the contents, methodologies, and consent/assent process.

Considering that three days were insufficient to conduct training with the adolescents or establish a formalised structure such as a student council or a young person's advisory group, we designed our workshop following Percy-Smith's (2010) suggestion of rooting children's and adolescents' participation in everyday environments and interactions. In this case, it was in their preparatory class, where they spent most of their time during school. Thanks to this design, we were able to address factors and topics crucial to the adolescents' everyday experiences at school and in other key environments, taking advantage of their everyday context.

To conduct the workshops, we relied on child-centred participatory research methods and, in accordance with Article 12 of the UN Convention on the Rights of the Child (United Nations General Assembly, 1989), we followed a rights-based approach and recognised the adolescents as agentic social actors and holders of rights capable of transforming their environment (Tisdall & Punch, 2012). To put these principles into practice, we adopted an inclusive–qualitative research paradigm (Nind, 2014) that promoted participatory research 'with' children or adolescents instead of 'about' them. We also intended to provide a safe space for the adolescents that would enable them to feel free to participate (Barker & Weller, 2003; Miller, 2003). The efforts made to reach this goal were to establish a few guiding principles to respect everyone's opinions and understand that there were no correct or incorrect answers, just different perspectives[4], and also to set the focus of the workshop on them as the main characters and the people who best knew their own realities, while we were only going to act as facilitators of the workshop. We, therefore, pursued the goal of designing an 'enabling

[4] The guiding principles presented in the first session of the workshop were four: (1) all opinions are important and interesting; (2) all opinions deserve a space to be listened to; (3) no one should question other people's experiences as every experience is unique and does not have to be shared by all; (4) it is necessary to respect other opinions although they are not shared. Furthermore, a space was provided to them in which they could incorporate additional principles to build a safe space together; however, they felt that the points previously described were enough.

context' that fostered the adolescents' sense of agency (Esteban, 2023). The three sessions used strengths-based consultative approaches such as mapping work and discussion. These methods enabled the participants to recognise and investigate issues based on their own knowledge and daily experiences and to consider what they would like to change or improve about those issues. We chose activity-focused research methods such as mapping exercises, brainstorming, and visual organisation, as these kinds of activities have proven to be effective in making the research process more fun and an easy means to work on complex matters while also involving the adolescents as the main characters and 'producers of knowledge' (Eldén, 2013; Winstone et al., 2014).

The structure of the three sessions followed the same design where consent or assent was gathered, information on the topic to work on was provided, a group activity took place, and a space for discussion was offered where they could individually explain their decisions during the activity. At this point, the researchers tried to step aside, respecting every opinion and taking every point of view as valid and meaningful. In this way, the adolescents could exercise their agency autonomously, knowing that we were available if they needed our support (Esteban, 2022).

Although adopting a participatory approach, we recognise that conducting research with adolescents entails a relational process with a power imbalance between the adult researchers and the participants (Ceballos & Susinos, 2022; Horgan et al., 2017; Moore et al., 2018). Therefore, to minimise our influence, after adopting a reflexive approach to the matter, we designed the three sessions so that we would only provide information, and the adolescents would participate in the designed activities in a way in which we could remain impartial on their outputs.

6.3.2.1 Consent process

Compliance with the appropriate ethical requirements was guaranteed through the approval of the design of the workshop and the consent process by the Ethics Committee of the Universidad Pontificia Comillas. We designed several information sheets and consent and assent forms for the school principal, the parents, and the adolescents. These were sent to the school two weeks before the first session so the parents had enough time to send them back to the school, and the adolescents could have enough time to decide whether they wanted to participate in the workshop. Different information sheets and consent and assent forms were necessary due to the age of the participants. Adolescents aged 14–17 could provide consent for

themselves; however, adolescents under 14 could only provide their assent, and their parents had to provide informed consent for them. Since Spanish was not the mother tongue of any of the participants nor their families, we designed simplified information sheets and consent/assent forms that included all the relevant information explained in a way that would be understandable for everyone. Additionally, since signing a document can generate distrust among adolescents without their parent's supervision, we adapted the documents in a child-friendly way. The participants provided ongoing informed consent or assent during the three sessions to guarantee that they explicitly expressed their desire to participate or withdraw throughout the workshop (Dockett et al., 2012; Moore et al., 2018). All the information sheets, consent forms, and assent forms can be found in the Supplementary Materials, which have been translated into English (Appendix Q – Appendix X).

6.3.2.2 Description of the sessions

Although a detailed description of the structure of the three workshop sessions can be found in the Supplementary Materials (Appendix P), we provide a brief description of the activities carried out during each workshop session.

Session I—Introduction to the Workshop

The first session focused on establishing a safe environment and explaining the workshop's goals. It began with an icebreaker activity, followed by a PowerPoint presentation outlining the topics and methods for the three sessions. To foster a trusting space, we emphasised that participants were the workshop's main contributors, and we were simply facilitators. After setting some guiding principles for respectful dialogue, we moved to the consent and assent process, thoroughly explaining each point and gathering written consent to ensure informed participation. The session concluded with an activity introducing Bronfenbrenner's ecological levels and the concept of decision-making, where participants brainstormed who made decisions affecting their lives and discussed the rights of the child, motivating them to actively engage in the subsequent sessions.

Session II—Identifying Our Needs

In the second session, we recapped the previous session and obtained verbal consent for continued participation. We then introduced the concepts of emotional and relational well-being interactively, encouraging participants to reflect on these aspects of their lives. We presented our previous research findings on migrant adolescents' well-being so that they could

find similarities and differences with their experiences. The main activity involved a mapping exercise where participants individually identified their emotional and relational needs on Post-Its and pasted them across three ecological levels (individual/family, school/community, and societal/political). After all Post-Its were pasted, participants collaborated to group similar needs into common themes, facilitating a shared understanding of their collective experiences.

Session III—Proposing Our Solutions

In the final session, we recapped the grouped needs from the previous session and obtained verbal consent for participation. We then opened the floor to brainstorming solutions to their identified needs, focusing on changes and requests they could make. Using different-coloured Post-Its and cards representing key actors (e.g., parents, teachers, policymakers), participants worked in pairs to create solutions for each need, assigning relevant actors to each one. After sharing and discussing their solutions as a group, each participant presented their ideas, allowing for collaboration and discussion. The session concluded with a feedback round, a reminder of their rights and agency, and a diploma to recognise their active involvement.

6.3.3 Data gathering and analysis

Our research combined traditional observation methodology with participatory methodologies. Given the limited time of only three sessions and no prior opportunity to build trust with the participants or establish a comfortable environment before the workshop, we implemented several measures, as previously mentioned, to create a safe and welcoming space. To this aim, we also decided to avoid recording the sessions. We intended to take advantage of the familiar space of the classroom and modify it as little as possible so that the workshop would be organic for them and they could feel comfortable. This decision entailed designing a thorough observational procedure, including two observers and ad hoc observation sheets for each session. We designed the sheets that included fields for each session's sections, including specific aspects to focus on and enough space to fill out any additional comments. The observation sheets can be found in the Supplementary Materials (Appendix Y).

The observation procedure entailed two observers being present during all three sessions, filling out the sheets individually. The observers introduced themselves in the first session as colleagues of the moderator. They explained that they would take notes of the contributions so that no information would be lost. After each session, the moderator completed an observation sheet with her impressions. Then, the three researchers held a debriefing session to compile their observations into a single sheet. This procedure allowed us to retrieve the

information on each session, resulting from three different perspectives that were merged into a single final output that helped us analyse the work conducted. The complexity of representing the adolescents' voices without imposing an adult-biased perspective is well known in participative research (Kellett, 2011; Lundy & McEvoy, 2011). This is why we tried to diminish this potential bias as much as possible by retrieving both adult observations and literal productions, discussions, and comments of the participants. The verbal contributions of the participants during the activities, as well as their non-verbal interactions, were written down by the observers, and the results of the activities reflected on the paperboards were photographed to ensure that we could later analyse the conclusions. In this way, the researchers' observations were combined with the participants' production during the activities and discussion to conduct the analysis of the workshops.

Both outputs were analysed jointly. Although they were of different natures, they complemented each other. The contributions of the adolescents during the Post-It activity in which they grouped the identified needs and provided potential solutions were considered as a form of coding the data and defining preliminary themes. This procedure has been used in previous work with migrant children and adolescents (Martin & Buckley, 2020). In a way, this process worked as the initial stage of a 'live' thematic analysis performed by adolescents under the three realms of micro, meso, and macro systems of the ecological model proposed by Bronfenbrenner. The observations of all three researchers were subject to thematic analysis following the systematic proposal of Nowell et al. (2017). After generating initial codes and preliminary themes, thanks to the work performed by the adolescents in the Post-It activity, we analysed the observational inputs, searched for the final themes, and defined them, providing them with names that allowed us to produce the report.

6.4 Results

After the initial identification by the adolescents of ten needs within their emotional and relational realms distributed across the three different ecological levels, we grouped them into six themes that will be broadened in this section. Table 8 summarises the results of the Post-It mapping activity. The backbone of the activity consisted of the three systemic levels described by Bronfenbrenner (micro, meso, and macro). Each of these levels includes the emotional and relational needs identified by the adolescents, the theme extracted after the thematic analysis, which groups several needs under the same umbrella, the solutions proposed by the adolescents for each need, and also the actors they consider should be involved in addressing the different needs.

Table 8

Identified needs, defined themes, proposed solutions, and actors involved

Systemic Level	Identified Need	Defined Theme	Proposed Solution	Actors Involved
Micro level	Have an active role at home	Help our parents (duties, listening and not spending money)	Help our parents at home	Us
			Listen to our parents	Us
			Do not spend our parents' money	Us
	Get credit for what we do	Support by our family members (credit, understanding and help)	Do it anyway	Us
	No judgement and understanding		Patience	Parents
	Get help from family members		Ask for help whenever we need it	Us
Meso level	Get respect from others	Receive a respectful and patient treatment	Respect everyone's opinions	Society
			People could talk to us more	Society
			Be nice to me; do not speak about me in a language I do not understand	Peers
			Respect opinions that are different	Peers
	Patience of others		Talk to us showing respect	Teachers
			Listen to us more	Teachers
				Principal
	Learn Spanish well	Getting help to learn Spanish well	Speak with us in Spanish	(Spanish) Peers
			Study and read more	Us
			Get more recess time to speak with Spanish peers	Principal
			Organise more field trips to have the opportunity to make Spanish friends	Principal
			Make Spanish classes more fun	Teachers
			Want to become our friends	(Spanish) Society
Macro level	Patience of Spanish population	Empathy and respect by the Spanish population	Provide spaces so that we can share our life experiences so that they can understand us and start talking about migration in schools to raise awareness	Peers
				Teachers
				Principal
				Politicians
	Get respect		Respect society so that they will respect us	Us
			Be kinder to us	Society
			Help us without having to ask	Society
			Do not mind about society's opinions	Us
			Change the laws for migrants	President

	Get papers to be able to stay in Spain legally	Regularise the legal status to be able to stay in Spain	Politicians

Note: In the 'Actors involved' column, 'Us' stands for the adolescents since they pointed to themselves as potential actors who can implement some of the identified solutions.

6.4.1 Micro-level needs: the individual and the family

The first theme identified within this level was "help our parents". Several adolescents pointed out this need, and during the discussion, the remaining peers agreed that they also shared it. They expressed that their parents were always making huge efforts to provide for the family, such as migrating to Spain and finding a job, and they felt that they owed it to their parents to be helpful and avoid being a burden. In this sense, the solutions they identified were to help more at home with daily duties, to listen to their parents, and not to spend their parents' money. All the solutions were directed towards them taking action and being proactive.

The second theme was somewhat the opposite of the first: "receive support from our relatives". Half of the adolescents stressed the need to receive support from their families, which was expressed in different ways. One adolescent expressed that she would like to receive credit for what she achieved at school and at home. Two of her peers agreed with this need, while others shook their heads, expressing disagreement. When asked to explain why they disagreed, they felt it was incompatible with helping their parents, which they considered more important and necessary. The solution found to face this need was to complete tasks anyway without receiving credit since they felt it was difficult for their parents to change their behaviour. Another identified need shared by the majority was for their relatives to help them when they faced different challenges. The solution found was to ask for help, which many of them did not usually carry out due to not wanting to bother their relatives with their troubles. The last need identified by a few within the micro level was to receive more understanding and non-judgemental treatment from their parents. The suggested solution was for their parents to be more patient with them.

6.4.2 Meso-level needs: school, community, and the neighbourhood

The meso level was the one in which the adolescents hesitated less in identifying their needs and proposing solutions. They identified three main needs, which were finally narrowed down to two themes: receiving respectful and patient treatment from others and receiving help to learn Spanish well. The need to receive respectful and patient treatment was directed towards several actors, such as Spanish society, their peers, teachers, and the school principal. All the

adolescents shared this need, which was specific to being a migrant in Spain. They explained that due to their diverse linguistic, cultural, and ethnic backgrounds, they had different ways of behaving or completing tasks. For example, cultural norms sometimes influenced their social interactions, making it harder to fit in with peers with different expectations about behaving or communicating in group settings. Moreover, they also stressed that they needed more time to accomplish daily tasks that their Spanish peers could do without burden, like completing their homework. For these behaviours, they often felt judged and misunderstood. They found several potential solutions to respond to this need. First, they felt that if society and their peers respected everyone's diverse opinions more, they would also be respected. Second, they wished that people in society would talk more often to them, while they also stressed that their peers could be nicer to them by speaking in a language they understand. They shared various anecdotes portraying how several people either ignored them or explicitly discriminated against them. One boy shared that he once offered his seat to an older woman on the bus and that she refused to take it, while another non-migrant boy did, and she accepted. He claimed this happened most likely because he was black. Third, they proposed that their teachers talk to them showing more respect and that both teachers and the principal listen more to them.

The other main theme at this level was the need to receive help to learn Spanish well. Since none of the adolescents' mother tongue was Spanish, they all agreed that this was a central need to feel better both emotionally and relationally. They placed this need at the meso level since they felt that different people at the school, community, and neighbourhood could help them meet this need. Although they all agreed that they needed to study and read more, they also proposed several solutions to achieve it. First, they wished their teachers would make Spanish classes more fun by introducing games. Furthermore, all adolescents agreed it would make a huge difference if their Spanish peers spoke Spanish with them more often. For this to happen, they also proposed that the principal should provide more opportunities to share time with their Spanish peers by receiving more recess time and organising more field trips to help them befriend them. In this sense, they also felt that Spanish society should be more open in order for them to want to be their friends. They explained that Spanish society generally had several prejudices towards them, which made it difficult for them to come close to adolescents their age. One male adolescent shared that once, he was playing with a Spanish boy at the park and that this boy's mother interrupted them and told her son not to play with him, giving no apparent reason. The participant explained that this was racist behaviour since the mother let her son play with other adolescents who did not have a migrant background.

6.4.3 Macro-level needs: society, institutions, and politics

At the macro level, we identified two main themes that stemmed from three original needs identified by the adolescents. The first theme was the need to receive empathy and respect from the Spanish population. This need was directed to several actors, and the proposed solutions adopted different strategies. One proactive solution directed towards themselves was to respect Spanish society so that, in turn, they would respect them back. Other adolescents wished that society, in general, would be kinder to them and provide them with help without them having to ask for it. Another proposed solution adopted a survival strategy claiming to not mind about society's opinions, which was directed towards themselves. Finally, one female adolescent shared a possible solution applauded by all her peers, which was for peers, teachers, the school principal and politicians to provide spaces at different levels so that migrant adolescents like them could share their life experiences so that the Spanish population could understand them. As a result, she wished that the Spanish population would start talking about migration in schools to raise awareness and promote empathy towards migrant students.

The second identified theme was the need to regularise the legal status of migrants to be able to stay in Spain legally. This need, shared by all the participants, was directed towards both the president and Spanish politicians, and the adolescents proposed that laws should be changed for migrants so that they could legally stay in Spain regardless of their reasons for migrating and their country of origin. This need caused some debate during the group discussion since, depending on the origin of the participants, some had fewer challenges than others in obtaining their legal status due to bilateral agreements between Spain and countries such as the Philippines that grant them certain legal advantages that facilitate their residence in Spain compared to nationals of other countries, which they interpreted as unfair (Reino de España y República de Filipinas, 2002).

6.5 Discussion

In the present study, we aimed to explore the emotional and relational needs of migrant adolescents in Spain from their perspective and the solutions they come up with to tackle them using participatory methodology. The adolescent group participating in our workshop enabled us to identify two themes per ecological level described by Bronfenbrenner (Bronfenbrenner & Morris, 2007) and different strategies to respond to these needs that we will analyse in light of the existing academic literature following the systemic ecological systems structure. At the micro level, the themes "help our parents" and "receive support from our relatives" show a

duality in the adolescents' sense of duty towards their families while also seeking validation and understanding from them. Most of the proposed solutions at this level entailed taking action and actively accomplishing something to fulfil their needs, showcasing the adolescents' resilience. However, only one solution was directed towards their parents. These results align with previous research stating that family relationships are pivotal for adolescents' emotional well-being (Berger, 2007; Rodríguez-Ventosa Herrera et al., 2024). Additionally, this tension underscores the complex dynamics that migrant families navigate, reflected in previous research highlighting the emotional burden migrant adolescents carry in balancing family responsibilities with their own needs (Belhadj Kouider et al., 2014b). This is visible in several contexts where migrant children or adolescents assume tasks beyond their responsibility, such as acting as language brokers between their parents and other adults in exchanges in which they are not intended to participate (Bauer, 2016). These results reinforce the notion that migrant children and adolescents often feel a heightened sense of responsibility and guilt, contributing to emotional strain.

At the meso level, the needs for respectful and patient treatment and learning Spanish were central to how the adolescents experienced their environment at school and within the community. Unlike the micro level, the identified needs at the meso level were specific to having a migrant background. These results support Berry's Acculturation Model (Berry et al., 2006) showing that migrant adolescents often feel judged and marginalised because of cultural and linguistic differences. They also point to the need for better inclusive practices at school and a more active role of different agents in Spanish society. This becomes evident from the proposed solutions calling on peers, schoolteachers, school principals, and society. At the same time, this finding also aligns with prior research that emphasises the role of schools as primary sites for social integration and language learning (Manzoni & Rolfe, 2019; Strohmeier & Dogan, 2012). The proposed solutions, such as encouraging Spanish peers to engage more in conversation or creating opportunities to interact with them, point to the critical role of friendships and peer relations with the majority population for language acquisition and integration into the host culture (Fazel & Betancourt, 2018). These solutions, in addition to receiving respectful treatment from different actors, are aligned with the social capital theory, which establishes that positive relationships with peers and teachers can foster emotional and relational well-being (Lee & Lam, 2016). In terms of in-group friendships with peers from the same or similar cultural backgrounds, the adolescents did not propose specific improvements, as these were the primary connections they had successfully formed. They emphasised that

these friendships served as one of their most crucial sources of emotional and social support in Spain.

At the macro level, adolescents identified needs such as empathy and respect from society and the desire to regularise their legal status. As in the meso level, all the needs identified at the macro level were specific to having a migrant background. The proposal of legal status regularisation reflects the intersection of legal precarity and emotional well- being and supports calls for policy reforms aimed at migrant inclusion. Both findings are consistent with previous work conducted with migrant adolescents, in which the identified topics were described as stressors for their emotional and relational well-being (Rodríguez-Ventosa Herrera et al., 2024). The adolescents' suggestion to raise awareness about migration in schools aligns with educational initiatives aimed at fostering empathy and reducing prejudice in host societies. Previous studies have shown that such initiatives can positively impact societal attitudes toward migrants (Baauw & Ritz, 2018).

Going beyond the individual analysis of each ecological system, Bronfenbrenner's theory is particularly useful for understanding how the intersection between all three levels shapes adolescents' experiences. At the micro level, the adolescents expressed a need to help their parents while desiring more support and understanding from their families. This sense of duty and need for familial support connects to meso-level needs, such as receiving respectful and patient treatment from peers, teachers, and members of their community, and the critical need for language support. These meso-level needs expressed are essential for social integration and academic success. Still, they are often difficult to meet without supportive relationships at home, showing how micro-level and meso-level needs influence each other. Furthermore, these needs are impacted by macro-level factors, like societal attitudes and policies that have an impact on how migrant adolescents are treated and whether they feel accepted in Spanish society. The adolescents' wish for legal status regularisation and greater empathy from society illustrates how macro-level changes could address underlying issues that hinder their well-being and integration. By understanding these interconnected needs across all levels, it becomes evident how improvements in macro-level policies and societal attitudes could positively affect community and family dynamics, fostering a more supportive environment for migrant adolescents across all systemic levels.

We believe these findings can also contribute to expanding some of the theoretical frameworks cited in our study. Our research confirms the usefulness of Bronfenbrenner's

ecological systems theory in understanding how emotional and relational needs manifest across different levels (micro, meso, macro). The interaction between family (micro), school/community (meso), and societal/institutional (macro) levels highlights how these systems influence migrant adolescents' well-being. For example, the adolescents' internal conflict at the micro level (helping parents vs. receiving support) demonstrates the complexity of navigating multiple roles and expectations. Regarding agency and child participation frameworks, we consider that the participatory approach, combined with the adolescents' ability to identify solutions, underscores the importance of child and adolescent agency theories. This finding supports the recognition of children and adolescents as active contributors to their well-being and the design of solutions rather than passive recipients. It reinforces the need for more solution-oriented research that gives migrant children and adolescents a voice in shaping their experiences.

Moreover, our findings can also have practical implications for several key actors involved in the inclusion process of migrant adolescents in any of the cited systemic levels. On the one hand, for schools and educators, we call on the need to create inclusive educational environments that provide language support and foster a respectful treatment. Schools should implement language support programmes that teach Spanish engagingly and foster intercultural dialogue and peer integration. Educators need to be trained in cultural competency to better understand and respect the specific needs of migrant students. While the recommendation for engaging teaching methods is not novel, it addresses a significant gap highlighted by the adolescents, who expressed that current language support programmes often fail to meet their needs effectively. On the other hand, policymakers should consider crafting immigration policies that address the integration and well-being needs of migrant adolescents and their families, such as helping them regularise their status. While we recognise that these recommendations may not always align with current political agendas, research indicates that policies that leave families in limbo for extended periods can negatively impact children's and adolescents' emotional well-being in the long term. Legal stability is essential for migrant adolescents to feel secure and integrated into society (Derluyn & Broekaert, 2008).

The findings presented must be interpreted considering the limitations of our study. Although the study offers firsthand insights into the needs of migrant adolescents in Spain and potential solutions to tackle them, the findings may not be fully generalisable to all migrant groups due to the limited sample size. Moreover, given the limited number of sessions we could conduct with the adolescents due to school restrictions, we believe that the trusting relationship

between the researchers and the participants was rather superficial. This may have impacted the depth of the visions, opinions, and experiences shared by the participants. In addition, the fact that the workshop was conducted in Spanish, which was not the participants' mother tongue, may have also impacted their understanding of certain aspects of the activities and their production and participation. Nevertheless, we tried to minimise the language gap by adapting our vocabulary to their understanding, using visual methods, and allowing for informal translation between peers. This measure aligned with our vision of adolescents as active agents within the framework of a child-centred approach, given that we lost some control over the session by not fully understanding what the participants shared among themselves in their native languages. Regarding the participatory nature of the research, we tried to interfere as little as possible to avoid influencing the adolescents' participation. However, we acknowledge two limitations at this level. First, we did not include the adolescents in the conceptualisation stage of the workshop, which would have been more in accordance with the spirit of a child-centred approach, including adolescents as co-researchers. Deriving from the first one, the second limitation was the fact that we are adults and our presence may have impacted the adolescents' contributions, relating to the logic of power relations, although we tried to minimise them.

Taking the findings and the discussion into consideration, we believe that future research in the field should focus on conducting more child-centred research in which migrant adolescents can assume an agentic role and contribute to designing workshops to further delve into their understanding of their emotional and relational needs and the solutions they come up with. Both the academic community in the field and potential participants would greatly benefit from expanding the size of these groups and increasing the number of workshop sessions, since this would allow access to deeper insights and facilitate the sharing of a greater number of experiences from these adolescents. This approach would help build stronger, trust-based relationships among participants and facilitators, fostering an environment where they feel comfortable to freely share their opinions and experiences. Furthermore, including non-migrant adolescents in these groups would provide an opportunity to conduct comparative studies and gain deeper insights, identifying needs common to all adolescents and others specifically related to being a migrant adolescent. Expanding the sample to include a more representative range of adolescents living in various European countries would also help identify specific cultural needs and challenges related to language acquisition, social inclusion, and legal status.

6.6 Conclusions

This study has highlighted the interconnected emotional and relational needs of migrant adolescents across the micro, meso, and macro levels, as framed by Bronfenbrenner's ecological systems theory. This theory has been crucial in illustrating how unmet needs and the proposed solutions at one level often influence or are affected by conditions at other levels. For example, adolescents' efforts to support their families (micro) are made more difficult by society's prejudices and restrictive policies (macro) that complicate their integration into school and the establishment of peer relationships (meso).

Our research also stresses the value of adopting a participatory approach, emphasizing adolescents as active agents capable of identifying their needs and potential solutions. This underscores the importance of including their voices in shaping policies and practices aimed at fostering their well-being and integration. The participants' proposals, such as fostering respectful peer relationships and advocating for policy reforms, reflect their agency while pointing to structural changes needed at the institutional and societal levels.

Despite the study's limitations, our findings contribute valuable insights into the lived experiences of migrant adolescents in Spain that point to practical implications for professionals working at schools and policymakers. Future research should build on this work by expanding participatory and child-centred methodologies and involving adolescents in designing studies that explore their needs more deeply.

Supplementary materials

The following supporting information can be downloaded at https://www.mdpi.com/article/10.3390/socsci13110617/s1, Detailed description of the three workshop sessions; Information sheets, consent forms and assent forms; Observation sheets.

Authors contribution

Conceptualisation, E.R.-V.H., M.A.R.F. and I.M.-S.R.; methodology, E.R.-V.H.; software, E.R.-V.H.; formal analysis, E.R.-V.H.; investigation, E.R.-V.H., M.A.R.F. and I.M.-S.R.; resources, E.R.-V.H., M.A.R.F. and I.M.-S.R.; writing—original draft preparation, E.R.-V.H.; writing— review and editing, E.R.-V.H., M.A.R.F. and I.M.-S.R.; visualisation, E.R.-V.H.; supervision, M.A.R.F. and I.M.-S.R.; project administration, E.R.-V.H.; funding

acquisition, I.M.-S.R. All authors have read and agreed to the published version of the manuscript.

Funding

This article has been elaborated as part of a doctoral thesis dissertation within the research project IMMERSE: Integration Mapping of Refugee and Migrant Children in Schools and Other Experiential Environments in Europe funded by the European Commission under the Horizon2020 programme, Contract No. 822536. The APC was funded by the Faculty of Human and Social Sciences of the Universidad Pontificia Comillas.

Institutional Review Board statement

The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of the Universidad Pontificia Comillas (protocol code 54/23-24, 8 April 2024).

Informed consent statement

Informed consent was obtained from all subjects involved in the study.

Data availability statement

The original contributions presented in the study are included in the article/Supplementary Materials, further inquiries can be directed to the corresponding author.

Conflicts of interest

The authors declare no conflict of interest.

CHAPTER VII: DISCUSSION

CHAPTER VII: DISCUSSION

7.1 Discussion of the research questions

This thesis is framed under the title 'Emotional and relational realms of migrant adolescents: identification of problems, needs and solutions'. The main objective of this thesis was to gain a broad understanding of the specificities of the emotional and relational realms of migrant adolescents' lives, with a strong focus on gaining insight into their perspectives. Six research questions were formulated to explore this topic, which led to the development of three research studies materialised in the three academic articles included in this work. It then elaborates on how the findings of the different articles provide answers to the questions posed, which are contrasted with the existing literature in the field.

The first research question sought to find out whether there are **differences in the presence of emotional and relational problems in adolescents with and without a migrant background**. To address it, a systematic review was designed following the PRISMA Statement (Moher et al., 2009) and conducted, including articles published between 2010 and 2021 comparing the presence of emotional and/or relational problems in adolescents aged 11 to 18 with and without a migrant background in Europe. The hypothesis held in the research stated that migrant adolescents would present more emotional and relational problems than their non-migrant peers based on the additional barriers that they encounter in the different stages of their migratory journey and their potential negative impact on their well-being. Although there was no consensus among all the included articles, the number of studies supporting the hypothesis for emotional problems was significantly lower than that of studies supporting the hypothesis for relational problems. While only 10 out of 18 studies found that migrant adolescents presented more emotional problems than their non-migrant peers, six found results opposite to the hypothesis, and 11 found no significant differences between the two groups. Although a slight majority of the included articles supported the hypothesis for emotional problems, it did not meet the acceptance threshold established. A stronger tendency was found for migrant adolescents to portray more relational problems than their non-migrant peers, with 16 out of the 18 studies offering findings supporting this idea. Only two studies found opposite results, and eight found no significant differences.

