Introduction

In response to the large inflow of asylum seekers during the so-called ‘2015 refugee crisis’, governments across Europe have made several immigration policy changes. Many of these reforms may be described as following a kind of race-to-the-bottom strategy or ‘negative competition’. To avoid appearing as the more favourable destination country—that is, to not attract migrants perceived as unwanted—states introduce increasingly restrictive immigration regulations (Hernes 2018; cf. Brekke 2004). Sweden is no exception. Before 2015, in many respects, Sweden diverged from other European states by pursuing a more open policy. For instance, different from many other countries, Sweden applied the principle that asylum seekers who were granted protection also immediately achieved permanent residency status (Borevi 2014). As a direct consequence of the significant increase in asylum migration during 2014 and 2015, there was a shift to the opposite principle—persons awarded asylum in Sweden were only granted temporary residence. Policy developments since November 2015 may generally be characterized as guided by a goal to reduce Swedish regulations vis-à-vis asylum seekers to the ‘EU minimum level’ in order not to stand out as more open or generous than other EU member states (Parliament of Sweden 2016; Borevi 2018).

This chapter analyses migrants’ integration and psychological health and well-being in light of macro-level conditions and the post-2015 policy changes. We explore asylum seekers’ experiences and reported psychological health and well-being using qualitative data collected as part of the RESPOND project. In particular, we are interested in exploring how participants with different legal statuses, which has been one of the most salient post-2015 policy changes in the Swedish context, describe their health and well-being. Additionally, we also explore if and how other risks and protective factors play a role in migrants’ psychological well-being.
The remainder of the chapter proceeds as follows. First, we briefly present the post-2015 policy changes, focusing on the shift from granting permanent residency to people in need of protection to only allowing temporary residency. Thereafter, we present relevant previous research and the theoretical framework on refugees’ health and well-being, followed by a section detailing the gathered data, methods, and ethical considerations. This continues with the empirical analysis, where we explore the possible impact of the achieved status of residency (namely, whether it is temporary or permanent) on migrants’ health and integration. The chapter ends with a final discussion and policy recommendations.

Post-2015 policy changes

In 2015, more than 163,000 asylum seekers arrived in Sweden. Most of them (114,000 persons) lodged their applications during the autumn (September–December). This outnumbered the previous record immigration of refugees to Sweden (from the ex-Yugoslavia in the 1990s) and was the highest per capita compared to other EU member states in 2015 (Commissioner for Human Rights 2018: 6).\(^1\) In September 2015, Prime Minister Stefan Löfven, a member of the Social Democrats (SD), expressed the hopeful and supportive words ‘my Europe does not build walls’ (‘mitt Europa bygger inte murar’) during a public manifestation in support of asylum seekers (Borevi and Petrogiannis 2020).

A sense of crisis, however, rapidly grew in the political debate. In October, all parliamentary parties—except the SD (which was not invited) and the Left Party (which declined the invitation)—made a joint agreement to introduce several temporary policy restrictions, including the decision only to grant temporary residency to persons with approved security needs. Unaccompanied minors, persons in families with minor children, and quota refugees were, however, to be exempted from this restriction (Government of Sweden 2015a). A month later, in a press conference on 24 November 2015, the government went one step further, announcing its intention to present a temporary law proposal to adjust the Swedish asylum laws to ‘the minimum level under EU law and international conventions’ (Government of Sweden 2015b). The initiative meant a dramatic change of the principles that had guided both Swedish immigration policies and their approach to immigrant integration (Borevi 2018; Hagelund 2020; Hernes 2018). With the sole exception of resettled quota refugees (who would continue to be granted permanent residence), persons granted asylum in Sweden would now (during

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\(^1\) According to the OECD (2016) in 2014–2015, Sweden saw the largest per capita inflow of asylum-seekers ever recorded in an OECD country.
During the spring of 2016, the government speedily produced a bill for temporary restrictions on immigration to curb asylum immigration to Sweden, which was finally adopted by parliament in June 2016 (Parliament of Sweden 2016). The government deplored the negative consequences but justified it by referring to the emergency situation and the need to create a breather (andrum) to cope with the extraordinary challenges. The maintenance of both the asylum seekers’ reception system and of the welfare state institutions were said to be at risk (Borevi 2018).

In 2019, it was decided to prolong the temporary law by another two years. A committee (with representatives from all parliamentary parties) was appointed to examine Sweden’s future immigration policy options. The committee report was presented in September 2020 (Government of Sweden 2020). The committee majority proposed that the rule to only grant temporary residency on initial arrival should become the main principle of the reformed Swedish immigration legislation. After an immigrant had resided in Sweden for three years, it would be possible to apply for a permanent residence permit. In a follow-up report in January 2021, it was proposed that access to permanent residency would be conditioned on four requirements: 1) a good conduct requirement (no record of criminal offence), 2) a support requirement, 3) a language requirement, and; 4) a civic skills requirement (Government of Sweden 2021). Whereas the first two requirements had been part of the temporary law since 2016, the latter two were novel proposals. These changes, together with other reforms, were included in the government bill that was submitted to the parliament in April 2021 (Parliament of Sweden 2021a) and discussed and passed by the parliament majority on 22 June 2021 (Parliament of Sweden 2021b; Parliament of Sweden 2021c; Parliament of Sweden 2021d). Sweden’s new immigration legislation was set to come into force from 21 July 2021, which is the expiry date of the temporary law.

Immigration control arguments—namely, that Sweden must not have more beneficial regulations than other states—and the idea that stricter requirements may promote integration were invoked to justify the restrictive chang-
es. In contrast, those critical to restrictions highlighted that new arrivals’ access to safe abode was essential for promoting integration. Considerations about health were further highlighted, particularly by those critical to the proposed restrictions. In the Commission report, the Green Party representatives, for instance, entered a reservation against the proposal to make temporary residency the new guiding principle, arguing (among other things) that it was ‘likely to lead to immense human suffering, increased mental health problems and deteriorated integration’ (Government of Sweden 2020: 500). Likewise, the Left Party held that the proposal would have a detrimental impact on migrants’ health as an expected consequence of the proposals (Government of Sweden 2020: 533).

**Previous research**

Previous studies have shown that migrants’ health and vulnerability are often related to their legal status, length of stay in the new country, social class, and policies on migration in the host society (et al. 2018). Studies have, for instance, found an association between long waiting periods for asylum decisions with high scores of PTSD and other mental disorders (Laban et al. 2004). Other studies have associated temporary residence permits with decreased mental health among newcomers, given the uncertainty about the future and limited possibility for family reunification they create (cf. Johannesson and Westerling 2019). Two Australian studies focused on the relationship between legal status and mental health. One showed a pattern of increased mental distress, ongoing resettlement difficulties, and social isolation in the acculturation process amongst refugees subjected to restrictive immigration policies compared to those with supportive immigration policies (Steel et al. 2011). The other indicated that a conversion from temporary protection visas to permanent residency status was associated with significant improvement in PTSD and depression symptoms (Nickerson et al. 2011). A study in Sweden (Johannesson and Westerling 2019) showed worse mental health among newcomers with temporary residency (45 per cent) than among those with permanent residency (31 per cent). Through a logistic regression analysis controlling for gender, age, education, and the length of having residency, the same study showed an increased risk for decreased mental health among those with temporary residence (twice the risk of those with permanent residence).

A new study drawing on RESPOND Swedish survey data (n=639) based on a convenience sampling of Syrians in Sweden\(^2\) analyses the relationship between permanent residency, temporary residency, health, and integration

\(^2\) The overall survey results are also presented in Çetrez et al. (2021).
outcomes. The study shows that those with temporary residency (8.8 per cent) were almost double those with permanent residency (4.5 per cent) when responding that their psychological health was very poor. The negative outcome for those with temporary residency was also evident in higher PTSD (temporary residency 20 per cent; permanent residency 15 per cent), and finding less coping support within family and friends, but surprisingly, still indicating a similar resiliency level as those with permanent residency. Those with temporary residency also showed negative results regarding integration outcomes, where the level of and motivation to learn the Swedish language was lower than those with permanent residence. Furthermore, they were less likely to have attended professional training, to have had a paid job, and to believe it was possible to acquire Swedish citizenship.