Although these findings are not representative of the emotional and relational well-being of adolescents with and without a migrant background living in Europe due to the limitations presented in the article, they are useful to point out that there seems to be a greater

difference in the presence of relational problems in adolescent populations with a migrant background than in the presence of emotional problems. In alignment with previous studies (Belhadj Kouider et al., 2014a; Gatt et al., 2020), the results confirmed the heightened vulnerability of migrant adolescents in relational domains compared to their non-migrant peers. However, it diverges from earlier findings by showing less consistency in emotional problems (Belhadj Kouider et al., 2014b). Existing research has pointed out that social relationships play a fundamental role in adolescent well-being and development, particularly for migrant youth, who may face additional challenges interacting with peers related to the additional barriers they find due to the inclusive and acculturative processes they navigate (Bamford et al., 2021; La Greca & Harrison, 2005). Karataş et al. (2021) found that social adjustment among refugee adolescents is strongly influenced by their friendships and parents' social networks. This highlights how relational dynamics in migrant populations may be more complex than those of their non-migrant peers, as they are often shaped by factors such as cultural adaptation, discrimination, and social integration.

Regarding the interplay of emotional and relational realms, Minkkinen's structural model of child well-being includes both social and mental well-being as fundamental components at the individual level, which are key to understanding well-being as a whole in this population (Minkkinen, 2013). Additionally, several studies suggest that the relational realms of migrant adolescents should be analysed in conjunction with the emotional realms. Yetim et al. (2024) found that difficulties in peer relationships are closely linked to anxiety in adolescents. Conversely, McGill et al. (2012) observed that friendships are a source of emotional support for migrant adolescents and a protective factor against higher depression rates. In sum, the results of the study and the ones found in the academic literature highlight the importance of conducting further research that focuses on the interrelation of emotional and relational challenges, problems, risk and protective factors that shed light on the differences found in the presence of emotional and relational problems in adolescents with and without a migrant background.

The second research question, addressed in the same article, aimed at **finding out whether the factors related to the presence of emotional and relational problems are the same or differ depending on the nature of the problem**. Within the systematic review, these factors were identified in the included articles and categorised using thematic synthesis, dividing them into factors affecting both types of problems jointly or separately and analysing them according to the three systemic levels affecting the adolescents' lives (intrapersonal,

interpersonal and external). This analysis yielded six descriptive themes: socio-demographic factors, psychological factors, family-related factors, abnormal environment, immigrant proportion of the classroom and time. Table 9 depicts the factors found to affect both problems and each one of them separately.

Table 9

Factors identified to affect emotional and relational problems jointly or separately

Systemic levels	Factors found to affect both problems	Factors affecting emotional problems	Factors affecting relational problems
Intrapersonal	Gender Ethnicity	Age Self-concept IQ	Cognitive ability
Interpersonal	SES Situational family factors	Family structure Family relations	Culture and attitudes
External		Abnormal environment	Immigrant proportion of the classroom Time

Since the identification of these factors is framed exclusively in the articles selected for the systematic review, this implies that they are not the only factors affecting emotional and relational problems. Other articles not included in the review have found a larger number of factors affecting the presence of these problems. Nevertheless, these results are relevant since they allow us to draw several conclusions that may be useful for studying emotional and relational problems in the adolescent population. On the one hand, the factors affecting the presence of both problems are universal and widely studied in relation to any mental health problem, such as gender, ethnicity, socioeconomic status and situational family factors (e.g. the loss of a family member or living with a family member who has a pathology, thus affecting family dynamics) (World Health Organization, 2012). On the other hand, given that most of the included studies addressing relational problems have found more problems in migrant adolescents compared to their peers without a migrant background, most of the variables affecting these problems are specific to having a migrant background. Leaving aside the intrapersonal factor ‘cognitive ability’, which can affect adolescents regardless of their background, the other factors identified refer directly to being a migrant and to the challenges

of the socio-educational inclusion process (Bajo Marcos et al., 2020a). Family culture and attitudes at the interpersonal level, the proportion of migrant pupils in the classroom and the passage of time – referring to time spent in the host country – at the external level are mentioned as factors that have a direct impact on the emergence of relational problems with the peer group.

These findings emphasise the complexity of emotional and relational problems among migrant adolescents, highlighting the need to consider both universal and migration-specific factors when addressing mental health. While some risk factors—such as socio-demographic and family-related variables—are shared across different mental health problems, the migration experience itself adds unique challenges that disproportionately affect relational issues. Previous studies underscore how social-ecological factors, including school environment, cultural adaptation, and peer interactions, significantly shape adolescent well-being (Scharpf et al., 2021). Identifying these factors and understanding their interactions is essential for developing more effective preventive programs, interventions and policies that support the well-being of migrant adolescents.

The remaining questions focused on highlighting migrant adolescents' views on their experience of the emotional and relational spheres of their lives. The third question focused on **identifying the issues that migrant adolescents point to as relevant to the emotional and relational domains in their lives**. To answer this question, a qualitative study was conducted in a residential care centre for unaccompanied migrant minors. The decision to focus on this population was motivated by one of the findings of the first article in this thesis, identifying that only one of the studies included in the systematic review provided data on the problems encountered in this subgroup of migrant adolescents (Thommessen et al., 2013). Since this is a particularly vulnerable population that is difficult to access and for which there is not as much academic evidence as other groups of migrant adolescents, it is especially pertinent to gather their testimony and share it with the academic community (Corona Maioli et al., 2021).

Since their situation in Spain differs significantly from that of adolescents who migrate accompanied by their families, the issues they emphasised as relevant to the emotional and relational realms of their lives were specific to their condition as unaccompanied minors. In this research, interviews and focus groups were conducted both with migrant adolescents living in a residential care centre for unaccompanied minors and the professionals working at the centre. The thematic coding and the interpretative phenomenological analysis allowed accessing the lived experiences of this population, which were narrowed down to six key

themes: 1) high expectations that get frustrated, 2) obtention of legal documents: the key to happiness and the way to despair, 3) lack of freedom as a burden to integrate, 4) contact with Spanish society: mixed experiences (meaning having experienced both positive and negative exchanges), 5) seeking for a family, and 6) difficulties and consequences for their mental health. A recent systematic review on the mental health of unaccompanied minors in Europe identified similar topics negatively affecting their well-being, such as the low social support and poor living conditions in the host country, the asylum application status and the legal uncertainty, the 'unaccompanied' status, and other post-migration stressors related to living in a care centre (Daniel-Calveras et al., 2022). Moreover, in a recent report that aimed to assess the emotional struggles of unaccompanied migrant adolescents in a residential care centre in Cantabria, Spain, the findings also converge with the ones found in our study, emphasising legal uncertainty, discrimination and several symptoms, such as depression, anxiety, sleep problems, social isolation, suicidal ideation and high levels of stress (Santos González et al., 2023). Both the existing literature and the results found in our study highlight the unique conditions faced by unaccompanied minors while trying to make a home out of the host country they live in and the effects on their well-being.

These results provide further evidence of the triple vulnerability model proposed by Biocchi and Levoy (2008), which is useful in explaining why unaccompanied migrant adolescents are at greater risk of developing emotional and relational problems than those who migrate accompanied. The intersecting vulnerability levels are being children, being migrants and having no legal documents. The absence of parental care generates additional specific forms of social vulnerability, particularly in the emotional, relational, and belonging-related dimensions. These vulnerabilities hinder their integration, emotional well-being, and the development of meaningful social networks (Eide & Hjern, 2013; Wells, 2017). As children without adult family referents, they remain in residential care centres until they come of age. This explains all the restraints they face when living in such facilities, given that the centres and local authorities are responsible for their care and guardianship. This implies that they are subject to a series of rules, having very strict schedules or being unable to leave the centre whenever they wish, which usually differs significantly from their experiences back at home. As migrants, they are affected by the pre-migration and transit conditions and the challenges of integrating into a new country. Finally, as undocumented migrants, they are deprived of access to certain resources, including access to education in some cases, until they manage to regularise their administrative situation. This evidence calls for urgent action to ease their

successful integration into the host society in a holistic way, which will undoubtedly contribute to better emotional and relational well-being.

The fourth question aimed to **identify the factors that influence the emotional and relational well-being of migrant adolescents, according to them**. The same research allowed us to answer this question using thematic analysis. The results are presented within each stage of the migration process. The identified pre-migration challenges included low socioeconomic status or poverty and witnessing a dramatic situation in the home country. During the transit stage, the adolescents pointed to living dramatic experiences, homelessness, captivity and unsafe travelling conditions as negatively impacting their emotional and relational well-being. Finally, at the post-migration stage, they described factors that could either act as stressors or facilitators for their well-being, including access to resources, obtention of legal documents, enrolment in high school or vocational training, living conditions, social relations, contact with the family, bonds with peers and professionals at the centre, contacts outside the centre and perception of attitudes of the Spanish society.

The identified variables at the post-migration stage are particularly relevant since they can vary depending on changes introduced within the host society's context at different levels. These findings align with previous research indicating that post-migration stressors, including legal uncertainty, social isolation, and difficulties in accessing education and mental health care, are key determinants of psychological distress among unaccompanied migrant adolescents. The high prevalence of PTSD, depression, and anxiety among this population underscores the necessity of timely interventions to mitigate long-term psychological consequences (Daniel-Calveras et al., 2022; Santos González et al., 2023). Studies included in the review suggest that social support, access to education, and structured daily routines serve as protective factors, promoting emotional resilience. Additionally, secure legal status and integration programs tailored to adolescents' needs have been shown to improve mental health outcomes significantly. Therefore, policies aimed at ensuring adequate living conditions, facilitating family reunification, and strengthening community-based support networks could substantially enhance the well-being of these young migrants in Spain. Addressing these factors with practical implications will be crucial in fostering their social and emotional adaptation (Daniel-Calveras et al., 2022).

Most of the factors identified in our study affecting the emotional and relational well-being of unaccompanied migrant adolescents have previously been considered in the literature.

This is evidenced by their goals and the issues addressed by existing interventions designed to mitigate their effects. A systematic review conducted to identify existing interventions to improve the well-being of migrant youth has found that many of them focus on issues such as access to education, strengthening ties between the host society and families by enhancing contact between adolescents and their loved ones, participation in recreational activities and improvement of psychological well-being (Heyeres et al., 2021; Santos González et al., 2023). Regarding the importance of bonds for this population, several studies have also emphasised the importance of creating programs to strengthen the bonds between adolescents and centre professionals, given that they provide fundamental social and emotional support (Tachtler et al., 2020) and create programs that foster the development of relationships with peers that function as support networks through community integration initiatives (Santos González et al., 2023). All this evidence points to the importance of taking urgent measures and designing programs tailored to the specific needs of unaccompanied migrant adolescents to mitigate the effects of their vulnerability and prevent the development of mental health problems. These will be addressed within the practical implications section.

The fifth research question was directed towards **identifying the needs of migrant adolescents in relation to the emotional and relational realms of their lives from their perspective**. To this aim, a third study was designed implementing a participatory workshop that enabled the adolescents to identify their needs collaboratively. They identified their emotional and relational needs, which were categorised into six thematic areas distributed across the three different contexts. The themes included 1) supporting their families in their daily duties to ease their burden, 2) receiving recognition and emotional support from relatives, 3) improving school and societal experiences, 4) learning the host language, 5) gaining empathy from the local population, and 6) regularising their legal status.

The needs identified by the adolescents together can be allocated to the main components of child well-being, according to Minkkinen's model (2013). At the individual level, social well-being encompasses parental, peer and teacher support. Mental well-being refers to their overall happiness and satisfaction with life, which strongly depends on fulfilling the identified needs at all levels. The adolescents also indirectly point to material well-being, stressing their need to help their parents and acknowledging their efforts to provide for the family. At the extrapersonal and social levels, the adolescents emphasise the circle of care while referring to parents and teachers and their call for their support through listening and

respect. As described by Bajo Marcos et al. (2023), the structure of society includes children's rights, among which we can find the right to be heard, which is implicit in their call for their needs to be considered. Finally, regarding the cultural component, this one contains children's need to receive respectful and empathic treatment from society, calling for their understanding of their experiences and situations. These needs can also be sorted into the pressing needs to be met at the different stages of the integration process proposed by Bajo Marcos et al. (2024), inspired by McDonald et al.'s (2008) and Ortiz Duque's (1996) works. At the reception stage are rights protection and safety, status regularisation and care system support. At the adaptation stage, the identified needs fit educational needs, socioeconomic security via parents' employment and spatial inclusion and environmental well-being. Finally, we find social connectedness and belonging, psychological well-being, and linguistic competence at the autonomy stage.

Beyond allocating the identified needs to existing well-being and integration models, the findings align with previous European research, which has also identified similar psychosocial needs among migrant adolescents. Several studies have highlighted the importance of family support and emotional recognition, emphasising that parental support plays a crucial role in mitigating emotional distress such as anxiety and depression (Daniel-Calveras et al., 2022; Darmanaki Farahani & Bradley, 2018; Santos González et al., 2023), contributes to motivation and academic success when they actively encourage their children's education (Ceballos-Vacas & Trujillo-González, 2021) and acts as a strong predictor for higher well-being (Darmanaki Farahani & Bradley, 2018). Regarding the importance of peer relationships, they are described as pivotal in adolescent development (La Greca & Harrison, 2005), especially for migrant adolescents, since they are one of the most significant protective factors for their positive adjustment and well-being (Darmanaki Farahani & Bradley, 2018).

Similarly, educational experiences and language acquisition have been found to be one of the biggest challenges and fundamental for the social and academic integration of migrant youth, who can otherwise tend to isolate themselves due to the inability to express themselves (Ceballos-Vacas & Trujillo-González, 2021; Santos González et al., 2023). A study found that migrant adolescents whose mother tongue is spoken in the host country had better adjustment and higher well-being than those with a different mother tongue (Darmanaki Farahani & Bradley, 2018). Furthermore, the need for greater empathy from the host society has been extensively documented, as perceived discrimination and social exclusion are significant risk factors for mental health issues among migrant adolescents (Gönültaş & Mulvey, 2019; Santos

González et al., 2023). In a recent study conducted in a Spanish secondary school, it was found that around 30% of classrooms exhibited discriminatory behaviours against migrant students (Ceballos-Vacas & Trujillo-González, 2021). Finally, legal stability has been identified as a crucial determinant of well-being, with research demonstrating that legal uncertainty exacerbates psychological distress and hinders access to essential resources (Bamford et al., 2021; Santos González et al., 2023).

All these findings emphasise the ability of migrant adolescents to identify their needs thanks to their high level of self-awareness, making them relevant sources of information that should be consulted and included in decision-making about every aspect concerning their well-being. The last questions sought a propositional response from the adolescents. In the workshop mentioned above, an activity took place in which the adolescents had to **propose solutions to the identified needs and point to key actors who could help implement them**. The solutions they identified were:

1. They should support their parents more by helping with household duties, listening more to them, and being mindful of spending their money.
2. Regarding the need to get the support of their family members, some wished that their parents were more patient, while others stressed that they should ask for help or do things without getting credit or recognition from their family.
3. To ensure they receive respectful and patient treatment, they called on society to respect everyone's opinions and talk more to them. They urged their peers to be nice to them, to communicate with them in a language they could understand, and to respect different opinions. Finally, they also wished that teachers and principals would listen more to them and talk to them showing respect.
4. Targeting the need to get help to learn Spanish well, they first admitted they should study more. Then, they wished that their Spanish peers would speak Spanish with them and that society, in general, would want to become their friends. They also proposed that the teachers should make Spanish classes more fun and that the school principal should create more opportunities to have exchanges with their Spanish peers, such as giving them more recess time or organising field trips.
5. Another need expressed by all was to get respect and empathy from the Spanish population. While some proposed that they could respect the Spanish society so they would respect them back, others preferred not to mind society's opinions. They also wished that peers, teachers, the school principal and politicians provided spaces to share

their life experiences related to migration, enabling others to understand them and start talking about migration in schools to raise awareness.

6. The final need was to regularise their legal status to be able to stay in Spain, and the only solution they came up with was for politicians and the president to change the laws for migrants.

The solutions designed by the adolescents in response to their identified needs are not far from some existing intervention programs or from recommendations made by different authors based on their research on the subject. Beyond confirming the level of self-awareness of this population about their needs, the fact that they are also capable of designing solutions that resemble some existing ones and even making proposals that have not been carried out to date underlines the potential, agency and capacity for self-determination of these adolescents. This contributes to the reflection on the need to include them in all phases of the process of designing interventions at different levels aimed at fulfilling their needs.

Concerning their need to receive support from their relatives, they were not very explicit about how their parents can manage to be more patient and available to help them. Nevertheless, some studies have pointed to different options to engage them in their children's lives. In a study conducted almost 20 years ago, the authors proposed family-based interventions at school, such as parenting workshops and dialogue programs to provide them with strategies for supporting their children's education and emotional needs and reduce family conflicts (Blanco-Vega et al., 2007). In a recent study, the authors recommended implementing family engagement programs to involve migrant families in their children's education (Ceballos-Vacas & Trujillo-González, 2021). In the same year, another study showed that family and community involvement programs to teach parenting skills positively affected their children's well-being (Heyeres et al., 2021). The fact that migrant adolescents' needs persist and that similar recommendations are being made while some programs are being implemented to tackle such needs points to the urge to design targeted and effective interventions that are implemented in broader school settings.

Another proposed solution entailed receiving respectful and patient treatment from peers and teachers and increased interactions with their non-migrant peers. Regarding the relationship with their teachers, one study has pointed to the need for training in emotional and intercultural competencies, as well as the implementation of affective tutoring programs so that open communication is encouraged and the adolescents can feel heard and supported (Ceballos-Vacas & Trujillo-González, 2021). The same study and a further one also

recommended the strengthening of peer integration efforts through mixed-group activities, which was also one of the adolescents' proposals regarding finding opportunities for language learning (Bamford et al., 2021; Ceballos-Vacas & Trujillo-González, 2021).

To increase the adolescents' command of the Spanish language, they stressed their desire to get more chances to interact with their non-migrant peers, and they wished that their Spanish classes would be more engaging. The recommendation of implementing mixed-group activities in schools previously mentioned (Ceballos-Vacas & Trujillo-González, 2021) is enriched with another recommendation aimed at implementing community integration initiatives such as sports, arts and cultural activities to foster social bonds and promote language learning (Santos González et al., 2023). Other programs that have been implemented have opted for cultural and linguistic mediation (Bennouna et al., 2019).

Among the proposed initiatives to get empathy and respect from the Spanish population, the adolescents underscored the importance of having spaces to share their experiences related to migration so that others could better understand them and they could raise awareness. Several school-wide cultural initiatives pursuing such an aim have been identified, such as International Migrant Day, which fostered a sense of belonging and the cultural exchange event "Refugee Week", which succeeded in promoting understanding and respect among students and building self-esteem among migrant pupils (Bennouna et al., 2019; Ceballos-Vacas & Trujillo-González, 2021).

Finally, regarding the call for politicians to change the law to help adolescents and their families regularise their legal status, several studies have also urged authorities to address this need. Focusing on unaccompanied minors, Bamford et al. (2021) called for reducing asylum delays and providing them with legal stability. A more cautious proposal is the need to include support networks for undocumented families in schools to provide them with legal guidance and emotional support to reduce the malaise related to their legal situation (Blanco-Vega et al., 2007).

7.2 Strengths and limitations

The strengths of this work lie, on the one hand, in the use of different research methodologies on the same subject that allow to access the perspectives of different key actors (academic community, unaccompanied migrant minors and the professionals working at the residencial care centre, as well as migrant adolescents enrolled in secondary school), which aims to function as a triangulation that provides robustness to the findings. On the other hand,

giving prominence to the perspective of migrant adolescents by putting it at the centre of the thesis represents another of its main strengths.

As mentioned in the methodological reflections, the thesis starts with a systematic review that allows us to establish the basis for determining the differences in the presence of emotional and relational problems in the adolescent population with and without a migrant background and the variables related to their presence. Once the problems in this population were identified, and based on the scarcity of studies carried out with unaccompanied migrant adolescents, the second study allowed us to approach this population to learn first-hand what the relevant issues were concerning their emotional and relational spheres, as well as to identify the key variables that affect them in the pre-migration, transit and post-migration stages. These results were enriched by the perspective of various professionals working at the residential care centre, thus providing a complementary view of the reality studied.

Finally, the third article recognised and provided an active role to migrant adolescents through the workshop based on a participatory child-centred methodology, stressing children's rights and agency. This approach enabled them to identify their emotional and relational needs, allowing them to design solutions to meet them and point out key actors to implement them. According to Esteban (2022; 2023), implementing a participatory methodology is only possible if the participants' agency is recognised. Historically, being part of a minority, being a migrant and being a child were three conditions incompatible with the recognition of human agency by others. This explains why, although several documents cover their rights, such as the UN Convention on the Rights of the Child and the Declaration of Human Rights, authors like Liebel argue that "children will only fully become subjects of rights when their human rights are also regarded as agency rights, and when their interests as people capable of acting are recognised" (Liebel, 2018, p.24). Building up on this idea, Esteban (2023) proposed that for children and adolescents to deploy their agentic potential, their agency should be recognised by adults and opportunities, means and resources should be provided to them, which guided the participatory research conducted in this work.

The sum of all these perspectives and angles from which to study the same phenomenon, which are the emotional and relational spheres, the problems that arise in these areas, the needs derived from them and the potential solutions to address them, make up a complete work that aims to cover a large part of the complexity of the subject studied. Bringing together the scientific community's views, the professionals who work with this population and

the adolescents themselves enriches the research results and the contributions made to the academic field.

The fact that two-thirds of the articles that make up the thesis collect the perspective of migrant adolescents firsthand and qualitatively is another of the great strengths of this work. One of the main objectives of this thesis was to generate information from the perspective of adolescents to provide alternative evidence to all the existing information from an adult-centric perspective. In addition, including solutions developed by the adolescents to the needs identified represents a novel contribution that aims to ensure that such contributions are taken into account both for research on the subject and for the development of measures and intervention programs with this population.

However, while analysing the contributions of this research, several limitations must be acknowledged. First, the systematic review excluded qualitative studies, which may have led to the omission of important nuances related to the emotional and relational challenges faced by migrant adolescents in Article 1. The reason for not including them in the first place was that during the development of the first study, the thesis had not yet adopted a child-centred approach as a central perspective, hence excluding articles of a qualitative nature to enable the comparison of statistically significant results. Their inclusion would have allowed for a detailed comparison of the findings of the academic community with the results of the qualitative research conducted in this thesis. Since qualitative research often provides deeper insights into lived experiences, its absence may have limited the comprehensiveness of the review's findings.

Second, data collection in Article 2 was limited to a single residential care centre, which reduces the diversity of experiences captured. Various contextual factors, including the type of reception facility, geographic location, and institutional practices, shape migrant adolescents' experiences. Consequently, findings from this study may not fully represent the broader range of realities migrant adolescents face in different settings.

Third, the short timeframe allocated for workshops in Article 3 constrained the depth of engagement with adolescents and limited opportunities for follow-up. Given the complexity of the issues explored, a longer intervention period could have allowed for more sustained participation, deeper reflections, and greater continuity in the research process. The time constraints also hindered the opportunity for us to share the results with the adolescents and for them to share them with their school community. Being able to do so would have been a way

of giving back to the adolescents to thank them for their participation, and it could have also motivated them to become involved in similar initiatives in the future.

Fourth, the little diversity in the time that the participants in studies 2 and 3 had spent in Spain, representing mostly newly arrived adolescents, may have determined the identified needs and relevant issues, which were probably dependent on the moment they were in regarding their integration process, such as their urge to learn Spanish well.

Additionally, the sample predominantly consisted of male participants, which may affect the generalisability of the findings. Gender plays a significant role in shaping migration experiences and psychosocial well-being, and the underrepresentation of female participants may have led to an incomplete understanding of the emotional and relational needs of migrant adolescents as a group.

CHAPTER VIII: PRACTICAL IMPLICATIONS, FUTURE RESEARCH DIRECTIONS AND CONCLUSIONS

CHAPTER VIII: PRACTICAL IMPLICATIONS, FUTURE RESEARCH DIRECTIONS AND CONCLUSIONS

8.1 Practical implications

The development of this thesis has produced a series of findings from both the research experience and the research results with a specific focus on sharing the adolescents' inputs that point to their potential practical implications. These implications concern primarily professionals working with migrant adolescents in various fields (educational, psychological, administrative, social work, and social education, among others). However, they are also intended to be relevant for other key stakeholders interested or involved in the well-being of migrant adolescents in a broad sense, such as the general population or policymakers. Since migration policies are usually formulated from the point of view of the receiving societies, the data generated in this research aims to provide evidence of the needs and proposals not only of the migrant population but also from the unique perspective of migrant adolescents. Therefore, the impact of these results could be amplified if policymakers can translate them into policy recommendations, potentially generating changes at individual systemic levels that permeate the whole ecological system. In general, the direction of change from a policy angle involves modifications at the macro-systemic level that impact the meso and micro-systemic levels. However, according to Bronfenbrenner's model, the interrelation and bi-directionality of the systemic levels allow a change at any level to generate changes at the remaining levels. For ease of understanding and practical application, these implications have been grouped into six categories: 1) the development of targeted interventions; 2) the need for legal and bureaucratic support; 3) fostering inclusive educational environments; 4) support of relational and emotional well-being; 5) adopt participatory and rights-based approaches; and 6) enhancement of support in care settings (e.g., centres for unaccompanied minors).

8.1.1 Development of targeted interventions

It is not a novel finding that migrant adolescents have specific needs derived from the migration process that their peers without a migrant background do not have. However, despite this, the results of the research point to the fact that there is still a lack of initiatives adapted to their specific needs, presented in this work. These derive, above all, from the difficulty of navigating different cultural, linguistic, and legal barriers, as well as from the experiences of transit and pre-migration scenarios. Therefore, the identification of needs and factors affecting emotional and relational well-being found in this research intends to become key evidence that

can potentially contribute to adapting the existing programs and interventions to their self-assessed needs and enriching the training programs for professionals in different areas that seek to provide them with cultural competencies to be able to meet the demands of working with this population. In addition, it is paramount to develop psychosocial education programs aimed at adolescents to increase awareness of mental health, reduce stigma, and guide them in accessing available resources tailored to their specific needs.

8.1.2 The need for legal and bureaucratic support

A crosscutting result found in articles 2 and 3 of the present thesis points to the fundamental need to regularise the administrative status, given that this process has implications in several areas of migrant adolescents' lives, thus affecting their emotional and relational well-being. Although these findings are not novel, they represent an additional motivation to call for changes at this level. On the one hand, it becomes necessary to prioritise obtaining legal documentation for minors after arriving in Spain to reduce delays in the bureaucratic process and minimise the discomfort caused by the irregular administrative situation. In addition, regularising the situation will facilitate access to a series of resources (education, training and work) that will speed up the inclusion process. On the other hand, given that this change is ambitious, it would be necessary to reinforce legal assistance in common environments for adolescents, such as community centres or schools, which would generate spaces to guide adolescents and their families with administrative procedures.

8.1.3 Foster inclusive educational environments

The adolescents participating in the research pointed to two pivotal indicators for socio-educational inclusion identified within the IMMERSE Project in which this thesis is framed: language learning and fighting discrimination. The language issue is widely acknowledged in all fields relating to the migrant population since language proficiency conditions most of the interactions in the host country. In the workshop conducted in the third study, all participants asked for support in this aspect, either through their Spanish peers or through the implementation of more engaging methodologies or programmes for learning the language, while also requesting structured opportunities for interaction with their Spanish peers. According to the adolescents, the chance to establish close bonds with their non-migrant peers would foster the development of positive attitudes of the Spanish society, which would then reduce prejudice and encourage them to get to know them.

The existence of discriminatory behaviour driven by prejudice was also mentioned by some adolescents, who called for more empathy and patience from society, teachers and peers. In line with the adolescents' opinion and closely linked to their proposals to find common spaces with Spanish society to improve their command of Spanish, the creation of shared spaces with different members of society of all ages in which they could share their migratory experience would bring different cultures closer together, foster empathy and reduce discrimination. Therefore, any initiative that not only promotes intercultural values but also encourages migrant adolescents to share their experiences in front of a non-migrant audience would be a rich proposal that would seek to achieve understanding and empathy. To implement this type of initiative, training education professionals to coordinate these spaces would be necessary, as well as promoting the existence of such spaces at meso and macro levels.

8.1.4 Support emotional and relational well-being

Given that this work has reflected the interrelationship between the emotional and relational spheres, it is crucial to encourage meaningful relationships between adolescents and care professionals, teachers, and peers. Trusting relationships can alleviate emotional burdens and facilitate openness. In particular, adolescents asked for opportunities and environments managed by the school to be able to interact with their peers without a migrant background. This is also reinforced by the limited opportunities for unaccompanied minors to interact with their Spanish peers. Such opportunities could be created by designing spaces or activities that encourage interactions between migrant adolescents and their local peers to foster inclusion and mutual respect. Moreover, awareness campaigns and sensitive educational programs could promote empathy and societal understanding of migration challenges.

Regarding the specific emotional needs, to cope with the emotional burden of the migration process in general, specialised psychological support is crucial to meet the needs in this area. In order to offer quality services tailored to the needs of adolescents, professionals should be trained in culturally sensitive practices and interventions.

8.1.5 Adopt participatory and rights-based approaches

A significant finding of this work is the benefits of a participatory approach and the inclusion of migrant adolescents' views in their well-being process. As observed, migrant adolescents are able to identify their needs, propose solutions and point to key actors who can be involved in developing proposals. Therefore, involving them in shaping interventions,

policies, and community programs is essential to ensure their needs and solutions are accurately represented. This can only be achieved if they are viewed as active contributors to their lives, recognising their agency and empowering them to participate in decisions affecting their futures.

8.1.6 Enhancement of support in care settings (e.g. centres for unaccompanied minors)

Finally, part of the research was carried out in a residential care centre for unaccompanied minors, which made it possible to learn about its functioning and to gather the adolescents' experiences about what it was like to live in such a facility. One of the central elements of the adolescents' discourse revolved around social relations, and the shortcomings they identified when it came to relating to others, as well as their desires in this regard. On the one hand, although the professionals at the centre did not pretend to be substitutes for the families, they acted as the only present adult referents for the adolescents, which offered them both emotional support and guidance along the way. In this regard, a good practice in such settings would be to adopt family-like care approaches that acknowledge the role of care professionals as surrogate family figures. On the other hand, most of the adolescents also experienced difficulties in integrating due to the limited opportunities to interact with members of the host society. Therefore, providing such opportunities as part of the intervention programme at the centre would foster the progressive integration of these adolescents into broader society.

8.2 Future research directions

The work carried out in the thesis makes relevant contributions to both research and practice on the emotional and relational domains of migrant adolescents. In addition, it also represents a first approach to the subject matter that can still be investigated by broadening the focus, which outlines the design of potential future research directions.

The research could deepen the knowledge of the emotional and relational domains of migrant adolescents by **expanding the sample and the different profiles of participants in terms of origin, gender, and administrative status**. This would allow for the establishment of differences between diverse profiles, providing a more accurate understanding of specific needs based on the intersection of these characteristics. Furthermore, expanding the research to include different European countries as destination countries would enable us to address context-specific challenges, leading to regionally tailored policy recommendations. This would

also enable us to study the effect of host-home country differences. Another key aspect to consider in future research is the **amount of time** adolescents have been in the host country. In studies 2 and 3 included in the thesis, the adolescents had been in Spain for a maximum of two years, so it would be beneficial not only to have a sample that had been in Spain for longer in order to find out the key aspects of their emotional and relational environments but also to carry out longitudinal studies that could shed light on critical turning points in psychosocial adjustment over time.

Future research should prioritise **greater inclusion of non-migrant adolescents**, not only as a comparative group but as active participants who can engage with migrant peers, fostering interaction and mutual understanding. This approach naturally aligns with participatory research methods and could significantly enhance the quality and impact of the work. While the workshop conducted faced situational constraints, future efforts would benefit from combining a child-centred approach with **participatory models**, such as Laura Lundy's (2007) child rights framework and Esteban's work (2022, 2023) emphasising the creation of enabling contexts and the promotion of agentic qualities, which emphasise recognising adolescents' agency and involving them meaningfully throughout the process. Engaging adolescents as co-researchers from the design phase to the analysis and dissemination will reflect their voices, visions, and opinions more authentically, creating a sense of ownership and minimising power imbalances through a co-creative process. Additionally, it is essential that future research ensures that adolescents see the tangible impact of their contributions within their social environment, as emphasised by Lundy (2007) and models like that of Esteban (2023). Finally, conducting comparative studies between migrant and non-migrant adolescents would contribute to distinguishing emotional and relational needs unrelated to the migration process from those that are migration-specific, thereby enriching the depth and applicability of the research.

A significant result obtained in studies 2 and 3 is the relevance of **studying other significant relationships of adolescents beyond the peer group**, such as the relationship with the family or with educational professionals. Given that in the present study the main focus has been on relationships with peers because of their relevance during adolescence, other relationships that contribute to their well-being have not been explored in depth.

In the same way, future directions could focus on conducting research adopting an intersectional approach to examine the complex interplay of the various variables that have

been found in the different studies, such as socioeconomic status, the quality of the relationships, prejudice and stereotypes, and discrimination, among others, in shaping emotional and relational problems. To this end, **quantitative studies** could be carried out with validated measures, including more factors identified in the literature that have not been found in this study. This approach would also allow us to include variables related to the pre-migration and transit stages to generate more evidence on the influence of these stages on well-being since they have been less explored. It would complement the current emphasis on post-migration factors and help identify preventive measures before issues arise.

Finally, another relevant finding of the research is that many adolescents were not familiar with the term 'mental health'. Following this thread, a possible line to follow would be to explicitly study both **mental health awareness** and attitudes towards mental health services among migrant adolescents. In this way, awareness of the importance of mental health could be raised while reducing prejudice about mental health services. This would lead to potential changes in the approach to mental health services and adapt them to the needs of these adolescents by developing culturally sensitive programmes that foster accessibility for everyone. In this way, interventions could be strengthened and adapted to help process grief related to the migration process as well as foster the adaptation to new environments and management of expectations.

By addressing these gaps and expanding the scope of research, future studies can provide a more nuanced understanding of emotional and relational dynamics in migrant adolescents, paving the way for more effective interventions and policies.

8.3 Conclusions

Migration is a complex process that extends from the pre-migration stage in their home country to the post-migration stage once they arrive in the host country after a potentially challenging transit stage. When adolescents migrate, they face the stressors from this non-normative life event affecting their overall well-being and mental health, which are further complicated by the challenges of their developmental stage, which strongly relies on emotional stability and social relations. However, rather than perceiving migration solely as a crisis, it is crucial to recognise it as an opportunity for societies to rethink their structures, attitudes, and policies to ensure that new members can participate fully, feel a sense of belonging, and contribute meaningfully to their communities. By working collectively to minimise the barriers

they face, we can foster their development and build a more inclusive and cohesive society that embraces diversity and looks toward a shared future in an increasingly interconnected world.

One of the key contributions of this thesis is its shift from a traditional focus on behavioural problems to a more comprehensive understanding of the emotional and relational dimensions of migrant adolescents' experiences. The findings highlight the significant differences between migrant and non-migrant youth, particularly in the relational domain, referring to forming new friendships and perceiving peer support. These are strongly related to the challenges associated with the inclusive and acculturative processes. The relational domain is deeply intertwined with emotional well-being, as difficulties in establishing meaningful social connections often contribute to feelings of loneliness, exclusion, and distress. Understanding these relational struggles is fundamental to comprehending the broader emotional impact of migration and designing appropriate support mechanisms.

Furthermore, this work moves beyond conventional quantitative research by adopting a participatory, child-centred and qualitative approach that prioritises the voices of migrant adolescents. Rather than merely assessing their experiences from an external perspective, this study actively engages them as central participants, acknowledging their agency and expertise in identifying their needs and challenges. The narratives collected in this research demonstrate that migrant adolescents have a deep awareness of their realities and can identify the barriers they face, their emotional and relational needs and the solutions needed to tackle them. Some of their proposed solutions align with existing intervention strategies, while others introduce innovative perspectives largely overlooked in policy and practice. This highlights the necessity of directly involving them in designing and implementing interventions to improve their well-being.

A major finding of this study is the transformative potential of participatory methodologies. Recognising adolescents as active agents rather than passive recipients of support is crucial in ensuring that interventions are meaningful, effective, and responsive to their lived experiences. This approach should be integrated not only in academic research but also in family and educational settings, community programs, and policy-making. Schools, in particular, should serve as key spaces for fostering participation, ensuring that migrant adolescents have a voice in shaping the environments in which they learn, grow, and interact. By introducing participatory strategies at an early stage, we can work toward creating more inclusive social structures that genuinely reflect the perspectives of adolescents.

Moreover, the findings of this thesis underscore the need for interventions that operate across multiple contexts. Within the household, families play a central role in shaping the emotional and relational well-being of migrant adolescents, and support systems should be strengthened to foster positive family dynamics. Looking at interactions outside the household, communities, schools, and extracurricular programs should adopt inclusive strategies that foster social integration and emotional well-being among migrant adolescents. Finally, at the external level, policymakers are called to recognise the importance of migrant adolescents' perspectives in shaping policies that directly impact their lives. Legislative frameworks and social policies should be informed not only by academic and professional experts but also by the lived experiences of the adolescents themselves. Given the insights generated through this research, it is clear that further participatory studies are needed to expand our understanding of migrant adolescents' experiences across different contexts. International research collaborations would allow for a more comprehensive understanding of migrant adolescents' emotional and relational experiences and the development of more inclusive interventions.

Ultimately, this thesis underscores a fundamental shift in perspective: **we must work with migrant adolescents, not just for them**. Recognising them as partners in research, policy, and practice is essential in ensuring their well-being and fostering a society that values their contributions. If we truly aim to build inclusive societies where every adolescent, regardless of their background, can thrive, then we must commit to listening, engaging, and acting in collaboration with them. Only through these collective efforts can we move toward a future where migration is not seen as a barrier but as an opportunity for mutual growth and social transformation.

REFERENCES

REFERENCES

Abebe, D. S., Lien, L., & Hjelde, K. H. (2014). What we know and don't know about mental health problems among immigrants in Norway. *Journal of Immigrant and Minority Health*, *16*(1), 60–67. https://doi.org/10.1007/s10903-012-9745-9

Aknin, L. B., De Neve, J. E., Dunn, E. W., Fancourt, D. E., Goldberg, E., Helliwell, J. F., Jones, S. P., Karam, E., Layard, R., Lyubomirsky, S., Rzepa, A., Saxena, S., Thornton, E. M., VanderWeele, T. J., Whillans, A. V., Zaki, J., Karadag, O., & Ben Amor, Y. (2022). Mental health during the first year of the COVID-19 pandemic: A review and recommendations for moving forward. *Perspectives on Psychological Science*, *17*(4), 915–936. https://doi.org/10.1177/17456916211029964

Alivernini, F., Cavicchiolo, E., Girelli, L., Lucidi, F., Biasi, V., Leone, L., Cozzolino, M., & Manganelli, S. (2019). Relationships between sociocultural factors (gender, immigrant and socioeconomic background), peer relatedness and positive affect in adolescents. *Journal of Adolescence*, *76*, 99–108. https://doi.org/10.1016/j.adolescence.2019.08.011

Alonso-Fernández, N., Jiménez-García, R., Alonso-Fernández, L., Hernández-Barrera, V., & Palacios-Ceña, D. (2017). Mental health and quality of life among Spanish-born and immigrant children in years 2006 and 2012. *Journal of Pediatric Nursing*, *36*, 103–110. https://doi.org/10.1016/j.pedn.2017.05.005

Asendorpf, J. B., & Motti-Stefanidi, F. (2017). A longitudinal study of immigrants' peer acceptance and rejection: Immigrant status, immigrant composition of the classroom, and acculturation. *Cultural Diversity and Ethnic Minority Psychology*, *23*(4), 486–498. https://doi.org/10.1037/cdp0000155

Aston, H. J., & Lambert, N. (2010). Young people's views about their involvement in decision-making. *Educational Psychology in Practice*, *26*(1), 41–51. https://doi.org/10.1080/02667360903522777

Baauw, A., & Ritz, N. (2018). Towards better healthcare for migrant and refugee children in Europe. *European Journal of Pediatrics*, *177*(2), 161–162. https://doi.org/10.1007/s00431-017-3019-4

Bajo Marcos, E., Fernández, M., & Serrano, I. (2023). Happy to belong: Exploring the embeddedness of well-being in the integration of migrant and refugee minors. *Current Psychology*, *42*, 22576–22588. https://doi.org/10.1007/s12144-022-03341-2

Bajo Marcos, E., Ordóñez-Carabaño, Á., Rodríguez-Ventosa Herrera, E., & Serrano, I. (2023). Identifying the core indicators of migrant and refugee children's integration using the Delphi method: A multi-input strategy for definition of consensus. *International Journal of Qualitative Methods*, *22*, 1–11. https://doi.org/10.1177/16094069221149487

Bajo Marcos, E., Serrano, I., & Fernández, M. (2024). A theoretical framework of the integration and well-being of migrant and refugee minors in Europe. *Revista Española de Sociología*, *33*(2), 1–22. https://doi.org/10.22325/fes/res.2024.213

Bajo Marcos, E., Serrano Sanguilinda, I., Ordóñez Carabaño, Á., Rodríguez-Ventosa Herrera, E., & Fernández García, M. (2020a). *IMMERSE Dashboard* (D1.5). IMMERSE Project. https://ec.europa.eu/research/participants/documents/downloadPublic?documentIds=080166e5cf08d65a&appId=PPGMS

Bajo Marcos, E., Serrano Sanguilinda, I., Ordóñez Carabaño, Á., Rodríguez-Ventosa Herrera, E., & Fernández García, M. (2020b). *Report on the results of the evaluation system of socio-educational integration of migrant children* (D1.6). IMMERSE Project. https://doi.org/https://doi.org/10.5281/zenodo.10119114

Bamford, J., Fletcher, M., & Leavey, G. (2021). Mental health outcomes of unaccompanied refugee minors: A rapid review of recent research. *Current Psychiatry Reports*, *23*, *1-11*. https://doi.org/10.1007/s11920-021-01262-8

Barker, J., & Weller, S. (2003). "Is it fun?" Developing children centred research methods. *International Journal of Sociology and Social Policy*, *23*(1/2), 33–58. https://doi.org/10.1108/01443330310790435

Bartroli, C. P., Herrera-Gutiérrez, M. R., Montagud Mayor, X., & Velasco Vázquez, M. K. (2023). Rocks in the bag: Mourning and stress in young unaccompanied migrants. *Migraciones*, *57*, 1–21. https://doi.org/10.14422/mig.2023.006

Basque Ombudsman. (2021). *Protection services for foreign unaccompanied minors in Europe*. https://www.theioi.org/ioi-news/current-news/protection-of-unaccompanied-minors-in-europe

Bauer, E. (2016). Practising kinship care: Children as language brokers in migrant families. *Childhood*, *23*(1), 22–36. https://doi.org/10.1177/0907568215574917

Beiser, M., & Wickrama, K. A. S. (2004). Trauma, time and mental health: A study of temporal reintegration and depressive disorder among Southeast Asian refugees. *Psychological Medicine*, *34*(5), 899–910. https://doi.org/10.1017/S0033291703001703

Belhadj Kouider, E., Koglin, U., Lorenz, A. L., Dupont, M., & Petermann, F. (2014). Interethnische Analysen der Verteilungen psychischer Störungen bei Kindern und Jugendlichen in einer Inanspruchnahmepopulation. *Prax. Kinderpsychol. Kinderpsychiat*, *63*, 272–288.

Belhadj Kouider, E., Koglin, U., & Petermann, F. (2014). Emotional and behavioral problems in migrant children and adolescents in Europe: A systematic review. *European Child and Adolescent Psychiatry*, *23*(6), 373–391. https://doi.org/10.1007/s00787-013-0485-8

Belhadj Kouider, E., Lorenz, A. L., Dupont, M., & Petermann, F. (2015). Internalizing disorders in migrant and non-migrant children and adolescents: Analyses of a German health care population. *Journal of Public Health*, *23*(6), 349–361. https://doi.org/10.1007/s10389-015-0688-1

Bennouna, C., Khauli, N., Basir, M., Allaf, C., Wessells, M., & Stark, L. (2019). School-based programs for supporting the mental health and psychosocial wellbeing of adolescent forced migrants in high-income countries: A scoping review. *Social Science and Medicine*, *239*, 112558. https://doi.org/10.1016/j.socscimed.2019.112558

Berger, K. S. (2007). *Psicología del Desarrollo. Infancia y Adolescencia*. Panamericana.

Berger, K. S. (2016). *Psicología del Desarrollo. Infancia y Adolescencia*. Panamericana.

Berk, L. E. (1999). *Desarrollo del niño y del adolescente*. Prentice Hall.

Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. (2006). Immigrant youth: Acculturation, identity and adaptation. *Applied Psychology*, *55*(3), 303–332. https://doi.org/10.1111/j.1464-0597.2006.00256.x

Bhugra, D., & Jones, P. (2001). Migration and mental illness. *Advances in Psychiatric Treatment*, *7*(3), 216–223. https://doi.org/10.1192/apt.7.3.216

Bianchi, D., Cavicchiolo, E., Manganelli, S., Lucidi, F., Girelli, L., Cozzolino, M., Galli, F., & Alivernini, F. (2021). Bullying and victimization in native and immigrant very-low-income adolescents in Italy: Disentangling the roles of peer acceptance and friendship. *Child and Youth Care Forum*, *50*(6), 1013–1036. https://doi.org/10.1007/s10566-021-09612-6

Bianchi, L., Cecchini, C., Chiodini, M., Donati, C., Ferrucci, V., Maltoni, D., Meringolo, P., & Zelano, M. (2020). *Up minori: Un progetto di inclusione*. Istituto degli Innocenti. https://www.istitutodeglinnocenti.it/sites/default/files/allegati/idi_upminori_definitivo.pdf

Biocchi, L., & Levoy, M. (2008). *Los niños indocumentados en Europa: Víctimas invisibles de las restricciones a la inmigración*. PICUM. https://resourcecentre.savethechildren.net/pdf/3785_0.pdf/

Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). Systematic review and meta-analysis: The prevalence of mental illness in child and adolescent refugees and asylum seekers. *Journal of the American Academy of Child and Adolescent Psychiatry*, *59*(6), 705–714. https://doi.org/10.1016/j.jaac.2019.11.011

Blanco-Vega, C. O., Castro-Olivo, S. M., & Merrell, K. W. (2007). Social–emotional needs of Latino immigrant adolescents: A sociocultural model for development and implementation of culturally specific interventions. *Journal of Latinos and Education*, *7*(1), 43–61. https://doi.org/10.1080/15348430701693390

Block, K., Cross, S., Riggs, E., & Gibbs, L. (2014). Supporting schools to create an inclusive environment for refugee students. *International Journal of Inclusive Education*, *18*(12), 1337–1355. https://doi.org/10.1080/13603116.2014.899636

Borraccino, A., Berchialla, P., Dalmasso, P., Sciannameo, V., Vieno, A., Lazzeri, G., Charrier, L., & Lemma, P. (2020). Connectedness as a protective factor in immigrant youth: results from the Health Behaviours in School-aged Children (HBSC) Italian study. *International Journal of Public Health*, *65*(3), 303–312. https://doi.org/10.1007/s00038-020-01355-w

Borraccino, A., Charrier, L., Berchialla, P., Lazzeri, G., Vieno, A., Dalmasso, P., & Lemma, P. (2018). Perceived well-being in adolescent immigrants: it matters where they come from. *International Journal of Public Health*, *63*(9), 1037–1045. https://doi.org/10.1007/s00038-018-1165-8

Bradbury-Jones, C., & Taylor, J. (2015). Engaging with children as co-researchers: challenges,counter-challenges and solutions. *International Journal of Social Research Methodology*, *18*(2), 161–173. https://doi.org/10.1080/13645579.2013.864589

Bravo, A., & Santos-González, I. (2017). Menores extranjeros no acompañados en España: necesidades y modelos de intervención. *Psychosocial Intervention*, *26*(1), 55–62. https://doi.org/10.1016/j.psi.2015.12.001

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (2007). The Bioecological Model of Human Development. In R. M. Lerner (Ed.), *Handbook of Child Psychology*. Wiley. https://doi.org/10.1002/9780470147658.chpsy0114

Burdzovic Andreas, J., & Brunborg, G. S. (2017). Depressive symptomatology among Norwegian adolescent boys and girls: the Patient Health Questionnaire-9 (PHQ-9) psychometric properties and correlates. *Frontiers in Psychology*, *8*, 1-11. https://doi.org/10.3389/fpsyg.2017.00887

Burgos, M., Al-Adeimi, M., & Brown, J. (2017). Protective factors of family life for immigrant youth. *Child and Adolescent Social Work Journal*, *34*(3), 235–245. https://doi.org/10.1007/s10560-016-0462-4

Busch, J., Claus, C., Schneider, S., & Siefen, R. G. (2021). Does a lower self-concept contribute to mental health disparities of diverse immigrant youth from middle childhood to late adolescence? *BMC Psychology*, *9*(1), 1-14. https://doi.org/10.1186/s40359-021-00555-0

Caldwell, P., & Jarrett, C. (2018). In their own words: engaging young people in a youth research advisory group. *Journal of Paediatrics and Child Health*, *54*(1), 107–108. https://doi.org/10.1111/jpc.13781

Caravita, S. C. S., Stefanelli, S., Mazzone, A., Cadei, L., Thornberg, R., & Ambrosini, B. (2020). When the bullied peer is native-born vs. immigrant: A mixed-method study with a sample of native-born and immigrant adolescents. *Scandinavian Journal of Psychology*, *61*(1), 97–107. https://doi.org/10.1111/sjop.12565

Castro-Zubizarreta, A., & Calvo-Salvador, A. (2023). Child participation in early childhood education in Spain: When having rights does not mean being able to exercise them. *Policy Futures in Education*, *2*(4), 1–17. https://doi.org/10.1177/14782103231180665

Ceballos-Vacas, E. M., & Trujillo-González, E. (2021). Dificultades y apoyos emocionales del alumnado migrante: un estudio de caso en un instituto multicultural. *Aula Abierta*, *50*(4), 767–776. https://doi.org/10.17811/RIFIE.50.4.2021.767-776

Ceballos, N., & Susinos, T. (2022). Do my words convey what children are saying? Researching school life with very young children: dilemmas for 'authentic listening'.

European Early Childhood Education Research Journal, *30*(1), 81–95. https://doi.org/10.1080/1350293X.2022.2026435

Chan, E. Y. Y., Mercer, S. W., Yue, C., Wong, S., & Griffiths, S. M. (2009). Mental health of migrant children: An overview of the literature. *International Journal of Mental Health*, *38*(3), 44–52. https://doi.org/10.2753/IMH0020-7411380303

Chau, K., Baumann, M., Kabuth, B., & Chau, N. (2012). School difficulties in immigrant adolescent students and roles of socioeconomic factors, unhealthy behaviours, and physical and mental health. *BMC Public Health*, *12*, 1–11. http://www.biomedcentral.com/1471-2458/12/453

Checkoway, B. (2011). What is youth participation? *Children and Youth Services Review*, *33*(2), 340–345. https://doi.org/10.1016/j.childyouth.2010.09.017

Coleman, J. C., & Hendry, L. B. (2003). *Psicología de la adolescencia*. Morata.

Collins, T. M., Jamieson, L., Wright, L. H. V., Rizzini, I., Mayhew, A., Narang, J., Tisdall, E. K. M., & Ruiz-Casares, M. (2020). Involving child and youth advisors in academic research about child participation: The Child and Youth Advisory Committees of the International and Canadian Child Rights Partnership. *Children and Youth Services Review*, *109*, 1–9. https://doi.org/10.1016/j.childyouth.2019.104569

Corona Maioli, S., Bhabha, J., Wickramage, K., Wood, L. C. N., Erragne, L., Ortega García, O., Burgess, R., Digidiki, V., Aldridge, R. W., & Devakumar, D. (2021). International migration of unaccompanied minors: trends, health risks, and legal protection. *The Lancet Child and Adolescent Health*, *5*(12), 882–895. https://doi.org/10.1016/S2352-4642(21)00194-2

Correia, N., Camilo, C., Aguiar, C., & Amaro, F. (2019). Children's right to participate in early childhood education settings: A systematic review. *Children and Youth Services Review*, *100*, 76–88. https://doi.org/10.1016/j.childyouth.2019.02.031

Council of Europe. (2013). *Standing Conference of Ministers of Education: Governance and Quality Education (24th session)*. https://rm.coe.int/med24-programme-26-27april2013-en/1680909528

Council of the European Union. (2004). *Common Basic Principles for Immigrant Integration Policy in the EU*. https://ec.europa.eu/migrant-integration/librarydoc/common-basic-principles-for-immigrant-integration-policy-in-the-eu

Coyne, I., & Carter, B. (2018). *Being Participatory: Researching with Children and Young People*. Springer International Publishing. https://doi.org/10.1007/978-3-319-71228-4

Crowley, A., Larkins, C., & Pinto, L. M. (2021). *Listen - Act - Change: Council of Europe Handbook on children's participation for professionals working for and with children*. Council of Europe. https://edoc.coe.int/en/children-s-rights/9288-listen-act-change-council-of-europe-handbook-on-childrens-participation.html

Dalmasso, P., Borraccino, A., Lazzeri, G., Charrier, L., Berchialla, P., Cavallo, F., & Lemma, P. (2018). Being a young migrant in Italy: The effect of perceived social support in adolescence. *Journal of Immigrant and Minority Health*, *20*(5), 1044–1052. https://doi.org/10.1007/s10903-017-0671-8

Daly, M., Sutin, A. R., & Robinson, E. (2022). Longitudinal changes in mental health and the COVID-19 pandemic: evidence from the UK Household Longitudinal Study. *Psychological Medicine*, *52*, 2549–2558. https://doi.org/10.1017/S0033291720004432

Daniel-Calveras, A., Baldaquí, N., & Baeza, I. (2022). Mental health of unaccompanied refugee minors in Europe: A systematic review. *Child Abuse and Neglect*, *133*, 1-18. https://doi.org/10.1016/j.chiabu.2022.105865

Darmanaki Farahani, L., & Bradley, G. L. (2018). The role of psychosocial resources in the adjustment of migrant adolescents. *Journal of Pacific Rim Psychology*, *12*, 1–11. https://doi.org/10.1017/prp.2017.21

Davey, C., Burke, T., & Shaw, C. (2010). *Children's participation in decision-making: A Children's Views Report*. Children's Commissioner.

https://www.childrenscommissioner.gov.uk/resource/childrens-participation-in-decision-making/

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: uman needs and the self-determination of behavior. *Psychological Inquiry*, *11*(4), 227-268.

Delaruelle, K., Walsh, S. D., Dierckens, M., Deforche, B., Kern, M. R., Currie, C., Moreno Maldonado, C., Cosma, A., & Stevens, G. W. J. M. (2021). Mental health in adolescents with a migration background in 29 European countries: the buffering role of social capital. *Journal of Youth and Adolescence*, *50*(5), 855–871. https://doi.org/10.1007/s10964-021-01423-1

Denzin, N. K., & Lincoln, Y. S. (2008). *Strategies of qualitative inquiry*. SAGE Publications Inc.

Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and adolescents: the glaring contrast between a legal and a psychological perspective. *International Journal of Law and Psychiatry*, *31*(4), 319–330. https://doi.org/10.1016/j.ijlp.2008.06.006

Dockett, S., Einarsdóttir, J., & Perry, B. (2012). Young children's decisions about research participation: opting out. *International Journal of Early Years Education*, *20*(3), 244–256. https://doi.org/10.1080/09669760.2012.715405

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, *2*(3), 222–235. https://doi.org/10.5502/ijw.v2i3.4

Droessler, T., Foertsch, L., & Rohr, M. (2021). "Migrant children are not the problem. The problem is the need to make the administration happy." The perceptions of professionals on participation and acculturation in education contexts. *Studia Migracyjne Przegląd Polonijny*, *47*(4), 55–78.

Duinhof, E. L., Smid, S. C., Vollebergh, W. A. M., & Stevens, G. W. J. M. (2020). Immigration background and adolescent mental health problems: the role of family affluence,

adolescent educational level and gender. *Social Psychiatry and Psychiatric Epidemiology*, *55*(4), 435–445. https://doi.org/10.1007/s00127-019-01821-8

Eccles, J. S., Flanagan, C., Lord, S., Midgley, C., Roeser, R., & Yee, D. (1996). Schools, families and early adolescents: what are we doing and what can we do instead? *Developmental and Behavioral Pediatrics*, *17*(4), 267–276.

Edmonds, R. (2019). Making children's 'agency' visible: Towards the localisation of a concept in theory and practice. *Global Studies of Childhood*, *9*(3), 200–211. https://doi.org/10.1177/2043610619860994

EFE. (2024, July 2). El discurso de odio en redes sociales se ensañó en 2023 con los menores extranjeros no acompañados. *ElDiario.Es*. https://www.eldiario.es/desalambre/discurso-odio-redes-sociales-ensano-2023-menores-extranjeros-no-acompanados_1_11494894.html

Eide, K., & Hjern, A. (2013). Unaccompanied refugee children - vulnerability and agency. *Acta Paediatrica*, *102*(7), 666–668. https://doi.org/10.1111/apa.12258

El-Awad, U., Fathi, A., Petermann, F., & Reinelt, T. (2017). Promoting mental health in unaccompanied refugee minors: Recommendations for primary support programs. *Brain Sciences*, *7*(12), 1–12. https://doi.org/10.3390/brainsci7110146

Eldén, S. (2013). Inviting the messy: Drawing methods and "children's voices." *Childhood*, *20*(1), 66–81. https://doi.org/10.1177/0907568212447243

Erikson, E. H. (1950). *Childhood and Society*. W. W. Norton & Company, Inc. https://doi.org/10.30965/9783657768387_048

Erikson, E. H. (1968). *Identity: Youth and Crisis*. W. W. Norton & Company, Inc.