A qualitative study by the Swedish Red Cross (Beskow 2018) showed that temporary residence regulations result in increased worry and deteriorated mental health. The same study showed that temporary residence worsens the chances one will seek care and pursue continuous trauma treatment. The Swedish Red Cross study also showed a connection between temporary permits, anxiety and problematic integration. Migrant individuals are unsure whether they should invest in higher education and report difficulties in finding work or accept worse working conditions to increase their possibilities to stay or reunite with their families. Similar findings were also reported in the RESPOND country report on reception in Sweden (Barthoma et al. 2020), which showed that mental pressure starts early, during the reception period, due to uncertainty with the lengthy waiting periods for processing asylum applications. The same report also pointed out that the restrictive policy measures introduced in 2015–2016 increased feelings of uncertainty and fear of being deported and undermined mental health.

Theoretical framework

The Adaptation and Development after Persecution and Trauma (ADAPT) model developed by psychiatrist Derrick Silove (2013) is a theoretical framework connecting personal health and well-being with societal macro-structures among people who have faced conflicts and later resettled in a new environment. The model consists of five psychosocial pillars (Silove 2013: 237–244) as follows:

1. **Safety/Security**: The first pillar refers to the threat individuals may be exposed to under ongoing conflict, affecting their perception of security, stability, and control. This highlights the importance of the setting that the individual finds her/himself within in post-conflict, especially if conditions of threat, uncertainty about the future, lack of control, and absence of social support are still prevalent. Thus, earlier extreme circum-
stances, together with the precarious conditions in the new society, have importance for the sense of insecurity.

2. **Bonds/Networks**: The second pillar refers to personal losses resulting from conflict. Displacement, separation and fatalities result in grieving for lost bonds and interpersonal connections, and in the extreme case to mental health issues. Family reunification has been shown to significantly boost recovery from emotional disorders, a consideration that requires attention by authorities. In addition, cultural mourning rituals can help those involved to cope, and psychosocial programmes can support recovery.

3. **Justice**: The third pillar concerns how unresolved injustices in the past, such as persecution or human rights violations, can have mental health consequences. An example is anger, which under normal conditions can be a normative response to injustice. However, under new conditions triggered by minor events, anger can develop to an extreme response, such as explosive anger, with grave social consequences for the individual and her/his surrounding. Therefore, restoring an ethos of justice through acknowledgement, dignity, respect and empowerment, is of utmost importance for any responsible government and program providers.

4. **Roles and Identities**: The fourth pillar describes the impact of conflicts, displacement, uncertainty, and adversity on personal roles, interpersonal relations, and one’s sense of identity, which in the long run may be harmed. This sense of identity threat can increase under post-migration conditions, in camps, hot spots, or in any unwelcoming environment towards newcomers. New experiences of unemployment and perceived discrimination threaten the sense of identity and self-respect and result in identity confusion. This threatens the family cohesion as well as social acceptance and risk resulting in feelings of isolation. In post-migration settings, it can be of benefit to promote community structures, cohesive patterns within the family, and adopting new roles.

5. **Existential Meaning**: The last pillar concerns the broader narrative the individual is part of, such as his or her worldview or belief system. Given that these systems are influenced by culture, conflicts and displacement, as well as confrontation with divergent belief systems can disrupt the earlier balance that was established. This is increased by fear of restrictions in cultural and religious practices in the new society. Being caught between different belief systems can cause complications for the individual when trying to settle and may lead to existential struggle. In this respect, a sensitive and helpful approach by the receiving society is important. However, Silove does not develop the level of existential meaning in terms of psychological functioning. Therefore, we may add that the existential meaning is the level that links a person’s different domains of life together so that they work together in a functional way (similar to the symbolic level in Kleinman’s cultural dimensions). Such meaning-making is context-specific and changes over time as the struc-
tures change and one’s ability to deal with these structures develop (Çetrez 2005).

The ADAPT model is a conceptual framework that can be applied to different populations in different post-conflict situations for mapping and understanding the impact of policies and psychosocial interventions on participants. The five pillars are interdependent, meaning that a negative effect on one of the pillars has consequences on the others. Thus, there is no prioritizing order in the model. However, in applying the model, we treat existential meaning as a product or reflection of the other four pillars. We also use the five pillars not only in light of pre-migration conditions but also in light of post-migration structures and conditions.