Erikson, E. H. (1972). *Sociedad y adolescencia*. Siglo veintiuno editores, Sa.

Erikson, E. H. (1998). *The life cycle completed*. W. W. Norton & Company, Inc.

Eriksson, M., Wimelius, M. E., & Ghazinour, M. (2019). "I stand on my own two feet but need someone who really cares": Social networks and social capital among unaccompanied minors for becoming established in Swedish society. *Journal of Refugee Studies, 32*(3), 372–396. https://doi.org/10.1093/jrs/fey030

Ertanir, B., Kassis, W., & Garrote, A. (2021). Longitudinal changes in Swiss adolescent's mental health outcomes from before and during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 18*(23), 1-14. https://doi.org/10.3390/ijerph182312734

Esteban, M. B. (2022). Children's participation, progressive autonomy, and agency for inclusive education in schools. *Social Inclusion, 10*(2), 43–53. https://doi.org/10.17645/SI.V10I2.4936

Esteban, M. B. (2023). Developing a sense of human agency in childhood and adolescence through participatory experiences: enabling contexts and agentic qualities. *Bordón Revista de Pedagogía, 75*(2), 143–158. https://doi.org/10.13042/Bordon.2023.96787

Esteve Zarazaga, J. M., Ruiz Román, C., & Rascón Gómez, M. T. (2008). La construcción de la identidad en los hijos de inmigrantes marroquíes. *Revista Española de Pedagogía, 241*, 489–508.

European Commission. (2005). *A common agenda for integration: Framework for the integration of third-Country nationals in the European Union*. https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2005:0389:FIN:EN:PDF

European Migration Network. (2021). *Asylum and migration glossary 8.0*. https://home-affairs.ec.europa.eu/networks/european-migration-network-emn/emn-asylum-and-migration-glossary_en

Fabretti, V., Gigliotti, M., & Lonardi, M. (2023). *EU-level recommendation paper on refugee and migrant children's integration* (D4.3). IMMERSE Project. https://doi.org/10.5281/zenodo.10142613

Fangen, K. (2010). Social exclusion and inclusion of young immigrants: Presentation of an analytical framework. *Young*, *18*(2), 133–156. https://doi.org/10.1177/110330881001800202

Fattore, T., Mason, J., & Watson, E. (2012). Locating the child centrally as subject in research: Towards a child interpretation of well-being. *Child Indicators Research*, *5*(3), 423–435. https://doi.org/10.1007/s12187-012-9150-x

Fazel, M., & Betancourt, T. S. (2018). Preventive mental health interventions for refugee children and adolescents in high-income settings. *The Lancet Child and Adolescent Health*, *2*(2), 121. https://doi.org/10.1016/S2352-4642(17)30147-5

Fiori, K. L., Antonucci, T. C., & Cortina, K. S. (2006). Social network typologies and mental health among older adults. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, *61*(1), 25–32. https://doi.org/10.1093/geronb/61.1.P25

Foth, T., Efstathiou, N., Vanderspank-Wright, B., Ufholz, L. A., Dütthorn, N., Zimansky, M., & Humphrey-Murto, S. (2016). The use of Delphi and Nominal Group Technique in nursing education: A review. *International Journal of Nursing Studies*, *60*, 112–120. https://doi.org/10.1016/j.ijnurstu.2016.04.015

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, *14*(2), 231–233. https://doi.org/10.1002/wps.20231

Garcés-Mascareñas, B., & Penninx, R. (2016). *Integration Processes and Policies in Europe: Context, Levels and Actors*. Springer Open. https://doi.org/10.1007/978-3-319-21674-4

Gatt, J. M., Alexander, R., Emond, A., Foster, K., Hadfield, K., Mason-Jones, A., Reid, S., Theron, L., Ungar, M., Wouldes, T. A., & Wu, Q. (2020). Trauma, resilience, and mental health in migrant and non-migrant youth: An international cross-sectional study across six countries. *Frontiers in Psychiatry*, *10*, 1–15. https://doi.org/10.3389/fpsyt.2019.00997

Gewirtz, A. H., Muldrew, L., & Sigmarsdóttir, M. (2022). Mental health, risk and resilience among refugee families in Europe. *Current Opinion in Psychology*, *47*, 1-7. https://doi.org/10.1016/j.copsyc.2022.101428

Gilsenan, J. (2018). *"I like it here because I have to." Migration and adolescent identity formation: exploring the experiences of students in a London school*. University College London. http://discovery.ucl.ac.uk/10053603/Ç

Gönültaş, S., & Mulvey, K. L. (2019). Social-developmental perspective on intergroup attitudes towards immigrants and refugees in childhood and adolescence: A roadmap from theory to practice for an inclusive society. Human Development, 63(2), 90–111. https://doi.org/10.1159/000503173

Goossens, L. (2020). Adolescent development: Putting Europe on the map. In S. Jackson & L. Goossens (Eds.), *Handbook of adolescent development* (pp. 1–10). Psychology Press.

Gresham, F. M., & Elliot, S. N. (1990). *Social Skills Rating System Manual*. American Guidance.

Gutmann, M. T., Aysel, M., Özlü-Erkilic, Z., Popow, C., & Akkaya-Kalayci, T. (2019). Mental health problems of children and adolescents, with and without migration background, living in Vienna, Austria. *Child and Adolescent Psychiatry and Mental Health*, *13*(1), 1-9. https://doi.org/10.1186/s13034-019-0295-y

Harland, P., Reijneveld, S. A., Brugman, E., Verloove-Vanhorick, S. P., & Verhulst, F. C. (2002). Family factors and life events as risk factors for behavioural and emotional problems in children. *European Child and Adolescent Psychiatry*, *11*(4), 176–184. https://doi.org/10.1007/s00787-002-0277-z

Hendrix, K. (2015). *La aculturación, identidad y adaptación de los adolescentes inmigrantes del colegio NT2 Mundium*. Utrecht University. https://studenttheses.uu.nl/handle/20.500.12932/21163

Hettich, N., Seidel, F. A., & Stuhrmann, L. Y. (2020). Psychosocial interventions for newly arrived adolescent refugees: A systematic review. *Adolescent Research Review*, *5*(2), 99–114. https://doi.org/10.1007/s40894-020-00134-1

Heyeres, M., Perera, N., Udah, H., Attakey, A., Whiteside, M., & Tsey, K. (2021). Interventions targeting the wellbeing of migrant youths: A systematic review of the literature. *SAGE Open*, *11*(3), 1-14. https://doi.org/10.1177/21582440211046942

Hjern, A., Rajmil, L., Bergström, M., Berlin, M., Gustafsson, P. A., & Modin, B. (2013). Migrant density and well-being - A national school survey of 15-year-olds in Sweden. *European Journal of Public Health*, *23*(5), 823–828. https://doi.org/10.1093/eurpub/ckt106

Horgan, D., Forde, C., Martin, S., & Parkes, A. (2017). Children's participation: moving from the performative to the social. *Children's Geographies*, *15*(3), 274–288. https://doi.org/10.1080/14733285.2016.1219022

Horgan, D., Forde, C., Parkes, A., & Martin, S. (2015). *Children and young people's experiences of participation in decision-making at home, in schools and in their communities*. Dublin: Department of Children and Youth Affairs. https://cora.ucc.ie/server/api/core/bitstreams/11e5700a-30bd-4856-af3d-b8fcd789aed2/content

Hüsler, G., & Werlen, E. (2010). Swiss and migrant adolescents - similarities and differences. *Vulnerable Children and Youth Studies*, *5*(3), 244–255. https://doi.org/10.1080/17450128.2010.487123

IMMERSE. (2019). *IMMERSE Project Website*. https://www.immerse-h2020.eu/

INE. (2024a). *Población extranjera por país de nacionalidad, edad (grupos quinquenales) y sexo*. https://www.ine.es/jaxiT3/Tabla.htm?t=36825&L=0

INE. (2024b). *Población por comunidades y ciudades autónomas y tamaño de los municipios*. https://www.ine.es/jaxiT3/Tabla.htm?t=2915

IOM. (2011). *Handbook on Migration Terminology*. https://publications.iom.int/books/handbook-migration-terminology-russian-english

Jackson, S., & Goossens, L. (Eds.). (2020). *Handbook of Adolescent Development*. Psychology Press.

Jaeger, F. N., Hossain, M., Kiss, L., & Zimmerman, C. (2012). The health of migrant children in Switzerland. *International Journal of Public Health*, *57*(4), 659–671. https://doi.org/10.1007/s00038-012-0375-8

James, A., & James, A. (2012). *Key concepts in childhood studies*. SAGE.

Jennings, L. B., Parra-Medina, D. M., Hilfinger Messias, D. A. K., & McLoughlin, K. (2006). Toward a critical social theory of youth empowerment. *Journal of Community Practice*, *14*(1–2), 31–55. https://doi.org/10.1300/J125v14n01_03

Jose, P. E., & Lim, B. T. (2014). Social connectedness predicts lower loneliness and depressive symptoms over time in adolescents. *Open Journal of Depression*, *3*, 154–163. https://doi.org/10.4236/ojd.2014.34019

Kadir, A., Battersby, A., Spencer, N., & Hjern, A. (2019). Children on the move in Europe: A narrative review of the evidence on the health risks, health needs and health policy for asylum seeking, refugee and undocumented children. *BMJ Paediatrics Open*, *3*(1), 1–15. https://doi.org/10.1136/bmjpo-2018-000364

Kalverboer, M., Zijlstra, E., Van Os, C., Zevulun, D., Ten Brummelaar, M., & Beltman, D. (2017). Unaccompanied minors in the Netherlands and the care facility in which they flourish best. *Child and Family Social Work*, *22*(2), 587–596. https://doi.org/10.1111/cfs.12272

Karadag, M., & Gokcen, C. (2021). Does studying with the local students effect psychological symptoms in refugee adolescents? A controlled study. *Child and Adolescent Social Work Journal*, *38*(6), 663–670. https://doi.org/10.1007/s10560-020-00684-2

Karadag, M., & Ogutlu, H. (2021). Prevalence of psychiatric symptoms among refugee adolescents in Turkey: A controlled study. *Brazilian Journal of Psychiatry*, *43*(1), 55–60. https://doi.org/10.1590/1516-4446-2020-0916

Karataş, S., Crocetti, E., Schwartz, S. J., & Rubini, M. (2021). Psychological and social adjustment in refugee adolescents: The role of parents' and adolescents' friendships. *New Directions for Child and Adolescent Development, 2021*(176), 123–139. https://doi.org/10.1002/cad.203955

Karataş, S., Crocetti, E., Schwartz, S. J., & Rubini, M. (2023). Developmental trajectories of ethnic and national identities in adolescents from migrant families: The role of social identification with family and classmates. *European Journal of Personality*, *37*(6), 705–722. https://doi.org/10.1177/08902070221149602

Kellett, M. (2011). Empowering children and young people as researchers: overcoming barriers and building capacity. *Child Indicators Research*, *4*, 205–219. https://doi.org/10.1007/s12187-010-9103-1

Khawaja, N. G., Ibrahim, O., & Schweitzer, R. D. (2017). Mental wellbeing of students from refugee and migrant backgrounds: The mediating role of resilience. *School Mental Health*, *9*(3), 284–293. https://doi.org/10.1007/s12310-017-9215-6

La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression? *Journal of Clinical Child and Adolescent Psychology*, *34*(1), 49–61. https://doi.org/10.1207/s15374424jccp3401_5

Lafontana, K. M., & Cillessen, A. H. N. (2010). Developmental changes in the priority of perceived status in childhood and adolescence. *Social Development*, *19*(1), 130–147. https://doi.org/10.1111/j.1467-9507.2008.00522.x

Lee, E. J., & Bukowski, W. M. (2012). Co-development of internalizing and externalizing problem behaviors: Causal direction and common vulnerability. *Journal of Adolescence*, *35*(3), 713–729. https://doi.org/10.1016/J.ADOLESCENCE.2011.10.008

Lee, M., & Lam, B. O.-Y. (2016). The academic achievement of socioeconomically disadvantaged immigrant adolescents: a social capital perspective. *International Review of Sociology*, *26*(1), 144–173. https://doi.org/10.1080/03906701.2016.1112528

Leonard, M. (2016). *The Sociology of Children, Childhood and Generation*. SAGE Publications Ltd. https://doi.org/10.4135/9781529714494

Lewinsohn, P. M., Roberts, R. E., Seeley, J. R., Rohde, P., Gotlib, I. H., & Hops, H. (1994). Adolescent psychopathology: II. Psychosocial risk factors for depression. *Journal of Abnormal Psychology*, *103*(2), 302–315. https://doi.org/10.1037/0021-843X.103.2.302

Liebel, M. (2014). From evolving capacities to evolving capabilities: Contextualizing children's rights. In D. Stoecklin & J. M. Bonvin (Eds.), *Children's rights and the capability approach: Challenges and prospects* (pp. 67–84). Springer Netherlands.

Liebel, M. (2023). Children's rights and political subjectivities. In M. Liebel (Ed.), *Childhoods of the Global South* (pp. 117–135). Policy Press. https://doi.org/10.51952/9781447370437.ch006

Liebkind, K., Jasinskaja-Lahti, I., & Mähönen, T. A. (2012). Specifying Social Psychological Adaptation of Immigrant Youth. In A. S. Masten, K. Liebkind, & D. J. Hernandez (Eds.), *Realizing the Potential of Immigrant Youth* (pp. 203–229). Cambridge University Press. https://doi.org/10.1017/CBO9781139094696.011

Lievrouw, S., Myin-Germeys, I., & Achterhof, R. (2024). The mental health of European adolescents with vs. without a migration background (2013–2024)–a systematic review. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-024-02589-2

Liu, X., & Zhao, J. (2016). Chinese migrant adolescents' perceived discrimination and psychological well-being: The moderating roles of group identity and the type of school. *PLoS ONE*, *11*(1), 1–11. https://doi.org/10.1371/journal.pone.0146559

López Belmonte, J., López Meneses, E., Vázquez Cano, E., & Fuentes Cabrera, A. (2019). Avanzando hacia la inclusión intercultural: percepciones de los menores extranjeros no acompañados de centros educativos españoles. *Revista Nacional e Internacional de Educación Inclusiva*, *12*(1), 1–20. https://revistaeducacioninclusiva.es/index.php/REI/article/view/482

Luff, P., & Martin, E. (2014). Participation in group care contexts: Understandings and strategies. In M. Kanyal (Ed.), *Children's Rights 0-8* (pp.89-99). Routledge. https://doi.org/10.4324/9781315815107

Lundy, L. (2007). 'Voice' is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, *33*(6), 927–942. https://doi.org/10.1080/01411920701657033

Lundy, L., & McEvoy, L. (2011). Children's rights and research processes: Assisting children to (in)formed views. *Childhood*, *19*(1), 129–144. https://doi.org/10.1177/0907568211409078

Ma, L. L., Wang, Y. Y., Yang, Z. H., Huang, D., Weng, H., & Zeng, X. T. (2020). Methodological quality (risk of bias) assessment tools for primary and secondary medical studies: What are they and which is better? *Military Medical Research*, *7*(1), 1-11. https://doi.org/10.1186/s40779-020-00238-8

MacPhee, A. R., & Andrews, J. J. W. (2006). Risk factors for depression in early adolescence. *Adolescence*, *41*(163), 435–466. https://doi.org/10.1300/J045v13n02_03

Manzani, L., & Arnoso Martínez, M. (2014). Bienestar psicosocial en menores y jóvenes extranjeros sin referente familiar adulto: Factores de riesgo y protección. *Norte de Salud Mental*, *12*(49), 33–45.

Manzoni, C., & Rolfe, H. (2019). *How schools are integrating new migrant pupils and their families.* National Institute of Economic and Social Research. https://www.niesr.ac.uk/wp-content/uploads/2021/10/MigrantChildrenIntegrationFinalReport.pdf

Martín-Criado, E. (2005). La construcción de los problemas juveniles. *Nómadas*, *23*, 86–93.

Martin, S., & Buckley, L. (2020). Including children's voices in a multiple stakeholder study on a community-wide approach to improving quality in early years setting. *Early Child Development and Care*, *190*(9), 1411–1424. https://doi.org/10.1080/03004430.2018.1538135

Martínez Rojas, D., Muñoz Henríquez, W., & Mondaca Rojas, C. (2021). Racism, interculturality, and public policies: An analysis of the literature on migration and the school system in Chile, Argentina, and Spain. *SAGE Open*, *11*(1), 1–12. https://doi.org/10.1177/2158244020988526

McDonald, S., Gifford, K., Webster, J., Wiseman, S., & Casey, B. (2008). *Refugee resettlement in regional and rural Victoria: Impacts and policy issues.* Victorian Health Promotion Foundation. https://library.bsl.org.au/jspui/bitstream/1/977/1/RefugeeResettlement_Report_Mar08.pdf

McGill, R. K., Way, N., & Hughes, D. (2012). Intra- and interracial best friendships during middle school: Links to social and emotional well-being. *Journal of Research on Adolescence*, *22*(4), 722–738. https://doi.org/10.1111/j.1532-7795.2012.00826.x

McLeod, J. D., & Lively, K. J. (2003). Social structure and personality. In J. Delamater (Ed.), *Handbook of Social Psychology* (pp. 77–102). Springer Us.

McMahon, E. M., Corcoran, P., Keeley, H., Cannon, M., Carli, V., Wasserman, C., Sarchiapone, M., Apter, A., Balazs, J., Banzer, R., Bobes, J., Brunner, R., Cozman, D., Haring, C., Kaess, M., Kahn, J.-P., Kereszteny, A., Bitenc, U. M., Nemes, B., … Wasserman, D. (2017). Mental health difficulties and suicidal behaviours among young

migrants: multicentre study of European adolescents. *BJPsych Open*, *3*(6), 291–299. https://doi.org/10.1192/bjpo.bp.117.005322

Mels, C., Derluyn, I., & Broekaert, E. (2008). Social support in unaccompanied asylum-seeking boys: A case study. *Child: Care, Health and Development*, *34*(6), 757–762. https://doi.org/10.1111/j.1365-2214.2008.00883.x

Miconi, D., Moscardino, U., Ronconi, L., & Altoè, G. (2017). Perceived parenting, self-esteem, and depressive symptoms in immigrant and non-immigrant adolescents in Italy: A multigroup path analysis. *Journal of Child and Family Studies*, *26*(2), 345–356. https://doi.org/10.1007/s10826-016-0562-y

Miller, J. (2003). *Never too young: How young people can take responsibility and make decisions*. Save The Children UK.

Minkkinen, J. (2013). The structural model of child well-being. *Child Indicators Research*, *6*(3), 547–558. https://doi.org/10.1007/s12187-013-9178-6

MIPEX. (2024). *MIPEX Policies*. https://www.mipex.eu/

Mitic, M., Woodcock, K. A., Amering, M., Krammer, I., Stiehl, K. A. M., Zehetmayer, S., & Schrank, B. (2021). Toward an integrated model of supportive peer relationships in early adolescence: A systematic review and exploratory meta-analysis. *Frontiers in Psychology*, *12*, 1–28. https://doi.org/10.3389/fpsyg.2021.589403

Mitra, D. (2018). Student voice in secondary schools: The possibility for deeper change. *Journal of Educational Administration*, *56*(5), 473–487. https://doi.org/10.1108/JEA-01-2018-0007

Mitra, D. L. (2008). Amplifying Student Voice. *Educational Leadership*, *66*(3), 1-7.

Mohamed, S., & Thomas, M. (2017). The mental health and psychological well-being of refugee children and young people: An exploration of risk, resilience and protective

factors. *Educational Psychology in Practice*, *33*(3), 249–263. https://doi.org/10.1080/02667363.2017.1300769

Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & the PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med*, *6*(7), 1-6. https://doi.org/10.1371/journal.pmed1000097

Molinero Gerbeau, Y., Ordóñez Carabaño, Á., Rodríguez-Ventosa Herrera, E., Bajo Marcos, E., & Serrano Sanguilinda, I. (2023). *National recommendations papers on refugee and migrant children's integration: Spain*. IMMERSE Project. https://www.immerse-h2020.eu/wpcontent/uploads/2023/11/IMMERSE_National_Recommendations_ES.pdf

Moore, T. P., McArthur, M., & Noble-Carr, D. (2018). More a marathon than a hurdle: towards children's informed consent in a study on safety. *Qualitative Research*, *18*(1), 88–107. https://doi.org/10.1177/1468794117700708

Motti-Stefanidi, F., Asendorpf, J. B., & Masten, A. S. (2012). The adaptation and well-being of adolescent immigrants in Greek schools: A multilevel, longitudinal study of risks and resources. *Development and Psychopathology*, *24*(2), 451–473. https://doi.org/10.1017/S0954579412000090

Motti-Stefanidi, F., Pavlopoulos, V., Obradović, J., Dalla, M., Takis, N., Papathanassiou, A., & Masten, A. S. (2008). Immigration as a risk factor for adolescent adaptation in Greek urban schools. *European Journal of Developmental Psychology*, *5*(2), 235–261. https://doi.org/10.1080/17405620701556417

National Institutes of Health (NIH). (2018). *Emotional Well-Being: Emerging Insights and Questions for Future Research.* https://www.nccih.nih.gov/research/emotional-well-being-emerging-insights-and-questions-for-future-research

Neubauer, A. (2021). Debate político en España sobre los menores extranjeros no acompañados en los medios de comunicación digitales. *Revista Internacional De Estudios Migratorios*, *11*(2), 118–145. https://doi.org/https://doi.org/10.25115/riem.v11i2.4769

Nind, M. (2014). *What is inclusive research?* Bloomsbury.

Norwalk, K. E., Milojevich, H. M., Dawes, M., Hamm, J. V., & Farmer, T. W. (2021). Heterogeneity of social marginalization in early adolescence: Longitudinal associations with behavioral and social adjustment. *Journal of Youth and Adolescence*, *50*(11), 2123–2135. https://doi.org/10.1007/s10964-021-01457-5

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, *16*(1), 1–13. https://doi.org/10.1177/1609406917733847

Nunes, C., Hernando, Á., Lemos, I., Ayala-Nunes, L., Romero Oliva, C., & Montilla Coronado, C. (2016). Quality of life of Portuguese and Spanish adolescents. A comparative study between natives and immigrants. *Ciencia e Saude Coletiva*, *21*(4), 1137–1144. https://doi.org/10.1590/1413-81232015214.09992015

Olweus, D. (1993). *Bullying at school: what we know and what we can do*. Blackwell Publishing.

Onsès-Segarra, J., & Domingo-Coscollola, M. (2024). Integration of migrant children in educational systems in Spain: Stakeholders' views. *Intercultural Education*, *35*(2), 156–170. https://doi.org/10.1080/14675986.2024.2314394

Organisation for Economic Co-operation and Development (2014). *PISA 2012 technical report.* https://www.oecd.org/pisa/pisaproducts/PISA-2012-technical-report-final.pdf

Ortiz Duque, A. M. (1996). Fases de la intervención social con inmigrantes. *Alternativas. Cuadernos de Trabajo Social*, *4*, 147-154. https://doi.org/10.14198/ALTERN1996.4.11

Östberg, V., & Modin, B. (2008). Status relations in school and their relevance for health in a life course perspective: Findings from the Aberdeen children of the 1950's cohort study. *Social Science and Medicine*, *66*(4), 835–848. https://doi.org/10.1016/j.socscimed.2007.10.018

Oswell, D. (2013). *The agency of children: From family to global human rights*. Cambridge University Press.

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic Reviews*, *5*(1), 1-10. https://doi.org/10.1186/s13643-016-0384-4

Ozer, E. J., & Wright, D. (2012). Beyond school spirit: The effects of youth-led participatory action research in two urban high schools. *Journal of Research on Adolescence*, *22*(2), 267–283. https://doi.org/10.1111/j.1532-7795.2012.00780.x

Paalman, C., Van Domburgh, L., Stevens, G., Vermeiren, R., Van De Ven, P., Branje, S., Frijns, T., Meeus, W., Koot, H., Van Lier, P., Jansen, L., & Doreleijers, T. (2015). Internalizing and externalizing problems in immigrant boys and girls: Comparing native Dutch and Moroccan immigrant adolescents across time. *International Journal of Behavioral Development*, *39*(3), 242–254. https://doi.org/10.1177/0165025414538554

Parajuli, K. D. (2023). Problem of migrate children in the mathematics classroom. *Journal of Mathematics Education*, *5*(1), 75–86. https://doi.org/10.3126/jme.v5i1.60853

Park, C. L., Kubzansky, L. D., Chafouleas, S. M., Davidson, R. J., Keltner, D., Parsafar, P., Conwell, Y., Martin, M. Y., Hanmer, J., & Wang, K. H. (2023). Emotional well-being: what it is and why it matters. *Affective Science*, *4*(1), 10–20. https://doi.org/10.1007/s42761-022-00163-0

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, *34*(5), 1189–1208.

Peltonen, K., Qouta, S., El Sarraj, E., & Punamäki, R.-L. (2012). Effectiveness of school-based intervention in enhancing mental health and social functioning among war-affected children. *Traumatology*, *18*(4), 37–46. https://doi.org/10.1177/1534765612437380

Percy-Smith, B. (2010). Councils, consultations and community: Rethinking the spaces for children and young people's participation. *Children's Geographies*, *8*(2), 107–122. https://doi.org/10.1080/14733281003691368

Percy-Smith, B. (2015). Negotiating active citizenship: Young people's participation in everyday spaces. In K. Kallio, S. Mills, & T. Skelton (Eds.), *Politics, Citizenship and Rights. Geographies of Children and Young People*. Springer.

Pérez, I. E., Wu, R., Murray, C. B., & Bravo, D. (2021). An interdisciplinary framework examining culture and adaptation in migrant children and adolescents. *New Directions for Child and Adolescent Development*, *2021*(176), 13–39. https://doi.org/10.1002/cad.20405

Plenty, S., & Jonsson, J. O. (2017). Social exclusion among peers: the role of immigrant status and classroom immigrant density. *Journal of Youth and Adolescence*, *46*(6), 1275–1288. https://doi.org/10.1007/s10964-016-0564-5

QRS International Pty Ltd. (2020). *NVivo (Version 12 Pro) [Software]*. https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Raabe, I. J. (2019). Social exclusion and school achievement: children of immigrants and children of natives in three European countries. *Child Indicators Research*, *12*(3), 1003–1022. https://doi.org/10.1007/s12187-018-9565-0

Radjenovic, A. (2021). *Vulnerability of unaccompanied and separated child migrants*. EPRS: European Parliamentary Research Service. http://www.europarl.europa.eu/RegData/etudes/BRIE/2016/595853/EPRS_BRI%282016%29595853_EN.pdf

Raghallaigh, M. N., & Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: Coping strategies, resilience, and the relevance of religion. *Child and Family Social Work*, *15*(2), 226–237. https://doi.org/10.1111/j.1365-2206.2009.00663.x

Reason, P., & Bradbury, H. (2001). *Handbook of action research: Participative inquiry and practice*. SAGE.

Reino de España & República de Filipinas. (2002). *Convenio de Seguridad Social entre el Reino de España y la República de Filipinas, hecho en Manila el 12 de noviembre de 2002*. Boletín Oficial del Estado, 158, 47255-47265. Ministerio de Asuntos Exteriores y de Cooperación. https://www.boe.es/eli/es/ai/2002/11/12/(1)

Rodríguez-Ventosa Herrera, E., Muñoz-San Roque, I., & Roldán Franco, M. A. (2024). Emotional and relational problems of adolescents with and without a migrant background in Europe: A systematic review. *European Child & Adolescent Psychiatry*, 1–17. https://doi.org/10.1007/s00787-024-02412-y

Rodríguez-Ventosa Herrera, E., Muñoz San Roque, I., & Roldán Franco, M. A. (2024). Emotional and relational realms of unaccompanied migrant adolescents: An approach to their lived experiences. *Revista Española de Sociología*, *33*(2), 1–25. https://doi.org/10.22325/fes/res.2024.217

Rodriguez, J., Radjack, R., Moro, M. R., & Lachal, J. (2024). Migrant adolescents' experience of depression as they, their parents, and their health-care professionals describe it: A systematic review and qualitative meta-synthesis. *European Child & Adolescent Psychiatry*, *33*(1), 1–19. https://doi.org/10.1007/s00787-022-01971-2

Romero-Acosta, K., Penelo, E., Noorian, Z., Ferreira, E., & Domènech-Llaberia, E. (2014). Racial/ethnic differences in the prevalence of internalizing symptoms: Do Latin-American immigrant show more symptomatology than Spanish native-born adolescents? *Journal of Health Psychology*, *19*(3), 381–392. https://doi.org/10.1177/1359105312471568

Romero-Oliva, C., Nunes, C., Montilla Coronado, C., Lemos, I., Hernando Gómez, Á., & Ayala-Nunes, L. (2017). Calidad de vida y competencias sociales:un estudio comparativo entre adolescentes nativos e inmigrantes de España y Portugal. *Universitas Psychologica*, *16*(3), 1-12. https://doi.org/10.11144/Javeriana.upsy16-3.cvcs

RTVE.es. (2024). Más de la mitad de discursos de odio en las redes tienen como objetivo a los menores migrantes no acompañados. *RTVE*. https://www.rtve.es/noticias/20240702/mas-mitad-discursos-odio-redes-tienen-como-objetivo-a-menores-migrantes-no-acompanados/16171197.shtml

Ryff, C. D., & Singer, B. (2000). Interpersonal flourishing: A positive health agenda for the new millennium. *Personality and Social Psychology Review*, *4*(1), 30–44. https://doi.org/10.1207/S15327957PSPR0401_4

Salas-Wright, C. P., & Schwartz, S. J. (2019). The study and prevention of alcohol and other drug misuse among migrants: Toward a transnational theory of cultural stress. *International Journal of Mental Health and Addiction*, *17*(2), 346–369. https://doi.org/10.1007/s11469-018-0023-5

Samara, M., El Asam, A., Khadaroo, A., & Hammuda, S. (2020). Examining the psychological well-being of refugee children and the role of friendship and bullying. *British Journal of Educational Psychology*, *90*(2), 301–329. https://doi.org/10.1111/bjep.12282

Santos González, I., Bravo Arteaga, A., Galve González, C., & Martín Cabrera, E. (2023). *Evaluación de necesidades emocionales asociadas al proceso migratorio de adolescentes y jóvenes migrantes no acompañados. Informe ejecutivo de resultados y guía de mejoras y buenas prácticas*. Universidad de Oviedo. https://www.serviciossocialescantabria.org/uploads/documentos%20e%20informes/Evaluaci%C3%B3n%20de%20necesidades%20emocionales%20asociadas%20al%20proceso%20migratorio%20de%20adolescentes%20y%20j%C3%B3venes%20migrantes%20no%20acompa%C3%B1ados.pdf

Scharpf, F., Kaltenbach, E., Nickerson, A., & Hecker, T. (2021). A systematic review of socio-ecological factors contributing to risk and protection of the mental health of refugee children and adolescents. *Clinical Psychology Review*, *83*, 1-15. https://doi.org/10.1016/j.cpr.2020.101930

Schwartz, S.J. (2005). A new identity for identity research: recommendations for expanding and refocusing the identity literature. *Journal of Adolescent Research*, *20*(3), 293–308. https://doi.org/10.1177/0743558405274890

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *The American Psychologist*, *65*(4), 237–251. https://doi.org/10.1037/a0019330

Senovilla Hernández, D. (2014). Menores no acompañados y no protegidos: Resultados de una investigación en cuatro Estados europeos. *REMHU: Revista Interdisciplinar Da Mobilidade Humana*, *22*(42), 81–96. https://doi.org/10.1590/S1980-85852014000100006

Serrano Sanguilinda, I., Fernández García, M., Ordóñez Carabaño, Á., Bajo Marcos, E., & Miguel Somavilla, S. (2019). *Common Conceptual Framework* (D1.1). IMMERSE Project. https://doi.org/10.5281/zenodo.10117308

Smith, S., Maas, I., & van Tubergen, F. (2015). Parental Influence on Friendships Between Native and Immigrant Adolescents. *Journal of Research on Adolescence*, *25*(3), 580–591. https://doi.org/10.1111/jora.12149

Spaas, C., Verelst, A., Devlieger, I., Aalto, S., Andersen, A. J., Durbeej, N., Hilden, P. K., Kankaanpää, R., Langer Primdahl, N., Opaas, M., Osman, F., Peltonen, K., Sarkadi, A., Skovdal, M., Smith Jervelund, S., Soye, E., Watters, C., Derluyn, I., Colpin, H., & De Haene, L. (2022). Mental health of refugee and non-refugee migrant young people in European secondary education: The role of family separation, daily material stress and perceived discrimination in resettlement. *Journal of Youth and Adolescence*, *51*(5), 848–870. https://doi.org/10.1007/s10964-021-01515-y

Stefanek, E., Strohmeier, D., Fandrem, H., & Spiel, C. (2012). Depressive symptoms in native and immigrant adolescents: The role of critical life events and daily hassles. *Anxiety, Stress and Coping*, *25*(2), 201–217. https://doi.org/10.1080/10615806.2011.605879

Stevens, G. W. J. M., & Vollebergh, W. A. M. (2008). Mental health in migrant children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *49*(3), 276–294. https://doi.org/10.1111/j.1469-7610.2007.01848.x

Strohmeier, D., & Dogan, A. (2012). Emotional problems and victimisation among youth with national and international migration experience living in Austria and Turkey. *Emotional and Behavioural Difficulties*, *17*(3–4), 287–304. https://doi.org/10.1080/13632752.2012.704311

Suárez-Orozco, C., Motti-Stefanidi, F., Marks, A., & Katsiaficas, D. (2018). An integrative risk and resilience model for understanding the adaptation of immigrant-origin children and youth. *American Psychologist*, *73*(6), 781–796. https://doi.org/10.1037/amp0000265

Suárez-Orozco, C., & Qin, D. B. (2006). Gendered Perspectives in Psychology: Immigrant Origin Youth. *International Migration Review*, *40*(1), 165–198. https://doi.org/10.1111/j.1747-7379.2006.00007.x

Svensson, Y., Burk, W. J., Stattin, H., & Kerr, M. (2012). Peer selection and influence of delinquent behavior of immigrant and nonimmigrant youths: Does context matter? *International Journal of Behavioral Development*, *36*(3), 178–185. https://doi.org/10.1177/0165025411434652

Tachtler, F., Michel, T., Slovák, P., & Fitzpatrick, G. (2020). *Supporting the supporters of unaccompanied migrant youth: Designing for social-ecological resilience.* In Proceedings of the 2020 CHI Conference on Human Factors in Computing Systems (CHI '20). https://doi.org/10.1145/3313831.3376458

Terhart, H., & von Dewitz, N. (2018). Newly arrived migrant students in German schools: Exclusive and inclusive structures and practices. *European Educational Research Journal*, *17*(2), 290–304. https://doi.org/10.1177/1474904117722623

The Joanna Briggs Institute. (2011). *Joanna Briggs Institute Reviewers' Manual: 2011 edition*. The Joanna Briggs Institute. https://dl.icdst.org/pdfs/files3/585eb6f9b7a3929ea6a3c98c6bc9f66d.pdf

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 1–10. https://doi.org/10.1186/1471-2288-8-45/FIGURES/2

Thommessen, S., Laghi, F., Cerrone, C., Baiocco, R., & Todd, B. K. (2013). Internalizing and externalizing symptoms among unaccompanied refugee and Italian adolescents. *Children and Youth Services Review*, *35*(1), 7–10. https://doi.org/10.1016/j.childyouth.2012.10.007

Tisdall, E. K. M., Gallagher, M., & Davis, J. M. (2008). *Researching with Children and Young People: Research Design, Methods and Analysis*. SAGE Publications Ltd.

Tisdall, E. K. M., & Punch, S. (2012). Not so 'new'? Looking critically at childhood studies. *Children's Geographies*, *10*(3), 249–264. https://doi.org/10.1080/14733285.2012.693376

Torsheim, T., Cavallo, F., Levin, K. A., Schnohr, C., Mazur, J., Niclasen, B., Currie, C., & the FAS Develpment Study Group (2016). Psychometric validation of the revised Family Affluence Scale: A latent variable approach. *Child Indicators Research*, *9*(3), 771–784. https://doi.org/10.1007/s12187-015-9339-x

Tsang, K. L. V., Wong, P. Y. H., & Lo, S. K. (2012). Assessing psychosocial well-being of adolescents: A systematic review of measuring instruments. *Child: Care, Health and Development*, *38*(5), 629–646. https://doi.org/10.1111/j.1365-2214.2011.01355.x

UNHCR. (2005). *Report of the fifty-sixth session of the Executive Commitee of the High Commissioner's Programme* (A/AC.96/1021). https://www.unhcr.org/media/report-fifty-sixth-session-executive-committee-high-commissioners-programme-geneva-3-7

UNHCR. (2007). *Handbook for emergencies.* https://www.refworld.org/policy/opguidance/unhcr/2007/en/110283

UNHCR, UNICEF, & IOM. (2019). *Refugee and Migrant Children in Europe. Overview of trends January-December 2018*. https://reliefweb.int/report/world/refugee-and-migrant-children-europe-accompanied-unaccompanied-and-separated-overview-1

UNHCR, UNICEF, & IOM. (2020). *Refugee and migrant children in Europe: accompanied, unaccompanied and separated. Overview of trends January to December 2019*. https://www.unhcr.org/cy/wp-content/uploads/sites/41/2020/06/UNHCR-UNICEF-and-IOM_Refugee-and-Migrant-children-in-Europe-2019.pdf

UNHCR, UNICEF, & IOM. (2021). *Refugee and migrant children in Europe: accompanied, unaccompanied and separated. Overview of trends January to December 2020*. https://data2.unhcr.org/en/documents/details/87693

UNHCR, UNICEF, & IOM. (2022). *Refugee and migrant children in Europe: accompanied, unaccompanied and separated. Overview of trends January to December 2021*. https://reliefweb.int/report/world/refugee-and-migrant-children-europe-accompanied-unaccompanied-and-separated-overview-trends-january-december-2021

Unicef. (2021). *Guidance on child and adolescent participation as part of phase III of the preparatory action for a European Child Guarantee*. https://www.unicef.org/eca/sites/unicef.org.eca/files/2022-01/Guidance%20on%20Child%20Participation.pdf

United Nations. (2015). *Transforming our world: the 2030 agenda for sustainable development*. https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf

United Nations. (2024). *International Migrant Stock.* https://www.un.org/development/desa/pd/content/international-migrant-stock

United Nations General Assembly. (1989). *Convention on the Rights of the Child*. https://www.ohchr.org/sites/default/files/crc.pdf

Uprichard, E. (2008). Children as 'being and becomings': Children, childhood and temporality. *Children and Society*, *22*(4), 303–313. https://doi.org/10.1111/j.1099-0860.2007.00110.x

Ustuner Top, F., & Yigitbas, Ç. (2021). Social anxiety, lifestyle behavior and quality of life in disadvantaged migrant adolescents: A case-control study. *Current Psychology*, *40*(1), 93–101. https://doi.org/10.1007/s12144-020-00677-5

Ventevogel, P., Schinina, G., Strang, A., Gagliato, M., & Hansen, L. J. (2015). *Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe. A Multi-Agency Guidance Note*. World Health Organization. https://www.who.int/publications/i/item/mental-health-and-psychosocial-support-for-refugees-asylum-seekers-andmigrants-on-the-move-in-europe

Verhulp, E. E., Stevens, G. W. J. M., van de Schoot, R., & Vollebergh, W. A. M. (2014). Using the Youth Self-Report internalizing syndrome scales among immigrant adolescents: Testing measurement invariance across groups and over time. *European Journal of Developmental Psychology*, *11*(1), 102–110. https://doi.org/10.1080/17405629.2013.806263

Verhulp, E. E., Stevens, G. W. J. M., & Vollebergh, W. A. M. (2015). Ethnic differences in parent-adolescent agreement on internalizing disorders. *Journal of Emotional and Behavioral Disorders*, *23*(4), 248–258. https://doi.org/10.1177/1063426615578174

Ward, C., & Geeraert, N. (2016). Advancing acculturation theory and research: The acculturation process in its ecological context. *Current Opinion in Psychology*, *8*, 98–104. https://doi.org/10.1016/j.copsyc.2015.09.021

Wells, M. (2017). *Resilience and vulnerability: Supporting the integration of unaccompanied asylum-seeking minors in the United Kingdom* (Doctoral dissertation, Cardiff Metropolitan University). https://repository.cardiffmet.ac.uk/handle/10369/9213

Winstone, N., Huntington, C., Goldsack, L., Kyrou, E., & Millward, L. (2014). Eliciting rich dialogue through the use of activity-oriented interviews: Exploring self-identity in autistic young people. *Childhood*, *21*(2), 190–206. https://doi.org/10.1177/0907568213491771

World Health Organization. (2005). *Promoting mental health: concepts, emerging evidence, practice*. https://www.who.int/publications/i/item/9241562943

World Health Organization. (2012). *Risks to mental health: an overview of vulnerabilities and risk factors*. https://www.who.int/publications/m/item/risks-to-mental-health

World Health Organization. (2024). *Mental health of adolescents*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Wyness, M. (2013). Global standards and deficit childhoods: The contested meaning of children's participation. *Children's Geographies*, *11*(3), 340–353. https://doi.org/10.1080/14733285.2013.812280

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, *277*, 55–64. https://doi.org/10.1016/j.jad.2020.08.001

Yetim, O., Çakır, R., Bülbül, E., & Alleil, İ. S. (2024). Peer relationships, adolescent anxiety, and life satisfaction: a moderated mediation model in Turkish and Syrian samples. *European Child and Adolescent Psychiatry*, *33*(8), 2831–2845. https://doi.org/10.1007/s00787-023-02366-7

APPENDICES

Appendix A: Detailed search strategy for articles addressing emotional problems

Date	General search terms	Database	Specific search terms of DDB	Final search strategy	Filters	N total
05/01/2022	(("Depression" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR	PsycINFO	<u>For emotional problems</u>: DE "Emotional Disturbances" DE "Affective Disorders" DE "Anxiety" DE "Anxiety Disorders" DE "Depression (Emotion)"	(("Depression" OR DE "Depression (Emotion)" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR DE "Anxiety" OR "Anxiety Disorders" OR DE "Anxiety Disorders" OR "Affective disorders" OR DE "Affective Disorders" OR "Emotional disturbances" OR DE "Emotional Disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR DE "Asylum Seeking" OR "Refugee" OR "Unaccompanied migrant	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	1,178

	"Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR ("child*" OR "adolesc*" OR "teenag*"))			minors" OR "UAMS") AND ("child*" OR "adolesc*" OR "teenag*"))		
05/01/2022	(("Depression" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR	Psychology and Behavioral Sciences Collection	<u>For emotional problems</u>: DE "ANXIETY" DE "ANXIETY in adolescence" DE "ANXIETY disorders" DE "DEPRESSION in adolescence" DE "AFFECTIVE disorders" <u>For migrant background</u>: DE "IMMIGRANTS" DE "UNACCOMPANIED immigrant children"	(("Depression" OR DE "DEPRESSION in adolescence" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR DE "ANXIETY" OR DE "ANXIETY in adolescence" OR "Anxiety Disorders" OR DE "ANXIETY disorders" OR "Affective disorders" OR DE "AFFECTIVE disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR DE "IMMIGRANTS" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR DE	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	201

	"Unaccompanied migrant minors" OR "UAMS") OR ("child*" OR "adolesc*" OR "teenag*"))		DE "REFUGEES” For adolescent age: DE "CHILDREN" DE "TEENAGERS" DE "ADOLESCENCE"	"REFUGEES" OR "Unaccompanied migrant minors" OR DE "UNACCOMPANIED immigrant children" OR "UAMS") AND ("child*" OR DE "CHILDREN" OR "adolesc*" OR DE "ADOLESCENCE" OR "teenag*" OR DE "TEENAGERS"))		
05/01/2022	(("Depression" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration	PubMed	For emotional problems: "Depression"[Mesh] "Depressive Disorder"[Mesh] "Anxiety"[Mesh] For migrant background: "Refugees"[Mesh]	(("Depression" OR "Depression"[Mesh] OR "Depressive disorder" OR "Depressive Disorder"[Mesh] OR "Depressive Disorders" OR "Anxiety" OR "Anxiety"[Mesh] OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	1,150

	background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR ("child*" OR "adolesc*" OR "teenag*"))		<u>For adolescent age</u>: "Adolescent"[Mesh] "Child"[Mesh]	background" OR "Asylum seek*" OR "Refugee" OR "Refugees"[Mesh] OR "Unaccompanied migrant minors" OR "UAMS") AND ("child*" OR "Child"[Mesh] OR "adolesc*" OR "Adolescent"[Mesh] OR "teenag*"))		
05/01/2022	(("Depression" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR	Web of Science	/	TI/TS=(("Depression" OR "Depressive disorder" OR "Depressive Disorders" OR "Anxiety" OR "Anxiety Disorders" OR "Affective disorders" OR "Emotional disturbances" OR "Internalizing Disorders") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	40

"Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR ("child*" OR "adolesc*" OR "teenag*"))	minors" OR "UAMS") AND ("child*" OR "adolesc*" OR "teenag*"))	
		2,569

Appendix B: Detailed search strategy for articles addressing relational problems

Date	General search terms	Database	Specific search terms of DDB	Final search strategy	Filters	N total
05/01/2022	("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR "Social competence" OR "Social support" OR "Friend*") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR	PsycINFO	<u>For relational problems</u>: DE "Peer Relations" DE "Social Skills" DE "Friendship" <u>For migrant background:</u> DE "Asylum Seeking"	(("Peer relations" OR DE "Peer Relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR DE "Social Skills" OR "Social competence" OR "Social support" OR "Friend*" OR DE "Friendship") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR DE "Asylum Seeking" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") AND	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	1,256

	("child*" OR "adolesc*" OR "teenag*"))			("child*" OR "adolesc*" OR "teenag*"))		
05/01/2022	("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR "Social competence" OR "Social support" OR "Friend*") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR ("child*" OR	Psychology and Behavioral Sciences Collection	<u>For relational problems</u>: DE "PEER relations" DE "FRIENDSHIP" DE "PEERS" DE "SOCIAL skills" DE "PEER communication" <u>For migrant background</u>: DE "IMMIGRANTS" DE "UNACCOMPANIED immigrant children" DE "REFUGEES" <u>For adolescent age</u>:	(("Peer relations" OR DE "PEER relations" OR "Peer acceptance" OR "Peer" OR DE "PEERS" OR "Peer group" OR "Peer communication" OR DE "PEER communication" OR "Social skills" OR DE "SOCIAL skills" OR "Social competence" OR "Social support" OR "Friend*" OR DE "FRIENDSHIP") AND ("Migrant" OR "Migration background" OR "immigrant" OR DE "IMMIGRANTS" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR DE "REFUGEES" OR "Unaccompanied migrant minors" OR DE "UNACCOMPANIED	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	246

	"adolesc*" OR "teenag*"))		DE "CHILDREN" DE "TEENAGERS" DE "ADOLESCENCE"	immigrant children" OR "UAMS") AND ("child*" OR DE "CHILDREN" OR "adolesc*" OR DE "ADOLESCENCE" OR "teenag*" OR DE "TEENAGERS"))		
05/01/2022	("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR "Social competence" OR "Social support" OR "Friend*") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied	PubMed	<u>For relational problems</u>: "Peer Group"[Mesh] "Social Skills"[Mesh] "Friends"[Mesh] <u>For migrant background</u>: "Refugees"[Mesh] <u>For adolescent age</u>: "Adolescent"[Mesh] "Child"[Mesh]	((("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer Group"[Mesh] OR "Peer communication" OR "Social skills" OR "Social Skills"[Mesh] OR "Social competence" OR "Social support" OR "Friend*" OR "Friends"[Mesh]) AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Refugees"[Mesh] OR "Unaccompanied migrant minors" OR "UAMS") AND	1. Period: 2010-2021 2. Languages: English, German, Spanish /Castilian	1,099

	migrant minors" OR "UAMS") OR ("child*" OR "adolesc*" OR "teenag*"))			("child*" OR "Child"[Mesh] OR "adolesc*" OR "Adolescent"[Mesh] OR "teenag*"))	
05/01/2022	("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR "Social competence" OR "Social support" OR "Friend*") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") OR	Web of Science	/	TI/TS=(("Peer relations" OR "Peer acceptance" OR "Peer" OR "Peer group" OR "Peer communication" OR "Social skills" OR "Social competence" OR "Social support" OR "Friend*") AND ("Migrant" OR "Migration background" OR "immigrant" OR "Immigrant background" OR "Asylum seek*" OR "Refugee" OR "Unaccompanied migrant minors" OR "UAMS") AND ("child*" OR "adolesc*" OR "teenag*"))	99

("child*" OR
"adolesc*" OR
"teenag*"))

2,700

Appendix C: Matrix for risk of bias assessment within emotional problems studies using JBI (The Joanna Briggs Institute, 2011)

Reference	1 Was the sample frame appropriate to address the target population?	2 Were study participants sampled in an appropriate way?	3 Was the sample size adequate?	4 Were the study subjects and the setting described in detail?	5 Was the data analysis conducted with sufficient coverage of the identified sample?	6 Were valid methods used for the identification of the condition?	7 Was the condition measured in a standard, reliable way for all participants?	8 Was there appropriate statistical analysis?	9 Was the response rate adequate, and if not, was the low response rate managed appropriately?
Alonso-Fernández et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belhadj Kouider et al. (2014a)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Belhadj Kouider et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unclear
Burdzovic Andreas & Brunborg (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Busch et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ertanir et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gutmann et al. (2019)	Yes	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hüsler & Werlen (2010)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Karadag & Ogutlu (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Miconi et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Paalman et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Romero-Acosta et al. (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stefanek et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Strohmeier & Dogan (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Thommessen et al. (2013)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ustuner Top & Yigitbas (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Verhulp et al. (2014)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Verhulp et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Appendix D: Matrix for risk of bias assessment within relational problems studies using JBI (The Joanna Briggs Institute, 2011)

Reference	1 Was the sample frame appropriate to address the target population?	2 Were study participants sampled in an appropriate way?	3 Was the sample size adequate?	4 Were the study subjects and the setting described in detail?	5 Was the data analysis conducted with sufficient coverage of the identified sample?	6 Were valid methods used for the identification of the condition?	7 Was the condition measured in a standard, reliable way for all participants?	8 Was there appropriate statistical analysis?	9 Was the response rate adequate, and if not, was the low response rate managed appropriately?
Alivernini et al. (2019)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Asendorpf & Motti-Stefanidi (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bianchi et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Borraccino et al. (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caravita et al. (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Dalmasso et al. (2018)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Delaruelle et al. (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Duinhof et al. (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hjern et al. (2013)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Karadag & Gokcen (2021)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Karadag & Ogutlu (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes
Motti-Stefanidi et al. (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nunes et al. (2016)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plenty & Jonsson (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Romero-Oliva et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Smith et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Svensson (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ustuner Top & Yigitbas (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Appendix E: Key characteristics of included studies on emotional problems

Study reference	Profile	Sample	Country of destination	Country of origin	Compares by origin	Definition of migrant	Definition of native	Emotional problems outcomes	Measures	Problem behaviour report
(Alonso-Fernández et al., 2017)	Voluntary migration	N=636 non-institutionalised sample of adolescents aged 12-14 (n natives = 424; n migrants = 212)	Spain	/	/	Those who had a different nationality than the host country	Those who had the nationality of the host country	Emotional symptoms	Kidscreen-10 SDQ	Adolescents
(Belhadj Kouider et al., 2014a)	Voluntary migration (1st and 2nd generation)	N=5,680 institutionalised sample of children aged 3-18	Germany	African countries Arabic / Oriental countries Asian countries	Yes	/	/	Affective disorders	ICD-10	Adolescents (diagnosis)

		(n natives = 3,962; n migrants = 1,716; 1st gen = 775; 2nd gen = 961)		North American countries Other European countries Poland Russia South American countries Turkey (Kurdish and Turkish origin)					
(Belhadj Kouider et al., 2015)	Voluntary migration (1st and 2nd generation)	N=6,269 institutionalised sample of children aged 3-20 (n natives = 4,858; n migrants = 1,438)	Germany	African countries Arabic / Oriental countries Asian countries North American countries Other European countries Poland	Yes		/	Internalizing disorders	ICD-10 CBCL	Adolescents (diagnosis) Parents Teachers

				Russia South American countries Turkey (Kurdish and Turkish origin)						
(Burdzovic Andreas & Brunborg, 2017)	Voluntary migration (1st and 2nd generation)	N=884 non-institutionalised sample of adolescents aged 13-18 (n natives = 713; n migrants = 171; n 1st gen = 169; n 2nd gen = 4)	Norway	/	/	1st gen migrant: born abroad with both parents born abroad 2nd gen migrant (“native-born”): born in host country and either	Native child of native parents	Depressive symptomatology Emotional problems	PHQ-9 SDQ	Adolescents

						one or both parents born abroad				
(Busch et al., 2021)	Voluntary migration	N=1,839 non-institutionalised sample of children aged 7-18 (n natives = 612; n migrants = 425)	Germany	Poland Russia Turkey 66 other countries	/	/	/	Anxiety Depression	BAI-Y BDI-Y BYI-II	Adolescents
(Ertanir et al., 2021)	Voluntary migration	N=362 non-institutionalised sample of adolescents (n natives = 199; n migrants = 163)	Switzerland	Albania Bosnia and Herzegovina Germany Italy Kosovo Portugal Turkey Serbia	/	Those who had a different nationality than the host country (they could have both)	/	Anxiety symptoms Depression symptoms	HSCL-25	Adolescents

(Gutmann et al., 2019)	Voluntary migration	N=302 non-institutionalised sample of children aged 7-18 (n natives = 152; n migrants = 150)	Austria	Turkey	/	/	/	Internalizing problems (Anxiety and Depression)	CBCL DIKJ STAI STAI-K YSR	Adolescents
(Hüsler & Werlen, 2010)	Voluntary migration (1st and 2nd generation)	N=1,352 institutionalised sample of adolescents aged 11-20 (n natives = 706; n migrants = 646; 1st gen = 423; 2nd gen = 223)	Switzerland	African countries Balkan countries European countries Near East countries United States	/	/	/	Anxiety Depression	ADS STAI	Adolescents
(Karadag & Ogutlu, 2021)	Refugee adolescents	N=128 non-institutionalised sample of	Turkey	Syria	/	/	/	Anxiety Depression Emotional symptoms Stress	DASS-42 SDQ	Adolescents

		adolescents aged 12-16 (n natives = 66; n refugee migrants = 62)								
(Miconi et al., 2017)	Voluntary migration (1st generation)	N=1,981 non-institutionalised sample of adolescents aged 14-20 (n natives = 1,295; n 1st gen migrants = 686)	Italy	Albania China India Moldavia Morocco Romania 18 other countries	/	1st gen migrants: child and parents born abroad	Native child of native parents	Depression symptoms	Psychological problems scale developed for the ICSEY-study	Adolescents
(Paalman et al., 2015)	Voluntary migration	N=318 non-institutionalised sample of adolescent	Netherlands	Morocco	/	1st gen migrant: child and parents born abroad	Native child of native parents	Depression Generalized anxiety Social Anxiety	RADS-2 SCARED	Adolescents

		s aged 11-12 (n natives = 159; n migrants = 159)					2nd gen migrant : child born in host country and at least one of their parents born abroad				
(Romero-Acosta et al., 2014)	Voluntary migration	N=993 non-institutionalised sample of adolescents aged 13-16 (n natives = 834; n migrants = 159)	Spain	Latin American countries	/	/	/	Depression Anxiety (total) · Generalized anxiety · Separation anxiety · Social phobia	CDI SCARED	Adolescents

(Stefanek et al., 2012)	Voluntary migration (1st and 2nd generation)	N=609 non-institutionalised sample of adolescents aged 14-19 (n natives = 330; n migrants = 279; n 1st gen = 120; n 2nd gen = 159)	Austria	Albania Croatia Poland Serbia Turkey Others	/	1st gen migrant: child and parents born abroad 2nd gen migrant: child born in host country and at least one parent born abroad	Native child of native parents	Depression symptoms	YSR	Adolescents
(Strohmeier & Dogan, 2012)	Voluntary migration (1st and 2nd generation)	N=663 non-institutionalised sample of adolescents aged 11 and 15	Austria	Turkey	/	1st gen migrant: child and parents born abroad	Native child of at least one native parent	Depression Social anxiety	CDI	Adolescents

		(n natives = 379; n migrants = 284; n 1st gen = 82; n 2nd gen = 202)				2nd gen migrant : native-born childre n and at least one of their parents born abroad				
(Thommes sen et al., 2013)	Unaccomp anied migrant children	N=120 non-institutional ised sample (only UAMs in reception centres) of adolescent s aged 17 to 18 (n natives = 60; n UAMs = 60)	Italy	Afghanist an Banglade sh Guinea-Bissau	/	/	/	Anxiety Affective problems Depression	CBCL	Parents Social workers
(Ustuner Top & Yigitbas, 2021)	Voluntary migration	N=150 non-institutional ised sample	Turkey	Afghanist an Iraq Syria	/	/	/	Social Anxiety	SAS-A	Adolesc ents

		of adolescents aged 12-15 (n natives = 75; n migrants = 75)								
(Verhulp et al., 2014)	Voluntary migration	N=349 non-institutionalised sample of adolescents aged 13-17 (n natives = 95; n migrants = 253)	Netherlands	Morocco Surinam Turkey	Yes	/	/	Affective disorders Anxiety disorders	The Anxiety Disorders Interview Schedule for Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association)	Adolescents (interview)