Measurement of ill-health or psychological symptoms is culture-specific, as Campion and colleagues (2012) point out. Illness expresses complex social constructs influenced by social norms, social interactions, and socio-political conditions. Therefore, ‘mental disorder and mental health are distinct although related dimensions, so that absence of either mental health or mental disorder does not imply the presence of the other’ (Campion et al. 2012: 68). Therefore, as the ADAPT model implies, the macro-level factors are needed to understand personal conditions of health or ill-health.

In the empirical analysis, with the modifications mentioned, we will employ the ADAPT model to analyse interview material with asylum seekers arriving in Sweden from 2011 to 2019 on issues relating to the five pillars.

Data and methods

The empirical material is taken from the Swedish interviews (n=61), which followed the sampling in line with the overall project. The themes covered were journey and border-crossing experiences, reception, integration and belonging, including psychological health. Briefly, respondents were from three countries of origin, Syria (n=44), Afghanistan (n=15), and Iraq (n=2). Overall the gender division was balanced (48 per cent women). The participants were mainly middle-aged, 18–26 (n=10), 27–50 (n=45), and 51+ (n=6), and the majority were married (n=31), single (n=17), divorced (n=8), and a few engaged and widowed. Ethnic origin was mainly Arab (n=26), Hazari (n=11), Assyrian (n=4), thus the majority with a Muslim background (n=45). Furthermore, the majority had a higher secondary or tertiary education (n=41), and a few were illiterate (n=5). A majority were living with family (n=35) or living alone (n=17). The data contains responses from persons who arrived before 2015 (n=15), and after (n=40) (6 missing), and in terms of legal status, the majority had permanent residence status (n=32), followed by temporary residence status (n=11), asylum seekers (n=9), asylum seekers at deportation stage (n=6), and a limited number with family
reunification (n=3). Up to 14 individuals had received rejection at first instance.

The analysis is based on a coding framework for the overall project, first conducting a broad coding along the themes of the interviews (described above), followed by a second level of coding, identifying categories and subcategories, again on a general level (Braun and Clarke 2006). For this chapter, we conducted a third and more specific level of coding, highlighting quotes relevant to the pillars in the ADAPT model. The ADAPT pillars help us analyse the empirical material to be presented in the next section.

Analysis utilizing the ADAPT model: Health and legal status

This section will analyse the interview material using the ADAPT model, not in any order of the five pillars presented earlier, but in an interconnected mode, as this better reflects the complex reality seen among newcomers. Additionally, the interview content does not strictly fit only one pillar but can be linked to several, which is a good example of how the pillars are interconnected.

Overall, the qualitative interview material shows a picture in which uncertainty, delays, waiting, and unjust treatment are linked to anxiety, fear, and, in the long run, ill-health (see also Çetrez et al. 2021). From the interviews, we can see that the majority have negative experiences of different sorts, sea rescue (n=11), violence at the border (n=19), or reception administrators not being supportive (n=17), all of which may be linked to the pillar of safety/security from the ADAPT model. The following quote by a young Afghan man with temporary residence clearly expresses problems regarding feelings of safety/security concerning the uncertainty regarding settlement in Sweden:

I faced many psychological problems, mostly because I don’t know what will happen to me in the future. Either I will get the permit or not. If I get deported from here, where can I go? I can’t go back to my home country, and I am away from my family, and I don’t have any support from them. I don’t have anyone to share my pain with, and I also don’t know how I would support my family. These problems and difficulties cause pressure and illness.
(Afghan man, Age group 18–26, No.47, Temporary residence permit under the Upper Secondary Education Act)

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3 This quantification of qualitative data is based on our database including a systematic overview of all RESPOND interview data. See Çetrez and Barthoma (2020).
In the quote above, the young Afghan man also talks of *bonds/networks*, not being together with his family, not being able to share his pain, and neither having support from nor giving support to his family. This, we conclude, is closely linked to his status of temporary residency. In principle, the post-2015 policy changes mentioned above mean that there is no possibility for family reunification (Parliament of Sweden 2016; Borevi 2018).

The interviews show that rejection puts individuals under intense stress and fear, which is clearly linked to the pillar of *safety/security*, and as a consequence results in worry about the family, linked to the pillar of *bonds/networks*, as expressed by this Afghan woman:

> Yes, for three years. I was on medication, but then they cut it, so now I’m not getting help. I’m scared that since I’m not feeling good, they’ll take my children from me. They [counsellors] don’t do much; all they do is listen. (Afghan woman, Age group 27–50, No.58, Asylum seeker)

Temporary residency has negative consequences on many levels within the pillar of *safety/security*, as expressed in the first part of the quote below by a Syrian woman, where she expresses the feeling that she cannot settle or trust that she will be able to stay. It also has effects in the pillar of *justice*, as expressed in the second part, where she states that decisions from the Migration Agency that are vital for the individual can be changed without prior notice:

> It’s terrible. I can’t settle down because one day, the parliament might make decisions against us. Our life is connected to decisions. [...] I have an application number, and the decision is not humanitarian. They should have told us that from the beginning. The temporary [protection] is not good. [...] It’s like they stopped our life. There’s no settlement. One decision by the parliament can destroy our life. Like they can decide the death penalty. (Syrian woman, Age group 27–50, No.10, Temporary residence permit)

The waiting time itself is stressful, linked to the pillar of *justice*, or more concretely, feelings of unjust treatment, as the first part of the below quote by a Syrian man demonstrates. This also results in negative consequences for the family left behind, linked to the pillar of *bonds/networks*, as well as the pillar of *security/safety* of one’s children in the country of origin, as expressed by the second part of the quote:

> The asylum application was not difficult but disappointing because of the proceedings [...]. I did not feel justice in the way interviews were distributed. Some people were waiting for a month, and others were waiting for three or four months to get a date for the interview. This waiting time caused me stress because my family was in danger, and the age of my children was close to the mandatory conscription age. Young people of these ages were vulnerable to recruitment, kidnapping and many other risks. (Syrian man, Age group 27–50, No.9, Permanent residence permit)
A Syrian woman describes her situation once moving to Sweden, starting with strong motivation, but ending with disappointment. The idea of permanent residency gave her an expectation of being part of society, which may be related to the pillar of bonds/networks, as well as the pillar of safety/security, which is important for the motivation to integrate into the new society. Contrary to the idea that stricter requirements may promote integration, the quote demonstrates that, for this Syrian woman, temporary residency has weakened the motivation to integrate and plan for the future:

When I arrived, I had the motivation to start a new life, but we were shocked about the waiting. We had ambition and motivation, and they asked us, ‘Why the hurry? You have food and stipends’. But I’m not here to take money. I came here to establish a life, and without permanent residency, I’m nothing. We were destroyed because of the bureaucracy. They [refugees] are given only temporary residency, and they live from the social [benefits] and might not be able to study. As for me personally, I try to keep going, but a lot of people assume that they’re staying here temporarily and live in the moment. They should give permanent residencies to families; otherwise, it’s destructive. (Syrian woman, Age group 27–50, No.10, Temporary residence permit)

Among those with temporary residence, the fear of deportation results in depression, weaker self-esteem, or failure, draining their energy and taking away their hope for the future. This dynamic may be linked to the pillar of roles/identity, as expressed in the first part of the following quote by a Syrian man with temporary residency. The fear he expresses is also based on the consequences a return may bring to those who have been politically active, which may be linked to the pillar of safety/security:

[A]fter a year in Sweden, I did not accomplish anything, and the situation did not help me, and I always feel weak in myself. [...] There are many rumours and statements from party officials, and there are those who visited Syria and are working to bring the refugees back there. I am from a resistance village, and if I return to Syria, I will be killed immediately. (Syrian man, Age group 27–50, No.7, Temporary residence permit)

The experiences based on the first four pillars of the ADAPT model, when linked together, give a holistic picture, which is more than its parts; it forms the content in the pillar of existential meaning. The experience of life conditions being decided by an authority outside oneself, without an ability to impact the situation, as expressed by the Syrian woman above—an issue of life and death—may undoubtedly be understood as a difficulty of creating meaning in a complicated situation one finds oneself in.

The four first pillars in the ADAPT model mainly express structural levels, though roles and identities also are linked to individual self-perception. These structural levels need to be present in a functional way, and even more, need to be perceived by the individual as functioning in order for the person
to be able to create meaning in her/his life situation. This does not imply that policies and other legal conditions need always to be to the advantage of the individual. However, the individual needs to have at least sufficient information, be able to understand, make connections, and even be able to control the situation, for these structural conditions, restrictive or not, to make sense. This is a dimension of agency, which is presented in greater detail in chapter 16 of the present volume.