									Child version DSM-IV	
(Verhulp et al., 2015)	Voluntary migration	N=349 non-institutionalised sample of adolescents aged 13-18 (n natives = 95; n migrants = 253)	Netherlands	Morocco Surinam Turkey	Yes	/	/	Anxiety Depression		
									YSR	Adolescents Parents

Appendix F: Key characteristics of included studies on relational problems

Study reference	Profile	Sample	Country of destination	Country of origin	Compares by origin	Definition of migrant	Definition of native	Relational problems outcomes	Measures	Problem behaviour report
(Alivernini et al., 2019)	Voluntary migration	N=36,712 non-institutionalised sample of adolescents aged 13-19 (n natives = 33,348; n migrants = 3,364; 1st gen = 2,239; 2nd gen = 1,395)	Italy	/	/	1st gen: child and parents born abroad 2nd gen: native child and both parents born abroad	Native child with at least one native parent	Peer relatedness · Peer friendship · Peer acceptance	CSIQ-A	Adolescents
(Asendorpf & Motti-Stefanidi, 2017)	Voluntary migration	N=1,057 non-institutionalised sample of	Greece	Albania Russia (Pontian-Greek origin)	/	/	/	Peer acceptance	Peer nominations	Adolescents

		adolescents aged 12-15 (n natives = 525; n migrants = 532; 1st gen = 316; 2nd gen = 216)		Others				Peer rejection		
(Bianchi et al., 2021)	Voluntary migration	N=249 non-institutionalised sample of adolescents aged 11-18 (n natives = 201; n migrants = 48; 1st gen = 25; 2nd gen = 23)	Italy	/	/	1st gen: child and parents born abroad 2nd gen: native child and both parents born abroad	Native child with at least one native parent	Friendship Peer acceptance	CSIQ-A	Adolescents
(Borraccino et al., 2020)	Voluntary migration	N=47,399 non-institutionalised sample of	Italy	Eastern European / non-Western and non-	Yes	1st gen: child and at least one	Native child of native parents	Perceived peer support	Multidimensional scale of perceived	Adolescents

adolescents aged 11, 13 & 15 (n natives = 40,224; n migrants = 7,175)	European countries (EU-13, African countries, Albania, Asian countries, Bosnia, Central American countries, Macedonia, Moldavia, Serbia, South American countries, Ukraine) Western countries (EU-15, Australia, Iceland, New Zealand, Norway,	parent born abroad 2nd gen: native child and at least one parent born abroad	social support

				Switzerland, USA)						
(Caravita et al., 2020)	Voluntary migration	N=692 non-institutionalised sample of adolescents' mean age 13.07 (n natives = 594; n migrants = 98; 1st gen = 45; 2nd gen = 53)	Italy	African countries Asian countries Central American countries European countries South American countries	/	1st gen: child and parents born abroad 2nd gen: native child and both parents born abroad	Native child of native parents	Peer status · Peer acceptance · Popularity	Georgia School Climate Survey Peer nominations	Adolescents
(Dalmasso et al., 2018)	Voluntary migration	N=47,399 non-institutionalised sample of adolescents aged 11, 13 & 15 (n natives = 41,048; n	Italy	Eastern European countries Non-Western and non-European countries Western countries	Yes	1st gen: child and at least one parent born abroad 2nd gen: native	Native child of native parents	Classmate support Peer support	Multidimensional scale of perceived social support	Adolescents

		migrants = 88,477)				child and at least one parent born abroad				
(Delaruelle et al., 2021)	Voluntary migration	N=121,751 non-institutionalised sample of adolescents aged 11, 13 & 15	29 European countries	/	/	1st gen: child and at least one parent born abroad 2nd gen: native child and at least one parent born abroad	Native child of native parents Child born abroad with both native parents	Student support	Adapted scales from Torsheim et al. (2000)	Adolescents
(Duinhof et al., 2020)	Voluntary migration	N=6,337 non-institutionali	Netherlands	Morocco Surinam	/	migrant: at least	Native child of	Peer relationshi	SDQ-R	Adolescents

		sed sample of adolescents aged 11-16 (n natives = 5,283; n migrants = 1,054; 1st gen = 153; 2nd gen = 901)		The Antilles Turkey		one parent born abroad (includes 1st and 2nd gen)	native parents	p problems		
(Hjern et al., 2013)	Voluntary migration	N=76,229 non-institutionalised sample of adolescents aged 15 (n natives = 59,703; n migrants = 19,356; 1st gen = 4,116; 2nd gen = 15,240)	Sweden	African countries Asian countries Others	Yes	1st gen: child and both parents born abroad 2nd gen: native child and one or both parents born abroad	Native child of native parents	Peer relations Social acceptance	Kidscreen-52	Adolescents

(Karadag & Gokcen, 2021)	Voluntary migration	N=171 non-institutionalised sample of adolescents (n natives = 66; n migrants = 105)	Turkey	Syria	/	Migrant: child and parents born abroad	/	Peer problems	SDQ	Adolescents
(Karadag & Ogutlu, 2021)	Refugee adolescents	N=128 non-institutionalised sample of adolescents aged 12-16 (n natives = 66; n migrants = 62)	Turkey	Syria	/	Migrant: child and parents born abroad	/	Peer relationship problems	SDQ	Adolescents
(Motti-Stefanidi et al., 2012)	Voluntary migration	N=1,057 non-institutionalised sample of adolescents aged 12-15	Greece	African countries Albania Asian countries	Yes	/	/	Peer popularity	Peer nominations	Adolescents

		(n natives = 525; n migrants = 532; 1st gen = 316; 2nd gen = 216)		European countries Russia (Pontian Greek origin)						
(Nunes et al., 2016)	Voluntary migration	N=475 non-institutionalised sample of adolescents aged 12-17 (n natives = 272; n migrants = 203)	Portugal Spain	African countries countries Eastern European countries South American Others	/	/	/	Social acceptance Social support from peers	Kidscreen-52	Adolescents
(Plenty & Jonsson, 2017)	Voluntary migration	N=5,021 non-institutionalised sample of adolescents aged 14-15 (n natives = 3,544; n migrants = 1,477)	Sweden	African countries Eastern European countries Latin American countries Middle Eastern countries	Yes	1st gen: child and parents born abroad 2nd gen: native child and parents	Native or adoptive child with at least one native parent	Social exclusion outcomes - Rejection - Isolation	Peer nominations	Adolescents

				Southern European countries Western European or other Western countries		born abroad				
(Romero-Oliva et al., 2017)	Voluntary migration	N=1,151 non-institutionalised sample of adolescents aged 12-18 (n natives = 678; n migrants = 473)	Portugal Spain	African countries countries Eastern European countries South American Others	/	/	/	Friends Social competence	Kidscreen-52 SSRS	Adolescents
(Smith et al., 2015)	Voluntary migration	N=9,054 non-institutionalised sample of adolescents aged 15 (n natives = 5,683; n	Germany Netherlands	100 different countries	/	Migrant: at least one parent born abroad (includes 1st and 2nd gen)	Native child of native parents	Friends	Peer nominations	Adolescents

		migrants = 3,371)								
(Svensson et al., 2012)	Voluntary migration	N=1,169 non-institutionalised sample of adolescents aged 12-16 (n natives = 846; n migrants = 323; 1st gen = 150; 2nd gen = 173)	Sweden	Eastern European countries Eritrea Former Yugoslavian countries Middle Eastern countries Somalia Others	/	1st gen: child and parents born abroad 2nd gen: native child and parents born abroad	Native child of native parents	Peer friendships / network	Peer nominations	Adolescents
(Ustuner Top & Yigitbas, 2021)	Voluntary migration	N=150 non-institutionalised sample of adolescents aged 12-15 (n natives = 75; n migrants = 75)	Turkey	Afghanistan Iraq Syria	/	/	/	Interpersonal relations	ALP Scale	Adolescents

Appendix G: List of validated tools used in the included studies to measure emotional problems

Tool	Studies	Supporting study	Key information
Kidscreen-10	(Alonso-Fernández et al., 2017)	Instituto Nacional de Estadística, (2006; 2011)	Both the SDQ and the Kidscreen-10 have been validated for Spanish children and adolescents (Instituto Nacional de Estadística, INE, 2006, 2011).
SDQ	(Alonso-Fernández et al., 2017) (Burdzovic Andreas & Brunborg, 2017) (Karadag & Ogutlu, 2021)	Alyahri A, Goodman R. (2006). Validation of the Arabic strengths and difficulties questionnaire and the development and well-being assessment. *East Mediterr Health J.,12*,138-146. Bøe, T., Hysing, M., Skogen, J. C., & Breivik, K. (2016). The Strengths and Difficulties Questionnaire (SDQ): Factor structure and gender equivalence in Norwegian adolescents. *PloS one*, *11*(5), e0152202. Goodman, A., & Goodman, R. (2011). Population mean scores predict child mental disorder rates: validating SDQ prevalence estimators in Britain. *Journal of Child Psychology and Psychiatry*, *52*(1), 100-108. Güvenir, T., Özbek, A., Baykara, B., Arkar, H., Sentürk, B., & I ̇ncekas¸ S. (2008). Güçler ve güçlükler anketi'nin (gga) Türkçe uyarlamasinin psikometrik özellikleri. *Turkish Journal of Child and Adolescent Mental Health*, *15*(2), 65-74.	Both the SDQ and the Kidscreen-10 have been validated for Spanish children and adolescents (Instituto Nacional de Estadística, INE, 2006, 2011). Strengths and Difficulties Questionnaire (SDQ; Goodman and Goodman, 2009) previously used in Norwegian samples (Heiervang et al., 2008; Goodman et al., 2011; Bøe et al., 2016) The Turkish and Arabic versions of the SDQ were also both shown to be valid and reliable questionnaires.

		Heiervang, E., Goodman, A., & Goodman, R. (2008). The Nordic advantage in child mental health: separating health differences from reporting style in a cross-cultural comparison of psychopathology. *Journal of child psychology and psychiatry*, *49*(6), 678-685. Instituto Nacional de Estadística, (2006; 2011)	
CBCL	(Belhadj Kouider et al., 2015) (Gutmann et al., 2019) (Thommessen et al., 2013)	Schmeck, K., Poustka, F., Döpfner, M., Plück, J., Berner, W., Lehmkuhl, G., ... & Lehmkuhl, U. (2001). Discriminant validity of the child behaviour checklist CBCL-4/18 in German samples. *European Child & Adolescent Psychiatry*, *10*, 240-247.	Results indicated that the discriminant validity of the German version of CBCL is comparable to the original English version. Erol N, BengiArslan L, Akcakin M. The adaptation and standardization of the child behavioral checklist among 6 to 18-year-old Turkish children. In: Sergeant J, editor. Eunethydis: European approaches to hyperkinetic disorder.
PHQ-9	(Burdzovic Andreas & Brunborg, 2017)	Allgaier, A.-K., Pietsch, K., Frühe, B., Sigl-Glöckner, J., and Schulte-Körne, G. (2012). Screening for depression in adolescents: validity of the Patient Health Questionnaire in pediatric care. *Depress. Anxiety 29*, 906–913. Brattmyr, M., Lindberg, M. S., Solem, S., Hjemdal, O., & Havnen, A. (2022). Factor structure, measurement invariance, and concurrent validity of the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder scale-	This study shows that the PHQ-9 and GAD-7 may be used as one-dimensional instruments in clinical settings. Tests for measurement invariance supported that both measures are understood and interpreted comparably across gender and diagnostic subgroups.

		7 in a Norwegian psychiatric outpatient sample. *BMC Psychiatry*, *22*(1), 1-11. Ganguly, S., Samanta, M., Roy, P., Chatterjee, S., Kaplan, D. W., and Basu, B. (2013). Patient Health Questionnaire-9 as an effective tool for screening of depression among Indian adolescents. *J. Adolesc. Health 52*, 546–551. Richardson, L. P., McCauley, E., Grossman, D. C., McCarty, C. A., Richards, J., Russo, J. E., et al. (2010). Evaluation of the Patient Health Questionnaire (PHQ-9) for detecting major depression among adolescents. Pediatrics 126, 1117–1123. Tsai, F. J., Huang, Y. H., Liu, H. C., Huang, K. Y., Huang, Y. H., and Liu, S. I. (2014). Patient Health Questionnaire for school-based depression screening among Chinese adolescents. *Paediatrics, 133*, e402–e409.	Most importantly, our adolescent PHQ-9 self-reports were not validated against the external diagnostic criteria, such as the official psychiatric diagnoses for example. However, it should be noted that the PHQ-9 has been internationally validated against various diagnostic interviews in multiple adolescent studies (Richardson et al., 2010; Allgaier et al., 2012; Ganguly et al., 2013; Tsai et al., 2014)
BAI-Y BDI-Y BYI-II	(Busch et al., 2021)	Asikhia, O. A., & Mohangi, K. (2015). A case study of school support and the psychological, emotional and behavioural consequences of HIV and AIDS on adolescents. *SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance*, *12*(1), 123-133. Osman, A., Hoffman, J., Barrios, F. X., Kopper, B. A., Breitenstein, J. L., & Hahn, S. K. (2002). Factor structure, reliability, and validity of the Beck Anxiety Inventory in adolescent psychiatric inpatients. *Journal of Clinical Psychology*, *58*(4), 443-456.	Evidence for convergent and discriminant validity of the BAI was investigated separately in the male and female inpatient samples. Overall, the BAI showed acceptable psychometric properties in these populations. In Study 1, expert raters (N=7) and adolescent psychiatric inpatients (N=13) evaluated the BDI-II items to assess content validity. In Study 2,

		Osman, A., Kopper, B. A., Barrios, F., Gutierrez, P. M., & Bagge, C. L. (2004). Reliability and validity of the Beck depression inventory--II with adolescent psychiatric inpatients. *Psychological assessment*, *16*(2), 120.	confirmatory factor analyses of several first-order solutions failed to provide adequate fit estimates to data for 205 boys, 203 girls, and the combined sample. Exploratory factor analyses identified new item-factor solutions. Reliability estimates were good (range = .72 to .91) for the BDI-II total and scale scores. In Study 3 (N=161 boys and 158 girls from Study 2), preliminary evidence for estimates of concurrent, convergent, and discriminant validity were established for the BDI-II. The Beck Youth Inventories (BYI-II) [...] It has internal consistency of Cronbach's alpha coefficient that ranged from .91 to .96 for ages 15–18 across all five scales and a convergent validity measure of .72.
HSCL-25	(Ertanir et al., 2021)	Glaesmer, H., Braehler, E., Grande, G., Hinz, A., Petermann, F., & Romppel, M. (2014). The German Version of the Hopkins Symptoms Checklist-25 (HSCL-25)—Factorial structure, psychometric properties, and population-based norms. *Comprehensive Psychiatry*, *55*(2), 396-403.	On the other hand, the HSCL-25 is a well-established instrument in the field of research about mental health problems in refugees etc. and a huge number of translations are available. The psychometric

			properties of the HSCL-25 are satisfactory and thus it seems supportable to use the HSCL-25 in this specific field.
DIKJ	(Gutmann et al., 2019)	https://dorsch.hogrefe.com/stichwort/depressionsinventar-fuer-kinder-und-jugendliche-dikj	Reliabilität: Innere Konsistenz: α = ,87/,92. Validität: konvergente (Selbstwert) und divergente (Fähigkeitsselbstkonzept, Motivationale Orientierungen) Zusammenhänge geprüft. Trennt zw. depressiven Pat. und Kontrollen. Normierung an N = 3.395 Kindern (8–16 Jahre). Bearbeitungsdauer: 10–15 Min.
STAI STAI-K	(Gutmann et al., 2019) (Hüsler & Werlen, 2010)	Oei, T. P., Evans, L., & Crook, G. M. (1990). Utility and validity of the STAI with anxiety disorder patients. *British Journal of Clinical Psychology*, *29*(4), 429-432. Spielberger, C. D., Gorsuch, L., Laux, L., Glanzmann, P., & Schaffner, P. (2001). *Das State-Trait-Angstinventar: STAI*. Göttingen, Germany: Beltz Test.	This study demonstrates that the STAI is a useful and valid instrument for measuring anxiety disorder patients and also provides support for the theoretical constructs of state and trait anxiety.
YSR	(Gutmann et al., 2019) (Stefanek et al., 2012)	Gomez, R., Vance, A., & Gomez, R. M. (2014). Analysis of the convergent and discriminant validity of the CBCL, TRF, and YSR in a clinic-referred sample. *Journal of abnormal child psychology*, *42*, 1413-1425.	Arbeitsgruppe Deutsche Child Behavior Checklist. Fragebogen für Jugendliche; deutsche Bearbeitung der Youth SelfReport Form der Child Behavior Checklist (YSR). Einführung und Anleitung zur Handauswertung mit deutschen

	(Verhulp et al., 2015)	Ferdinand, R. F. (2008). Validity of the CBCL/YSR DSM-IV scales anxiety problems and affective problems. *Journal of anxiety disorders*, *22*(1), 126-134.	Normen, bearbeitet von M. Döpfner, J. Plück, S. Bölte, K. Lenz, P. Melchers & K. Heim (2. Aufl.). Köln: Arbeitsgruppe Kinder, Jugend und Familiendiagnostik; 1998. The results (significant consistency coefficients) in the study indicated support for the convergent validity of the CBCL and TRF, and CBCL and YSR for all eight scales. CBCL and YSR scores on the Affective Problems scale corresponded closely to DSM-IV major depressive disorder and dysthymia. The CBCL/YSR DSM-IV scale Affective Problems showed very strong convergent validity with DSM-IV diagnoses of major depressive disorder and dysthymia.
ADS = CES-D20	(Hüsler & Werlen, 2010)	Maksimović, S., Ziegenbein, M., Machleidt, W., & Sieberer, M. (2014). Messäquivalenz der Allgemeinen Depressionsskala (ADS 20) bei Menschen mit und ohne Migrationshintergrund unter geschlechtsspezifischer Perspektive. *Psychiatrische Praxis*, *41*(6), 324-330.	Mit 2786 Datensätzen und der multigruppenkonfirmatorischen Faktorenanalyse wurden die starke faktorielle Invarianz der ADS 20 überprüft und latente Faktormittelwertdifferenzen geschätzt.

			Die ADS 20 erwies sich, außer bei den männlichen Migranten, als messäquivalent. Die Migrantinnen hatten in 3 Subskalen signifikant erhöhte latente Faktormittelwerte
DASS-42	(Karadag & Ogutlu, 2021)	Bilgel, N., & Bayram, N. (2010). Turkish Version of the Depression Anxiety Stress Scale (DASS-42): Psychometric Properties. *Archives of Neuropsychiatry/Nöropsikiyatri Arşivi*, *47*(2). Moussa, M. T., Lovibond, P., Laube, R., & Megahead, H. A. (2017). Psychometric properties of an Arabic version of the depression anxiety stress scales (DASS). *Research on social work practice*, *27*(3), 375-386.	The DASS-42 questionnaire, which has validity and reliability in both Turkish and Arab populations,12,13 was used to compare depression, anxiety, and stress levels of adolescents. DASS-42
Psychological problems scale developed for the ICSEY-study	(Miconi et al., 2017)	Milfont, T. L., & Fischer, R. (2010). Testing measurement invariance across groups: Applications in cross-cultural research. *International Journal of Psychological Research*, *3*(1), 111-130. Van de Schoot, R., Lugtig, P., & Hox, J. (2012). A checklist for testing measurement invariance. *European Journal of Developmental Psychology*, *9*(4), 486-492.	Items have been used with immigrant youth in 13 countries and are answered on a five-point scale ranging from “never” to “very often” (e.g., “I feel unhappy and sad”). A higher score was indicative of more depressive symptoms. The Cronbach’s alphas were .74 for the immigrant sample and .75 for the non-immigrants sample. We translated the measure in the Italian language following a translation back-translation procedure (Van de Vijver and Leung 1997). In addition, since this

			measure had not been previously validated in the Italian context, a multi-group confirmatory factor analysis using a diagonally weighted least squares method based on polychoric correlations was conducted to establish the measurement invariance of the scale across non-immigrant and immigrant adolescents (Milfont and Fischer 2010; Van de Schoot et al. 2012).
RADS-2	(Paalman et al., 2015)	Osman, A., Gutierrez, P. M., Bagge, C. L., Fang, Q., & Emmerich, A. (2010). Reynolds adolescent depression scale-second edition: a reliable and useful instrument. *Journal of Clinical Psychology*, *66*(12), 1324-1345.	Good validity and reliability have been reported in various international studies (Osman, Gutierrez, Bagge, Fang, & Emmerich, 2010).
SCARED	(Paalman et al., 2015) (Romero-Acosta et al., 2014)	Canals, J., Hernández-Martínez, C., Cosi, S., & Domènech, E. (2012). Examination of a cutoff score for the Screen for Child Anxiety Related Emotional Disorders (SCARED) in a non-clinical Spanish population. *Journal of Anxiety Disorders*, *26*(8), 785-791. Monga, S., Birmaher, B., Chiappetta, L., Brent, D., Kaufman, J., Bridge, J., & Cully, M. (2000). Screen for child anxiety-related emotional disorders (SCARED): Convergent and divergent validity. *Depression and Anxiety*, *12*(2), 85-91.	The SCARED is a reliable and valid screening tool for clinically referred children and adolescents with anxiety disorders.

CDI	(Romero-Acosta et al., 2014) (Strohmeier & Dogan, 2012)	Carey, M. P., Faulstich, M. E., Gresham, F. M., Ruggiero, L., & Enyart, P. (1987). Children's Depression Inventory: construct and discriminant validity across clinical and non-referred (control) populations. *Journal of Consulting and Clinical Psychology*, *55*(5), 755. Öy, B. 1991. Cocuklar icin depresyon ölcegi: Gecerlik ve güvenirlik calismasi. *Türk Psikiyatri Dergisi, 2*, 132–37. Stiensmeier-Pelster, J., M. Schürmann, and K. Duda. 2000. DIKJ. Depressions-Inventar für Kinder und Jugendliche. Göttingen: Hogrefe Verlag für Psychologie.	Children's Depression Inventory (CDI) is one of the most widely used self-report questionnaires for depressive symptoms for 7- to 17-year-old children and adolescents. It takes 10–20 minutes to be completed and consists of 27 items scored on a 3-point Likert scale (0: absent; 1: moderate; 2: severe). A score of 17 or more is considered as having the best sensitivity (92.6%) and specificity (63.3%) in the Spanish general population (Canals et al., 1991). CDI has good internal consistency and good test–retest reliability (Canals et al., 1991; Kovacs, 1992). In our sample, internal consistency was also satisfactory (Cronbach's alpha value of .83). The construct and discriminant validity of the GDI was investigated, using principal component and discriminant analyses, in a large sample of inpatient psychiatric/residential subjects and non-referred subjects. The data from this project indicated

			that the two-factor and three-factor models provided the optimal factor solutions for combined, clinical, and non-referred samples, with few items loading on more than a single factor. In contrast to Kovacs (1985), the results from this project indicated that the factor structure of the GDI remained generally stable across maximally different (i.e., psychiatric inpatients and non-referred subjects) and similar populations (i.e, combined). Moreover, this study indicated that clinical and non-referred subjects could be reliably discriminated using GDI factor scores. The CDI has previously been applied and validated in both the Turkish (Öy 1991) and German languages (Stiensmeier-Pelster, Schürmann, and Duda 2000).
SAS-A	(Ustuner Top & Yigitbas, 2021)	Aydın, A., & Sutcu Tekinsav, S. (2007). Validity and reliability of social anxiety scale for adolescents (SAS-A). *Journal of Child and Adolescent Mental Health, 14*(2), 79–89.	The scale was developed by La Greca, and Lopez (La Greca and Lopez 1998) and the validity and reliability analyses for Turkish children were developed in 2007.

Appendix H: List of validated tools used in the included studies to measure relational problems

Tool	Studies	Supporting study	Key information
CSIQ-A	(Alivernini et al., 2019) (Bianchi et al., 2021)	Alivernini, F., & Manganelli, S. (2016). The classmates social isolation questionnaire (CSIQ): An initial validation. *European Journal of Developmental Psychology, 13*, 264–274. Cavicchiolo, E., Girelli, L., Lucidi, F., Manganelli, S., & Alivernini, F. (2019). The Classmates Social Isolation Questionnaire for Adolescents (CSIQ-A): Validation and invariance across immigrant background, gender and socioeconomic level. *Journal of Educational, Cultural and Psychological Studies, 19*, 1–15.	The CSIQ-A proved to be a psychometrically sound measure and, in this study, the fit of the posited CSIQ-A's measurement model (peer acceptance and peer friendship as two correlated factors) was good. The CSIQ-A showed full measurement invariance (Cheung & Rensvold, 2002) across gender and across students with different immigrant backgrounds and socioeconomic status (gender: ΔCFI=0.014; immigrant background: ΔCFI=0.003; SES: ΔCFI=0.003).
Multidimensional scale of perceived social support Zimet et al. (1990)	(Borraccino et al., 2020) (Dalmasso et al., 2018)	Canty-Mitchell, J., & Zimet, G. D. (2000). Psychometric properties of the Multidimensional Scale of Perceived Social Support in urban adolescents. *American journal of community psychology*, *28*(3), 391-400.	The multidimensional scales of perceived family and peer support have shown good validity and reliability (Zimet et al. 1988, 1990).

		Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*(1), 30-41. Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment*, *55*(3-4), 610-617.	
Adapted scales from Torsheim et al. (2000)	(Delaruelle et al., 2021)	Inchley, J., Currie, D., Cosma, A., & Samdal, O. (2018). *Health Behaviour in School-aged Children (HBSC) study protocol: background, methodology and mandatory items for the 2017/ 18 survey*. St Andrews: CAHRU.	Teacher support and student support were assessed using adapted scales from Torsheim and colleagues (2000), which have been validated by the HBSC international network (Inchley et al., 2018).
SDQ SDQ-R	(Karadag & Gokcen, 2021) (Karadag & Ogutlu, 2021) (Duinhof et al., 2020)	Alyahri, A. & Goodman, R. (2006). Validation of the Arabic strengths and difficulties questionnaire and the development and well-being assessment. *East Mediterr Health J.,12*,S138-146.	The Turkish and Arabic versions of the SDQ were also both shown to be valid and reliable questionnaires. Using this revised version of the self-report SDQ, the SDQ-R, partial measurement invariance was established, indicating that latent factor means assessing conduct problems, emotional symptoms, peer relationships

		Duinhof, E. L., Lek, K. M., De Looze, M. E., Cosma, A., Mazur, J., Gobina, I., ... & Stevens, G. W. J. M. (2020). Revising the self-report strengths and difficulties questionnaire for cross-country comparisons of adolescent mental health problems: the SDQ-R. *Epidemiology and psychiatric sciences*, *29*, e35. Güvenir, T., Özbek, A., Baykara, B., Arkar, H., Sentürk, B., & I ̇ncekas ̧ S. (2008). Güçler ve güçlükler anketi'nin (gga) Türkçe uyarlamasinin psikometrik özellikleri. *Turkish Journal of Child and Adolescent Mental Health*, *15*(2), 65-74.	problems and hyperactivity-inattention problems could be validly compared across the countries in this study. The SDQ-R was found to have a sufficient amount of invariant items, indicating that adolescent mental health problems could be validly compared across the seven countries in this study. By establishing the SDQ-R, this study contributes to the scarce literature on the cross-cultural validity of scales that examine adolescent mental health problems (Stevanovic et al., 2017).
Kidscreen-52	(Hjern et al., 2013) (Nunes et al., 2016) (Romero-Oliva et al., 2017)	Ravens-Sieberer, U., Gosch, A., Rajmil, L., Erhart, M., Bruil, J., Power, M., ... & Kidscreen Group. (2008). The KIDSCREEN-52 quality of life measure for children and adolescents: psychometric results from a cross-cultural survey in 13 European countries. *Value in Health*, *11*(4), 645-658. Ravens-Sieberer, U., Erhart, M., Rajmil, L., Herdman, M., Auquier, P.,	The KIDSCREEN questionnaire has been shown to have acceptable levels of reliability and validity. Both the SDQ and the Kidscreen-10 have been validated for Spanish children and adolescents (Instituto Nacional de Estadística, INE, 2006, 2011).

		Bruil, J., ... & European KIDSCREEN Group. (2010). Reliability, construct and criterion validity of the KIDSCREEN-10 score: a short measure for children and adolescents' well-being and health-related quality of life. *Quality of Life Research*, *19*, 1487-1500. Instituto Nacional de Estadística, INE, 2006, 2011	
SSRS	(Romero-Oliva et al., 2017)	Mundt, J. C., Greist, J. H., Gelenberg, A. J., Katzelnick, D. J., Jefferson, J. W., & Modell, J. G. (2010). Feasibility and validation of a computer-automated Columbia-Suicide Severity Rating Scale using interactive voice response technology. *Journal of Psychiatric Research*, *44*(16), 1224-1228. Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., ... & Mann, J. J. (2011). The Columbia–Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. *American*	The C-SSRS demonstrated good convergent and divergent validity with other multi-informant suicidal ideation and behavior scales and had high sensitivity and specificity for suicidal behavior classifications compared with another behavior scale and an independent suicide evaluation board. They support the feasibility and validity of the eC-SSRS for prospective monitoring of suicidality for use in clinical trials or clinical care

		Journal of Psychiatry, *168*(12), 1266-1277.	
ALP Scale	(Ustuner Top & Yigitbas, 2021)	Ardic, A., & Esin, M. N. (2015). The Adolescent Lifestyle Profile scale: reliability and validity of the Turkish version of the instrument. *Journal of Nursing Research*, *23*(1), 33-40.	The scale was created by Pender to evaluate the health-promoting behavior of adolescents, and the Turkish validity and reliability analyses were developed in 2008. Content validity was confirmed by a satisfactory level of agreement with a content validity index of .91. Varimax rotation yielded seven factors with eigenvalues greater than 1, which explained 46.87% of the total variance. The results confirm that the Turkish ALP scale has acceptable psychometric properties and that the scale may be used with Turkish adolescents as an effective measure of their health-promoting lifestyle behaviors.

Appendix I: Information sheet for adolescents

¿Qué es el proyecto IMMERSE?

El proyecto IMMERSE es un proyecto internacional financiado por la Comisión Europea. El objetivo de IMMERSE es desarrollar una metodología que ayude a evaluar y mejorar la inclusión social y educativa de los niños y niñas migrantes en Europa, lo que resulta clave para la construcción de sociedades inclusivas y cohesivas.

IMMERSE fomenta el empoderamiento de los niños y otros actores clave (familias, educadores) que influyen en su integración y transición exitosa a la edad adulta. IMMERSE quiere involucrar a los niños, niñas y sus familias, miembros de la comunidad educativa e instituciones escolares, administraciones, ONG, expertos, etc. en la creación de un sistema de indicadores que permitan recopilar información para analizarla y convertirla en recomendaciones prácticas de políticas.

El proyecto se desarrolla en seis países europeos (Alemania, Bélgica, España, Grecia, Irlanda, Italia) y durará cuatro años y medio (diciembre 2018- mayo 2023).

¿Qué supone participar en esta entrevista?

Tu ayuda nos resulta fundamental para conocer tu realidad en España.

Al participar en esta entrevista y ofrecernos tu opinión y punto de vista, nos ayudarás a conocer mejor las diferentes situaciones e importantesantes en tu vida. Lo que aprendamos de tu experiencia y otras similares dará forma al sistema de indicadores que pondremos en marcha.

La **participación es voluntaria** y puedes abandonar la entrevista en cualquier momento. Si lo deseas, puedes hablar con un investigador, pero no tienes por qué darnos explicaciones adicionales.

Tu **contribución es anónima**: no aparecerán indicios de tu identidad en el informe final o en las publicaciones posteriores. Cualquier extracto de lo que digas será totalmente anónimo. Por otro lado, sí mencionaremos las organizaciones e instituciones participantes en las entrevistas (sin mencionar tu nombre. Los datos serán tratados de acuerdo con la legislación europea. Además, podrás contactar a la investigadora principal, cuyos datos de contacto podrás encontrar en este formulario, para pedir que se eliminen tus datos personales del proyecto en cualquier momento.

Si lo deseas, puedes ponerte en contacto con los investigadores, para preguntarnos cualquier duda que tengas.

Investigadora principal: Mercedes Fernández, mercedes@comillas.edu
Investigador: Yoan Molinero, ymolinero@comillas.edu

Appendix J: Consent form for adolescents

Formulario de consentimiento para la entrevista

Yo, …… estoy de acuerdo en participar en la entrevista del proyecto IMMERSE.

Entiendo de qué trata el estudio IMMERSE y me lo explicaron claramente, recibiendo respuestas a todas las preguntas que hice.

Estoy de acuerdo en participar en la entrevista de IMMERSE. Mi participación es voluntaria; entiendo que puedo retirarme del estudio en cualquier momento y no tengo que dar ninguna razón para ello. De conformidad con lo dispuesto en el Reglamento (UE) 2016/679, tengo derecho a acceder a estos datos, corregirlos, limitar u oponerme a su procesamiento y solicitar la eliminación de cualquiera de mis datos personales en cualquier momento.

Acepto ser grabado en audio durante esta entrevista. La grabación es solo para el propósito de la recogida de datos presentada anteriormente. Mis palabras de esta entrevista pueden citarse en los resultados de la investigación (publicaciones académicas, informes, etc.) haciendo referencia a mis características generales (como edad, género y país de origen) pero no a mi nombre ni a ninguna otra información personal que permita identificarme, para lo cual se utilizarán las técnicas de anonimización necesarias.

Los datos, el registro y cualquier información personal recopilada son solo para fines de investigación y enseñanza, **dentro del alcance del proyecto IMMERSE únicamente**, y no se utilizará para fines distintos de los indicados. También entiendo que la Universidad Pontificia Comillas transmitirá los datos (pero no la grabación o los datos personales) a otros socios de IMMERSE de forma confidencial. La Universidad Pontificia Comillas y los socios IMMERSE no copiarán, almacenarán ni transmitirán estos datos para ningún otro propósito que no sea este.

Mis datos personales serán procesados y tratados de acuerdo con la legislación europea, incluido el Reglamento de protección de datos general (UE) 2016/679.

Nombre del participante:	Nombre del investigador:
Firma:	Firma:
Fecha/Lugar:	Fecha/Lugar:

Appendix K: Information sheet for professionals

¿Qué es el proyecto IMMERSE?

El proyecto IMMERSE es un proyecto internacional financiado por la Comisión Europea. El objetivo de IMMERSE es desarrollar una metodología que ayude a evaluar y mejorar la inclusión social y educativa de los niños y niñas migrantes en Europa, lo que resulta clave para la construcción de sociedades inclusivas y cohesivas.

IMMERSE fomenta el empoderamiento de los niños y otros actores clave (familias, educadores) que influyen en su integración y transición exitosa a la edad adulta. IMMERSE quiere involucrar a los niños, niñas y sus familias, miembros de la comunidad educativa e instituciones escolares, administraciones, ONG, expertos, etc. en la creación de un sistema de indicadores que permitan recopilar información para analizarla y convertirla en recomendaciones prácticas de políticas.

El proyecto se desarrolla en seis países europeos (Alemania, Bélgica, España, Grecia, Irlanda, Italia) y durará cuatro años y medio (diciembre 2018- mayo 2023).

¿Qué supone participar en esta entrevista?

Tu ayuda nos resulta fundamental para conocer la realidad de los niños y niñas migrantes dentro de tu ámbito de experiencia.

Al participar en esta entrevista y ofrecernos tu opinión y punto de vista, nos ayudarás a conocer mejor las diferentes situaciones en las que se mueven estos niños y niñas. Lo que aprendamos de tu experiencia y otras similares dará forma al sistema de indicadores que pondremos en marcha.

La **participación es voluntaria** y puedes abandonar la entrevista en cualquier momento. Si lo deseas, puedes hablar con un investigador, pero no tienes por qué darnos explicaciones adicionales. Tu **contribución es anónima**: no aparecerán indicios de tu identidad en el informe final o en las publicaciones posteriores. Cualquier extracto de lo que digas será totalmente anónimo. Por otro lado, sí mencionaremos las organizaciones e instituciones participantes en las entrevistas (sin mencionar tu nombre ni tu puesto), a menos que nos solicitéis lo contrario. Los datos serán tratados de acuerdo con la legislación europea. Además, podrás contactar a la investigadora principal, cuyos datos de contacto podrás encontrar en este formulario, para pedir que se eliminen tus datos personales del proyecto en cualquier momento.

Si lo deseas, puedes ponerte en contacto con los investigadores, para preguntarnos cualquier duda que tengas.

Investigadora principal: Mercedes Fernández, mercedes@comillas.edu
Investigador: Yoan Molinero, ymolinero@comillas.edu

Appendix L: Consent form for professionals

Formulario de consentimiento para la entrevista

Yo, …… estoy de acuerdo en participar en la entrevista del proyecto IMMERSE.

Entiendo de qué trata el estudio IMMERSE y me lo explicaron claramente, recibiendo respuestas a todas las preguntas que hice.

Estoy de acuerdo en participar en la entrevista de IMMERSE. Mi participación es voluntaria; entiendo que puedo retirarme del estudio en cualquier momento y no tengo que dar ninguna razón para ello. De conformidad con lo dispuesto en el Reglamento (UE) 2016/679, tengo derecho a acceder a estos datos, rectificarlos, limitar u oponerme a su procesamiento y solicitar la eliminación de cualquiera de mis datos personales en cualquier momento.

Acepto ser grabado en audio durante esta entrevista. La grabación es solo para el propósito de la recopilación de datos presentada anteriormente. Mis palabras de esta entrevista pueden citarse en los resultados de la investigación (publicaciones académicas, informes, etc.) haciendo referencia a mis características generales (como ocupación, edad, género y país de origen) pero no a mi nombre ni a ninguna otra información personal que permita identificarme, para lo cual se utilizarán las técnicas de anonimización necesarias.

Los datos, el registro y cualquier información personal recopilada son solo para fines de investigación y enseñanza, **dentro del alcance del proyecto IMMERSE únicamente**, y no se utilizará para fines distintos de los indicados. También entiendo que la Universidad Pontificia Comillas transmitirá los datos (pero no la grabación o los datos personales) a otros socios de IMMERSE de forma confidencial. La Universidad Pontificia Comillas y los socios IMMERSE no copiarán, almacenarán ni transmitirán estos datos para ningún otro propósito que no sea este.

Mis datos personales serán procesados y tratados de acuerdo con la legislación europea, incluido el Reglamento de protección de datos general (UE) 2016/679.

Nombre del participante:	Nombre del investigador:
Firma:	Firma:
Fecha/Lugar:	Fecha/Lugar:

Appendix M: Guide for the semi-structured interview and focus group for adolescents

Previous steps: introduce ourselves, ask them to introduce themselves, introduce IMMERSE project and its goals, have an informal talk, break the ice and work on generating trust. Ask about age and country of origin.

TOPIC 1: Life prior to migration

Question: how was life before migrating?

- Explore if he went to school, worked or neither of both
- Family: members, references, values, expectations
- Important factors in the decision of migrating

TOPIC 2: Migratory Journey

Question: How was the itinerary followed until arriving in Lleida?

- Explore if he migrated alone or accompanied
- Planned vs improvised journey
- Route taken and key moments of the journey (explore emotions)
- Arrival in Spain: institutions where he has been integrated, processes he underwent, living in the streets (first impressions, expectations, how he felt when he arrived)
- How did he arrive in Almacelles' centre for UAMs?

TOPIC 3: Experience in the centre/flat

Question: How did it start and how is his day-to-day life?

- Initial moments in the centre (adaptation)
- Life in the centre: routines, services (does he study/work?) - how does it contribute to their experience in the host country/motivations
- Rating of the experience (what does the centre represent for him)
- Explore possible absences, leaving the centre

TOPIC 4: Contact with host society and with country of origin

Question: what interactions has he had with the host society and how is his integration process?

- Explore peer groups, couples and broader social contact (going outside of the centre, work environment if he works, etc.). If he interacts with his peers at the centre, support relationships, how many, perception of these relationships
- Explore if he has an adult figure he can trust (inside or outside the centre), with whom he feels comfortable to speak about his things
- Perception of his own well-being and integration (especially compare how his life is now and how he thinks it would have been in case of deciding not to migrate; what is better; what does he value the most of migrating)
- Contact with people from country of origin: does he still have contact to family or friends? Is he interested in the things that currently happen in his home country? Does he send money to help his family? What kind of relationship does he currently have with his family?
- Vision of home country: how does he currently see his home country? Has it changed to how it was when he lived there? What does he feel when thinking of his home country (anger, sadness, sorrow, rage, etc.)

TOPIC 5: Suggested improvements

Question: what aspects should be improved in relation to reception and integration (based on his experience)? (Itinerary, centre, personal attention received from society and in interactions with people)

- Explore institutions/actors of the itinerary
- Explore the centre
- Explore in a broader level (socio-politic settings)

TOPIC 6: Future perspectives

Question: what aspirations and expectations does he have when thinking of the future?

- Explore desired occupation
- Staying in Spain, returning or migrating to another destination
- Dreams, goals, fears, insecurities
- Where does he see himself in 10 years?
- Would he recommend migrating to his countrymen?
- If he had known that the experience was going to be as it was, would he have made the decision to migrate?

TOPIC 7: Well-being and mental health

Question: how is he feeling since he arrived in Spain?

- How does he describe mental health? How does he consider his mental health state? (He may not necessarily know what it is)
- To what extent is he happy? Differences in happiness and well-being when thinking about host and home countries. Where has he been the happiest and why?
- What does "being okay" mean for him? Does he feel okay? What does he think is necessary in general to achieve it? And for him specifically?
- How is it different to be okay here and in the host country?
- How has the centre and the people with whom he has a relationship here contributed to his well-being and discomfort?
- Things he does that contribute to feeling well. How does he think he contributes to his own well-being?
- Does he think that feeling well has an influence on better interacting with his environment? Examples, how?

Appendix N: Guide for the semi-structured interview for professionals

TOPIC 1: Role in the organisation

Question: What is your role in this centre, and what is your personal/professional trajectory about working with unaccompanied migrant minors?

- Main daily tasks
- Objectives
- Difficulties and Successes
- *Psychologist*: What is mental health to you? How is it assessed? How is the mental health of the kids? How do you work with the kids? Do the kids have a relationship of trust with the professionals at the centre? If so, with who?
- *Social educator*: Do the kids have a relationship of trust with the professionals at the centre? If so, with who?

TOPIC 2: Conditions of Unaccompanied Minors

Question: how do these minors arrive at your centre and how is their integration?

- Physical & psychological state / educational level / the aspirations they come with *(ask for the dimension that corresponds to the professional)*
- First steps in the centre, work guidelines, children's response
- Cases of success and failure: how do you work with those who stay but also, what happens with those who leave?

TOPIC 3: Challenges and challenges of their social integration and well-being

Question: From your context and according to your personal and professional experience, what are the most important challenges that you have to face?

- General challenges of their work and their own personal challenges (intra-subject factors)
- Challenges of a more social nature (family, social, school context, legal framework, etc...)

TOPIC 4: Barriers to integration

Question: From your context and according to your personal and professional experience, which barriers do these unaccompanied youths encounter in their integration process?

- Personal barriers, of a more intimate nature (intra-subject factors)

- Barriers of a more social nature (family, social, school context, legal framework, etc ...)

TOPIC 5: Opportunities and support

Question: From your context and according to your personal and professional experience, what opportunities and supports are offered to children and young people?

- What things work well that you consider good practices and/or successful experiences? And how do you evaluate them?
- What things do not work well or cause unintended and undesirable effects (questioned practices)? And how do you evaluate them?

TOPIC 6: Social and political context

Question: what options for social integration exist for these minors when they leave the centre?

- Do you continue to work with them even if they are of legal age? Does your organization have insertion and support programs for them?
- Existing political-institutional initiatives
- Knowledge of situations of success and failure

Appendix O: Approval of the Ethics Committee

COMILLAS
UNIVERSIDAD PONTIFICIA
ICAI ICADE CIHS

Madrid, 8 de abril de 2024

Dictamen 54/23-24

Para: Excmo. Vicerrector de Investigación y Profesorado

Asunto: Juicio del Comité de Ética acerca del proyecto titulado: "LOS PROBLEMAS EMOCIONALES Y RELACIONALES DE LOS ADOLESCENTES MIGRANTES EN ESPAÑA", presentado por la doctoranda Dª. Elena Rodríguez-Ventosa Herrera del Departamento de Psicología de la Facultad de Ciencias Humanas y Sociales.

El Comité de Ética de la Investigación de la Universidad Pontificia Comillas, conforme al procedimiento establecido, siendo valorado el caso por sus miembros, emite el siguiente DICTAMEN:

El proyecto salvaguarda la dignidad de las personas participantes en la investigación, prestando especial cuidado a la integridad de los menores. Los participantes son quince jóvenes migrantes con edades comprendidas entre los 12 y los 16 años que cursan estudios de educación secundaria obligatoria. El proyecto está bien justificado y sus objetivos resultan delimitados. Con motivo de la investigación los participantes podrán mejorar su bienestar emocional y relacional con el centro en el que cursan sus estudios. No existen riesgos sustanciales para los participantes. Todas las preguntas que se formulan resultan pertinentes. Por tanto, el proyecto de investigación es conforme con los principios de la Declaración de Helsinki, en cuanto resultan mayores sus beneficios que sus riesgos.

Los participantes en el proyecto gozan de autonomía para determinar si intervienen o no en el mismo, siendo también informados de que en cualquier momento pueden retirar su consentimiento para participar sin necesidad de dar ninguna explicación y sin temer ninguna represalia. Los menores de catorce años serán autorizados por sus padres o tutores para participar en la investigación; además deberán prestar asentimiento. Los mayores de catorce años y menores de dieciocho podrán prestar consentimiento por sí solos, si bien deberán informar a sus padres o tutores sobre su decisión. La investigadora se compromete a guardar confidencialidad y anonimicidad en la recogida de datos del estudio, de forma que la identificación de los participantes no resulte posible. La investigadora aporta la autorización de la directora del centro donde se llevará a cabo el proyecto. La investigación es, pues, conforme con la Ley Orgánica 3/2018 de Protección de Datos Personales y demás legislación concordante.

El proyecto merece un juicio de conformidad ética para una investigación de sus características, y cuenta con la aprobación de este Comité.

Atentamente,

Dr. Miguel Grande Yáñez
Presidente

Dr. Raúl González Fabre
Secretario

Appendix P: Detailed description of the structure of the three workshop sessions

SESSION 1

Presentation of the workshop

The research team will introduce themselves, emphasising the role of each person during the workshop (one moderator and two observers who will take notes).

Space will be given for participants to introduce themselves briefly, and they will be asked to state their name, age, where they are from, how long they have been in Spain and a fun fact about themselves.

The child-centred methodology will be briefly presented, emphasising the role of the participants as active agents in the decisions that are made about issues that directly concern them, such as their emotional and relational well-being and mental health in general.

In addition, a series of "rules" will be presented to reduce anxieties and begin to create a relaxed atmosphere that encourages the participation of all participants. These will include the following:

1. All opinions are important and interesting
2. All points of view deserve a space to be heard.
3. The experiences of others are not questioned. Each experience is unique and does not have to be shared.
4. It is necessary to respect the opinions of others, even if you do not share them.
5. Space will be given to ask if they would like to incorporate any additional standards.

Consent / assent to participate

They will be given the information sheet and the consent/assent form according to their age. Simplified versions of these documents have been prepared to facilitate their understanding. In any case, the content of these documents will be presented point by point with the help of audiovisual material to ensure comprehension. A short exercise will be carried out in which participants will be divided into small groups and will have to explain the points of the documents to each other. In this way, their in-depth understanding will be promoted. This will then be shared with the rest of the participants. The activity ends with the participants signing

the consents/assent forms and, in case any student does not wish to participate in the session and therefore does not sign it, one of the observers will accompany him/her to the classroom where he/she will be with other classmates, as previously agreed with the centre. In this way, they will not be discriminated against in any way for not participating in the workshop.

Assuming the role of active agents

In order for the participants to take on the role of active agents, a playful and thought-provoking dynamic is proposed.

First, they will be asked who makes the decisions that affect children and adolescents in their daily lives at different levels. Previously, they will have been explained what the micro (individual and family sphere), meso (environments of relationships with others outside the family, such as schools, the educational community and neighbourhoods) and macro (society, institutions, politics) levels represent.

The aim of the exercise is to see if they point the finger at the children/adolescents themselves.

Afterwards, they will be asked if and how they consider that their opinions are listened to at school so that they can reflect on what it would be like to play an active role and contribute to transforming their reality.

To better frame the assumption of this role, they will be introduced to Article 12 of the UN Convention on the Rights of the Child so that they are aware that they have the right to participate and be heard in decisions that directly affect them.

To conclude the exercise, they will be asked what they would do as active agents to bring about change in the environments in which they participate.

Methodology for the next sessions

With the intention that the next sessions will focus on work aimed at identifying the problems they encounter on an emotional and relational level, the final part of this session will be devoted to presenting the methodology that will be used.

Essentially, this is about recognising their role as active agents and experts in their own lives and, therefore, in their wellbeing. The researchers will have the role of research experts and workshop facilitators but will rely on the experiences and opinions of the participants as a central element of the workshop. Having established the roles of all workshop participants, a joint work dynamic will be proposed in which the students will work to identify their own

difficulties, derived needs and possible solutions, proposals or requests, and the research team will facilitate the dynamic to reach these conclusions.

SESSION 2

Reminder of methodology and seek active and ongoing consent/assent

To begin the second session, a brief reminder of the methodology presented in the final part of the previous session will be given. Also, the consent/assent of the participants will be collected again - this time verbally - since, from the Child-Centred Approach, it is fundamental to collect their willingness to participate in an active and continuous way.

Presentation of the emotional and relational domain

In order to familiarise participants with the key variables of the research, which are the problems that arise in the emotional and relational area, a brief presentation of what they encompass will be given. This presentation will be far from technical. Rather, the aim is to ground the concepts with examples from everyday life to ensure that they are easily understood. This part of the session will culminate with the presentation of some specific emotional and relational problems identified in the adolescent population of migrant origin.

Presentation of the results found in the research

In order to bring them closer to the research carried out and so that they can understand the broader approach of the research being carried out, they will be briefly introduced to the methodology carried out in the first two articles of the compendium, as well as the main conclusions of both of them regarding the emotional and relational problems encountered. In order to prevent the research from seeming cold and distant to them, emphasis will be placed on the fieldwork carried out with unaccompanied migrant adolescents and that it was they themselves who transmitted their stories and experiences to the main researcher. In this way, the aim is also to invite them to share their experiences throughout the workshop.

Identification of one's own emotional and relational difficulties and needs

The final part of the second session will be aimed at identifying their own difficulties in the emotional and relational spheres in order to articulate their needs derived from them. The focus will not only be on their migration experience, but also on identifying any emotional and relational problems or needs in their daily lives, which may or may not be related to their migration history. For this part of the workshop, a three-part dynamic will be proposed:

1. Identify in pairs emotional and relational difficulties and needs at different levels (micro, meso and macro), and put them on post-its.
2. Paste the post-its on a template to be stuck on the board to bring together the difficulties and needs of all participants in one place.
3. After observing if any difficulties or needs are repeated, they will be invited to discuss with the group their impressions and also those aspects they have noticed.

SESSION 3

Active and continuous consent/assent

In this last session, the consent/assent of the participants will be collected again - verbally - since, from the Child-Centred Approach, it is fundamental to collect their willingness to participate actively and continuously.

Reminder of identified needs

To ensure that all participants remember the difficulties and needs identified in the previous session, the template with the post-its will be displayed again and a summary of the main conclusions reached will be made.

Proposal for real solutions

To introduce this dynamic, the idea will be emphasised that no one knows better than they do what they need, so no one will know better what proposals to make to meet these needs or who to appeal to. The dynamics, therefore, will focus on recovering the conclusions of the last workshop and jointly designing solutions that are realistic and that help to meet the needs raised, being aware that this will not always be possible. However, the focus will not be on the needs being met, but on the exercise of being able to ask for what one needs or being able to identify ways of meeting needs. The solutions or proposals identified will be pooled and discussed as a group with the intention of finding similarities and being able to design proposals at group level.

Closing, conclusions and feedback

As this workshop focuses not only on the identification of difficulties, needs and possible solutions, but also on the participatory methodology, they will be asked for feedback on the usefulness of the dynamics proposed for them. The questions included will be the following:

- Which dynamic did you like the most and why? And which one did you like the least?
- Do you feel you have been able to step into the role of an active agent for your own well-being? If so, what did you think?
- Do you have any suggestions for improvement?
- What did you learn at the workshop?
- Do you think the workshop has brought about a change in you and the way you see the world?

Finally, their participation will be thanked and it will be emphasised that their opinions are always important, and they will be invited to play their role as active agents from now on.

Appendix Q: Information sheet for the school principal

Information sheet on the "Our Needs, Our Solutions" workshop for schools

The workshop "Our needs, Our solutions" is part of the doctoral thesis of Elena Rodríguez-Ventosa Herrera (the researcher) carried out at the Universidad Pontificia Comillas, which seeks to identify the emotional and relational difficulties of adolescents with a migrant background in Spain in order to contribute to their minimisation through solutions co-created with the key people: **the adolescents themselves**.

Purpose of the workshop: The workshop aims to share the emotional and relational difficulties encountered in the research and those identified by the adolescents themselves in order to propose solutions from their point of view.

What will the workshop consist of? The workshop will involve the participation of adolescents in a series of group sessions (to be agreed with the centre, but tentatively 3 or 4) held at their school in which they will share the difficulties they perceive with those found in the research. Subsequently, the sessions will focus on finding solutions at different levels through group dynamics aimed at improving their emotional and relational well being.

What methodology will be used? This workshop has been designed with the intention of applying a co creative methodology based on a child-centred approach that aims to create a small community with its students in which they and their opinions are at the centre. In this way, they will be offered a space designed for them in which they can share different experiences, experiences and concerns in the relational and emotional spheres. Once these have been identified, they will be contrasted with those found in the literature by the researcher and efforts will be directed towards finding solutions to the different problems defined at different levels (micro, meso and even macro). Creating a space to listen to the experiences, opinions and ideas of these adolescents will give them back the feeling that they are active agents of change, and that their voices are heard and are important to the educational community.

If, in addition, some of the solutions jointly designed have a place in the school to be implemented, they will feel that they themselves are able to contribute to transforming the environment to improve their well-being, which will empower them and help them to form a strengthened self-concept that will help them to cope with the vicissitudes they encounter along the way.

Is adolescent participation compulsory? No, participation is voluntary. In line with the proposed research, special importance is attached to the freedom and self-determination of these adolescents. Therefore, they will be asked to sign a consent form (for adolescents between 14 and 17 years old) or an informed assent form (for adolescents between 11 and 13 years old) expressing their explicit wish to participate. They will also be informed that they have the right to stop participating in the workshop at any time without having to justify their decision and without suffering any reprisals. Once they have participated in the workshop, they are still able to withdraw their responses up to five years after the workshop has taken place. In addition, parents or legal guardians of adolescents aged 11-13 will be asked to give their consent for their children to participate in the workshop, and parents or legal guardians of adolescents aged 14-17 will be asked to sign their children's consent to confirm that they have been informed by their children of their participation in the workshop.

Will adolescent participation be confidential? Yes, completely. We conduct the workshops for research and teaching purposes only, so we collect a minimum of personal data (name, gender, age and country of origin) along with consent, which will be stored securely and separately from the input collected in the workshop. Personal data will be processed and handled in accordance with European legislation, including the General Data Protection Register (EU) 2016/679. Access to personal data will be restricted (only the researcher Elena 4 Rodríguez-Ventosa Herrera will have access) and personal data will not be linked to the contributions made in the group. Five years after the workshop the personal data will be deleted. The participation of the adolescents will be anonymised in such a way that it will not be possible to identify them at any time.

What will happen to the information adolescents provide? Adolescents' contributions will become part of a securely stored database along with their peers' responses. Since their participation will be anonymised, there will be no way to prove who provided the information. The researcher will use this data to write scientific articles and guidelines that will be useful to other schools/institutes to improve the emotional and relational well-being of their students.

What are the rights of participants? They have the right to decide whether or not to participate, to stop participating at any time, to ask that what they have said be disregarded or deleted for articles or guides, to have their data and opinions changed in the information collected, to receive a copy of their personal data and to see all the results obtained from the workshops.

What are the advantages of participating? On the one hand, the workshop will result in the identification of the difficulties that pupils with a migrant background encounter in the emotional and relational areas of their lives and in the proposal of a series of recommendations from the pupils to address these difficulties at different levels (micro, meso and macro). This information may be useful for the school in order to gain a closer understanding of the reality and concerns of its pupils of migrant origin, and also to assess whether some of the solutions identified are likely to be implemented at the school. On the other hand, students will be empowered by participating in a workshop that recognises their agency and provides them with the possibility of working as a team to generate an impact on their immediate environment to benefit their emotional and relational well-being.

What are the possible disadvantages of participating? We do not foresee any negative consequences for your child's participation.

What if there is a problem? At the end of each session, the researcher will talk to the participants to see what they thought of the experience and how they feel. If any participants feel unwell or distressed, have questions or concerns, they can contact her or their teacher. The researcher is a registered health psychologist, so she can assist participants if they require support.

Do you have any questions? If you need more information, please find below my email address XXXXXX and my phone number (XXXXX).

If you agree to your school participating in this research, please fill in the attached form.

Appendix R: Consent form for the school principal

Consent form for the workshop to be held at the educational centre

I _____ (name and surname), director of the school_____, with ID number _____ give my consent for the workshop "Our needs, Our solutions" to be held in our school.

The objective and nature of the workshop have been clearly stated.

I understand that students with a migrant background participate on a voluntary basis and that they can stop participating at any time without reprisal.

I understand that the anonymity of participants will be ensured as personal data is collected only for the purpose of giving consent, and is stored separately from workshop contributions, with no intention of linking it. An anonymous identifier is associated with student contributions.

I understand that students can withdraw from the workshop without repercussions, whether they do so before or during their participation, and do not have to give any explanation. I understand that the information and personal data collected are for research and teaching purposes only within the scope of Elena Rodríguez-Ventosa Herrera's doctoral thesis. Participants' personal data will be processed and handled in accordance with European legislation including the General Data Protection Register (EU) 2016/679. Participants and their parents or legal guardians have the right to access, rectify, limit or refuse the processing of this data and request the deletion of their personal data.

I understand that participants and their parents or legal guardians may withdraw permission to use their data at any time for up to five years after the workshop, in which case the material will be deleted. I understand that after this period personal data will be destroyed, and there will be no way to identify which workshop data corresponds to which participant.

Name and surname: _____

Place: _____ Date: _____ Signature: _____

Thank you very much! Please send the signed form back to the researcher.

Appendix S: Simplified information sheet for parents of adolescents aged 11-13

Simplified information on the workshop "Our Needs, Our Solutions" for parents or legal guardians of adolescents between 11 and 13 years of age

Hello! My name is Elena Rodríguez-Ventosa Herrera, and I work at the university.

I am working towards becoming a doctor and would like to work with your son's or daughter's class.

OBJECTIVE: to find out how they feel and how they relate to each other at school in order to identify difficulties and propose solutions together.

WHAT ARE WE GOING TO DO? We will meet several times as a group to do activities together on their emotional and relational well-being. We will look together for solutions to make them happier at school.

WHY IS MY CHILD COMING? Because the school has decided to participate and because your child's opinion is important.

DOES MY CHILD HAVE TO PARTICIPATE? No, you can decide not to participate, and he/she can decide not to participate. We will ask you to sign a paper to let him/her participate, and he/she will also sign another one.

Your child can leave the workshop at any time without explanation and without suffering any consequences.

CAN ANYONE IDENTIFY MY CHILD? No. Anything you say will not be linked to your name or any other identifiable information.

The personal information you give on the paper to let you participate will be kept secure and separate from what you say in the workshop.

We guarantee that information will be stored and processed securely because we are required by law to do so (European legislation including the General Data Protection Register (EU) 2016/679).

Only I, Elena, will have access to the personal data, which I will store separately from the answers given by your child.

5 years after the workshop I will delete the personal data.

WHAT WILL HAPPEN TO THE INFORMATION MY CHILD GIVES?

I will store it securely along with your colleagues' information.

No one will know who said what.

Thanks to what your child and his/her peers share, I will write scientific articles and guides that can help other teenagers in different schools.

WHAT ARE MY RIGHTS?

1. Decide whether or not your child participates.
2. Decide to stop participating at any time.
3. Ask you to delete your and your child's information or to change it.
4. Receive a copy of your personal data.
5. See all workshop results.

ARE THERE NEGATIVE EFFECTS OF PARTICIPATING?

We do not believe that there are any negative consequences for you or your child.

WHAT IF THERE IS A PROBLEM?

After each session I will talk to your child to see if he/she is well and if he/she needs support. I am a psychologist and I can help you if you are feeling unwell or if you are worried about something.

DO YOU HAVE ANY DOUBTS?

If you need more information, you can send me an email to this address: XXXX

If you are happy for your child to participate in the workshop, please sign the following document.

Appendix T: Simplified consent form for parents of adolescents aged 11-13

Simplified consent form for parents or legal guardians of adolescents between 11 and 13 years of age

I _____ (name and surname) give permission for my child _____ (name and surname of your child) to participate in the workshop "Our Needs, Our Solutions".

The aim of the workshop was explained to me in writing and I understood it.

I understand that my child participates without obligation.

I understand that the information I provide will not be linked to my child's name or any information that can identify him/her.

I understand that personal information will be kept secure and separate from what my child says at the workshop.

I understand that my child can leave the workshop whenever he/she wants without explanation and without suffering any consequences.

I understand that the information and personal data are only for Elena Rodríguez-Ventosa Herrera's doctoral thesis for teaching and research purposes.

I understand that the information will be stored and processed securely because there is a law requiring this (European legislation including the General Data Protection Register (EU) 2016/679).

I can view this information, change it, or ask for it to be removed.

I understand that my child and I can request that our information not be used at any time for up to 5 years after the workshop. It will then be deleted.

Name and surname: _____

Place: _____ Date: _____ Signature: _____

Your child's first and last name_____

Thank you! Please send the signed consent form back to the institution where your child is a student with your child by the date indicated. You may keep the information sheet if you wish.

Appendix U: Child-friendly information sheet for adolescents aged 11-13

Workshop "Our needs, Our solutions"

Basic information for adolescents aged 11-13

¡HI! My name is XXX, and I work at the university. I am working on a PhD project that I would like to work on with you.

GOAL: know how you feel and how you relate at school in order to identify difficulties and propose solutions together.

EHAT ARE WE GOING TO DO? We will meet several times as a group to do activities together on your emotional and relational well-being. We will look together for solutions to make you happier at school.

WHY HAVE I BEEN ASKED TO PARTICIPATE? Because the school has decided to participate and because your opinion is important.

DO I HAVE TO PARTICIPATE? It is not compulsory. If you participate, we will ask you to sign a paper giving your permission. If you change your mind, you can stop participating in the workshop at any time without explanation and without any negative consequences for you.

WILL PEOPLE KNOW WHO I AM FROM MY RESPONSES? No. Your answers will be anonymised, which means that no one will know they are yours. Your name or any other identifying information will not be used.

WHAT WILL HAPPEN WITH WHAT I SAY? I will keep it safe along with your colleagues' information. No one will know who said what. I will use this information to write academic articles and guides to help other schools/institutes improve the emotional and relational well-being of their students.

WHAT ARE MY RIGHTS?

1. Decide whether you want to participate or not.
2. Stop participating at any time.
3. Ask for your information to be deleted or changed.
4. Receive a copy of your personal data.
5. See all the results of the workshops.

DOES PARTICIPATING HAVE NEGATIVE EFFECTS? We do not believe there are any negative consequences for you.

AND IF THERE IS A PROBLEM? After each session I will talk to you to see what you thought of the experience and how you feel. I am a psychologist and I can help you if you feel unwell or if something is bothering you.

ANY DOUBTS? If you need more information, you can ask me or send me an email to this address:xxxxxxx

If you agree to participate in the study, please fill in the consent form provided.

Appendix V: Simplified assent form for adolescents aged 11-13

Assent Form for adolescents aged 11-13

I _____

agree to participate in the workshop 'Our Needs, Our Solutions'.

I understand what the workshop is about and it has been clearly explained to me.

I participate voluntarily. It is okay if I stop participating in the study, and I do not have to explain myself and there will be no negative consequences for me.

I understand that the information and personal data collected are for research and teaching purposes only for XXXXX doctoral thesis and the academic articles and guides she will produce from them.

I understand that all information will be stored and processed securely, and I have the right to see this data, change it or ask for it to be deleted and not used.

I can withdraw permission to use this data in the studio at any time, up to five years after the end of the workshop, at which point this material will be deleted.

I understand that no one will be able to identify me from my answers.

Name and surname: _____

Place: _____ Date: _____ Signature: _____

Do you agree to participate?

☐ Yes, I agree

☐ I do not agree

Appendix W: Child-friendly information sheet for adolescents aged 14-17

Workshop "Our needs, Our solutions"

Basic information for adolescents aged 14-17

¡HI! My name is XXX, and I work at the university. I am working on a PhD project that I would like to work on with you.

GOAL: know how you feel and how you relate at school in order to identify difficulties and propose solutions together.

EHAT ARE WE GOING TO DO? We will meet several times as a group to do activities together on your emotional and relational well-being. We will look together for solutions to make you happier at school.

WHY HAVE I BEEN ASKED TO PARTICIPATE? Because the school has decided to participate and because your opinion is important.

DO I HAVE TO PARTICIPATE? It is not compulsory. If you participate, we will ask you to sign a paper giving your permission. If you change your mind, you can stop participating in the workshop at any time without explanation and without any negative consequences for you.

WILL PEOPLE KNOW WHO I AM FROM MY RESPONSES? No. Your answers will be anonymised, which means that no one will know they are yours. Your name or any other identifying information will not be used.

WHAT WILL HAPPEN WITH WHAT I SAY? I will keep it safe along with your colleagues' information. No one will know who said what. I will use this information to write academic articles and guides to help other schools/institutes improve the emotional and relational well-being of their students.

WHAT ARE MY RIGHTS?

1. Decide whether you want to participate or not.
2. Stop participating at any time.
3. Ask for your information to be deleted or changed.
4. Receive a copy of your personal data.
5. See all the results of the workshops.

DOES PARTICIPATING HAVE NEGATIVE EFFECTS? We do not believe there are any negative consequences for you.

AND IF THERE IS A PROBLEM? After each session I will talk to you to see what you thought of the experience and how you feel. I am a psychologist and I can help you if you feel unwell or if something is bothering you.

ANY DOUBTS? If you need more information, you can ask me or send me an email to this address:xxxxxxx

If you agree to participate in the study, please fill in the consent form provided.

Appendix X: Simplified consent form for adolescents aged 14-17

Consent Form for adolescents aged 14-17

I _____

I agree to participate in the workshop 'Our Needs, Our Solutions'.

I understand what the workshop is about and it has been clearly explained to me.

I participate voluntarily. It is okay if I stop participating in the study, and I do not have to explain myself and there will be no negative consequences for me.

I understand that the information and personal data collected are for research and teaching purposes only for XXXXX doctoral thesis and the academic articles and guides she will produce from them.

I understand that all information will be stored and processed securely, and I have the right to see this data, change it or ask for it to be deleted and not used.

I can withdraw permission to use this data in the studio at any time, up to five years after the end of the workshop, at which point this material will be deleted.

I understand that no one will be able to identify me from my answers.

Name and surname: _____

Place: _____ Date: _____ Signature: _____

Do you agree to participate?

☐ Yes, I agree

☐ I do not agree

Appendix Y: Observation sheets

OBSERVATION SHEET SESSION 1

PART I: PRESENTATION OF THE WORKSHOP

Participants' details

Name	Age	Country of origin	Time in Spain	Fun fact

Introducing themselves

If they understand the instruction, if they find it difficult, if they are embarrassed, if they refuse to do it....

Understanding of the methodology presented

Whether they are clear or seem confused, whether they ask questions, what their non-verbal expression shows, whether they make comments....

Rules

Whether they understand them, whether they agree or disagree, whether they oppose any of them, what their non-verbal expression shows, whether they propose new rules…

Atmosphere during the presentation

If it is relaxed, if there is tension, if they are attentive or distracted, if they are interested

PART II: CONSENT/ASSENT TO PARTICIPATE

Explanation to students

If they understand what is being explained to them, if they ask questions, if they seem lost, if they feel distrustful

Explanation in pairs

If they understand the instruction, if they are able to do it, if they refuse to participate?

Signature of consent/assent form

If all sign, if some are suspicious, if all agree to participate…

PART III: TAKING ON THE ROLE OF ACTIVE AGENTS

Micro, meso and macro levels

If they understand the three levels, if they ask questions.

Who makes the decisions?

Do they understand the instruction, who do they think makes the decisions, and do they mention the adolescents themselves?

Article 12 of the UNCRC

Do they understand it? Do they pay attention? Do they recognise their rights as adolescents?

What would they do as active agents?

If they propose changes, if they understand the dynamics, if they are embarrassed, etc.

PART IV: METHODOLOGY FOR FORTHCOMING SESSIONS

Explanation of methodology

Do they understand the functioning and their role as active agents? Do they understand the role of the moderators? Do they show interest, do they disengage, do they understand the dynamics or not?

End of the workshop

General comments on the development of the workshop, impressions, possible modifications, etc.

OBSERVATION SHEET SESSION 2

PART I: METHODOLOGY REMINDER AND OBTAINING CONSENT

How are they before we start?

They remember what we did yesterday, they understand what the workshop is all about.

Collect active consent/assent

If everyone still wants to participate, if they remember, if they understand.

PART II: PRESENTATION OF THE EMOTIONAL AND RELATIONAL SPHERES

Understanding of what these areas encompass

If they understand the areas, if they are interested, if they are distracted, if they know how to give examples....

Do you know what a migrant is?

Whether it is clear to them or whether they seem confused, whether they seem to recognise them or whether they are alien to them, whether they ask questions, whether they make comments?

PART III: PRESENTATION OF THE RESULTS FOUND IN THE THESIS

Explanation of the methodology of Article 1

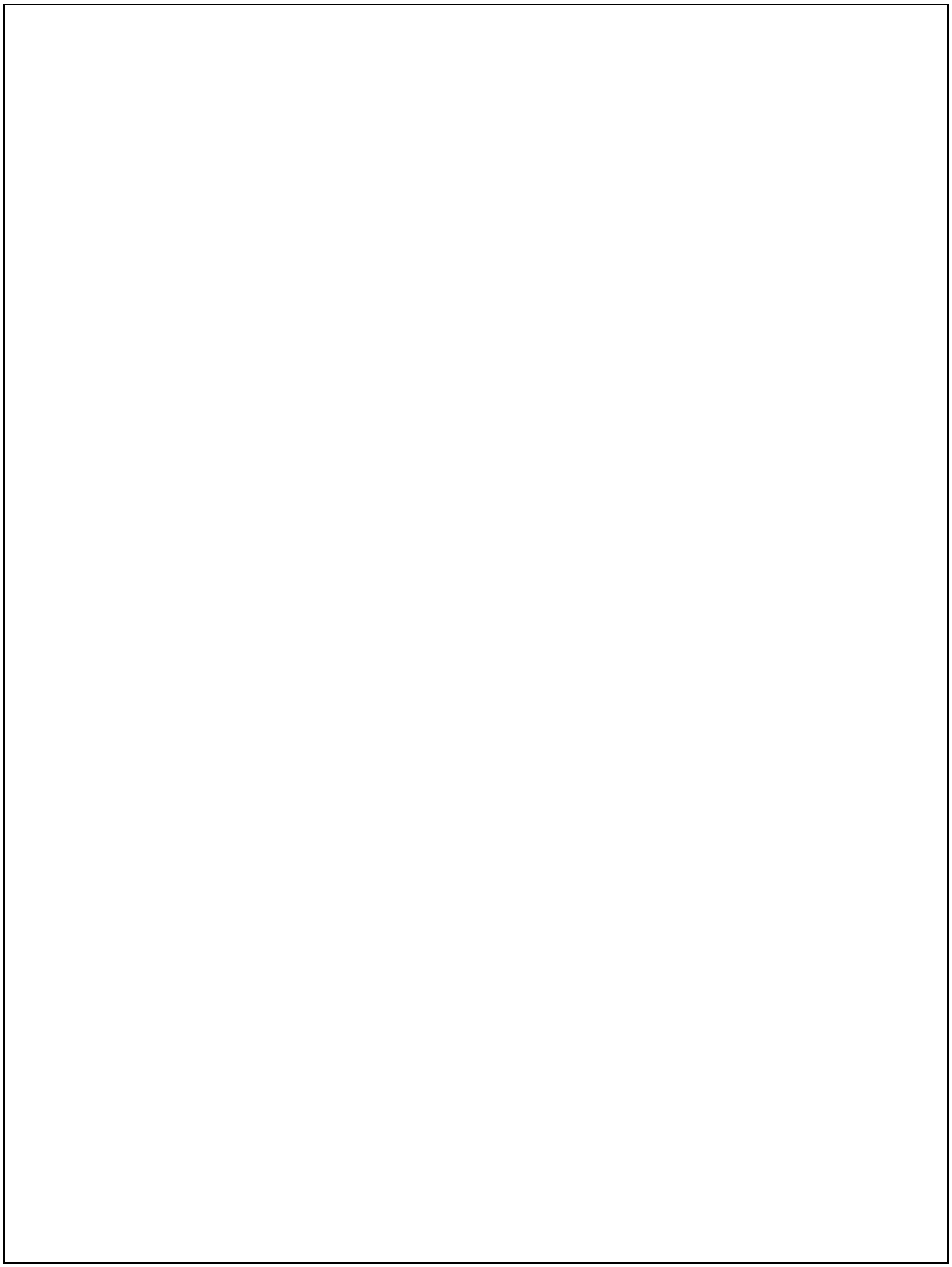
If they understand it, if they find it interesting, if they get lost, if they pay attention or get distracted, if they ask questions?

Explanation of the methodology of Article 2

If they understand it, if they find it interesting, if they get lost, if they pay attention or get distracted, if they ask questions?

Explanation of results

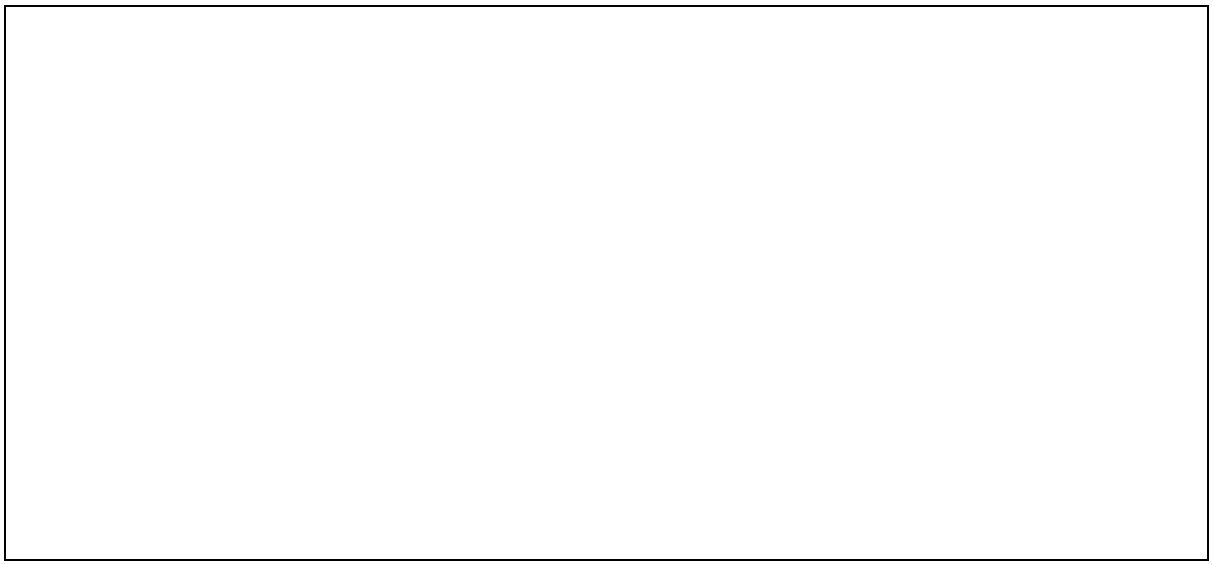
If they understand them, if they find them interesting, if they get lost, if they pay attention or get distracted, if they ask questions, if they agree or disagree....



PART IV: IDENTIFYING ONE'S OWN EMOTIONAL DIFFICULTIES AND NEEDS

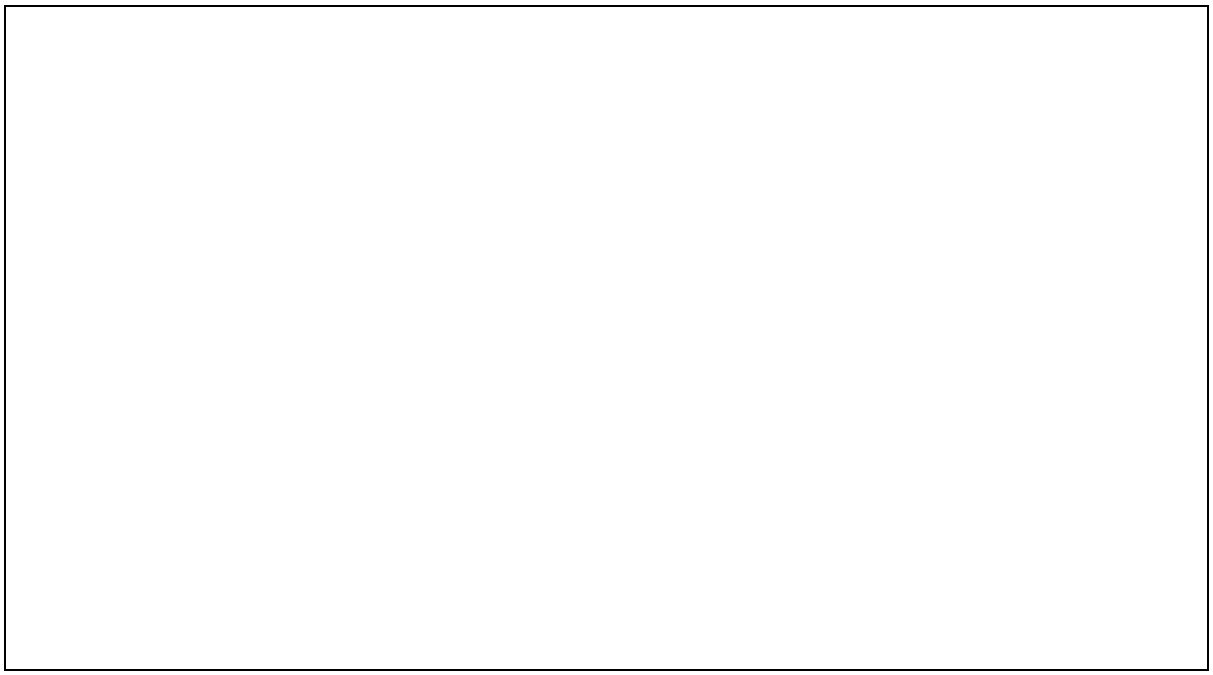
Identify emotional difficulties and needs in pairs at different levels.

If they understand the slogan, if they collaborate, if they argue, if they have problems working in pairs, if they find it easy or difficult to identify difficulties and needs, if they know how to write, if what they put on the post-its corresponds to the instruction or not....



Paste post-it notes on micro-meso-macro template

If they understand the instructions, if they find them easy or difficult, if they do it correctly or not, if they argue, if they lose interest...



Comment on everyone's post-its

If they understand the instruction, if they develop the exercise, if they participate or keep quiet, if they find similarities or differences, if they comment on what they realise...

End of the workshop

General comments on the development of the workshop, impressions, possible modifications, etc.

OBSERVATION SHEET SESSION 3

PART I: OBTAINING CONSENT/ASSENT

Gather active consent/assent

If everyone still wants to participate, if they agree, if they understand.

PART II: REMINDER OF IDENTIFIED NEEDS

Sharing yesterday's findings

If they remember, if they show interest, if they make comments...

PART III: PROPOSAL OF REAL SOLUTIONS

Explanation of the exercise

Whether they are clear or seem confused, whether they are willing or lazy, whether they ask questions, whether they make comments...

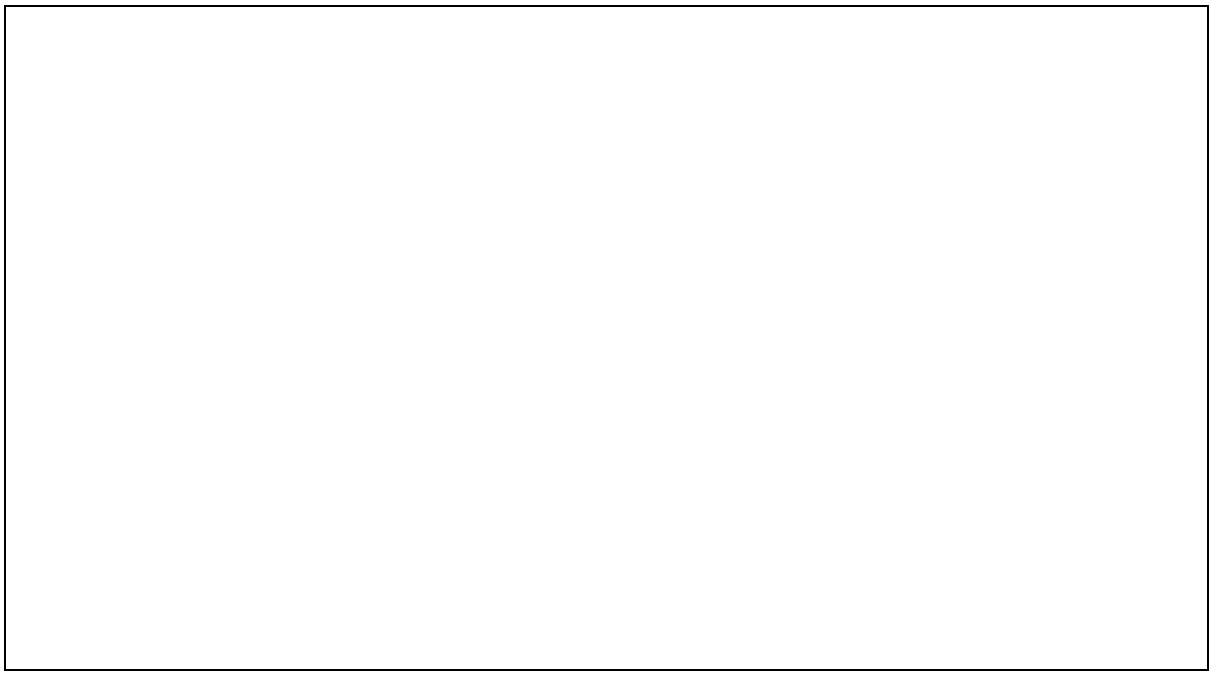
Working in groups to respond to needs

If they organise themselves, if everyone participants, if they reach conclusions, if it is difficult for them or if it is easy...

If they understand it, if they find it interesting, if they get lost, if they attend or if they get distracted, if they ask questions...

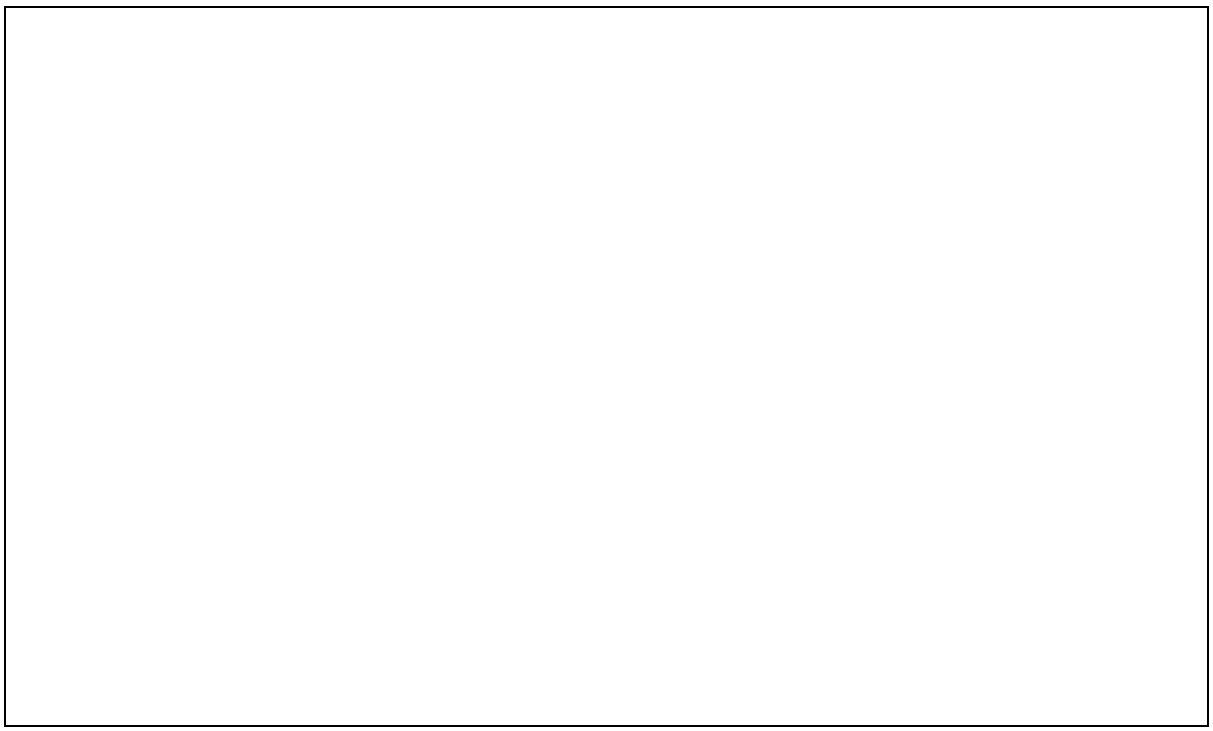
Sharing

If the solutions are realistic, if they respond to the identified needs, if they are at micro, meso and macro level, if all or only some participate, if there are quarrels, if there is interest...



Agreement on solutions by vote

If they reach agreements, if opinions are disparate, if all or some of them participate...



PART IV: CLOSURE, CONCLUSIONS Y FEEDBACK

General feedback

If they have comments or not, if they liked it, if something was missing, suggestions for improvement...

Feedback to questions

If they answer the questions or not, if they ask questions or make comments...

End of the workshop

General comments on the development of the workshop, impressions, possible modifications, etc.