Existential meaning is about making sense of the past, one’s situation today and how one hopes to find and form the future, given the structural conditions one lives in. When one’s search for existential meaning comes into conflict with the way one’s rights and roles are understood in the surrounding context—as well as one’s established values and practices—serious worldview collisions result. The description in the quote below from a woman from Afghanistan, as she interprets her possibilities and encounters with migration officers, is one such worldview collision. In this respect, the descriptions that this Afghani woman gives of how others (both in Afghanistan and in Sweden) see her and how they value or act towards her can be interpreted in light of her experiences and worldview through the same summary notion—if you do not have any children, then you do not have any value. The following quote links to all five pillars in the ADAPT model, but especially to existential meaning:

I have been married to my husband for 14 years, but we don’t have children. My mother-in-law and her family were always telling me that I had to leave, as I couldn’t get pregnant, that I was not a healthy woman, that I was not useful. They were pushing my husband to remarry. But my husband never did that. He likes me. They destroyed me and made me feel horrible during these 14 years. […] In Afghanistan, […] it’s a man’s world; the man decides. They are not nice to women; women are not allowed to live a regular life. I am not allowed to talk about myself, and I am not allowed to do anything. In Afghanistan, I couldn’t live. Over here, I can live. I don’t know what to do. As a woman, I feel very, very bad. As a woman, I want to have the benefits that men have, like here [in Sweden]. It is a democracy here; it is an open-minded country. But, please listen to me, don’t let me go back to jail, because over there, it is a jail for me. Let me live openly and freely. The migration office is pushing me down and saying that since I don’t have any children, I have to go back. It is the same thing as they would tell me in Afghanistan [no children, no value], but in a different way. (Afghani woman, Age group 27–50, No.3, at third rejection state)

Conclusions

Our interview material showed how participants clearly linked uncertainty in legal status with adverse ill-health conditions and difficulties in integration. The qualitative data shows an overrepresentation of ill-health among those with temporary residency, which is probably not by chance. Still, a qualita-
tive study has its limitations of generalization due to sampling and methods of analysis. Therefore, the analysis of the interview material presented here should not be seen as representative or giving a systematic overview of the content. The conditions found among participants may result from many other factors, not solely due to legal status. A person’s experiences of events and their outcomes are not static but rather continuous and cumulative, where the consequences of earlier difficult experiences do not cease simply because one has acquired a new legal status (or do so only for a short period). Individuals who have faced serious problems pre-migration, during the journey, and when holding temporary residency—or who may have endured a long and complex run of rejections before receiving residency of some sort—still live with and can be affected by the negative consequences much later. Most refugees come from conditions that have lacked security, safety, and justice; they have lost bonds and networks. As they confront novel and serious obstacles in the new society (even as adverse macro-level conditions continue in their countries of origin), the overall effect can be recurrent trauma (Mawani 2014). However, the existence of positive conditions among refugees should also be highlighted. As seen in our earlier publications, many or most refugees exhibit significant resilience (Çetrez et al. 2021).

Earlier research (mainly studies using statistical data), while valuable, has been limited to establishing baseline correlations between forms of legal status and health. In contrast, the qualitative interview data analysed in this chapter allows us to shed much-needed light on the affective mechanisms and processes—including experiences and feelings of uncertainty, worry, fear, and injustice—that produce poor mental health outcomes. While legal status as a socio-political condition may not by itself reveal the presence or absence of illness, it can, together with social determinants, be decisive for health outcomes. Different methods used together are the best way to reveal these complex relations.

Much of the current political debates on immigration in Sweden revolve around restrictions to asylum seekers’ access to rights as a purportedly necessary tool to curb and control immigration. Comparatively little focus has been devoted to what consequences these restrictions have for immigrants’ integration, understood, for example, in terms of participation in the labour market, a sense of belonging to society, but also general health and well-being. As shown in this chapter, the so-called 2015 ‘refugee crisis’ has had a significant impact on Swedish immigration policies. Important changes associated with the 2015 event can also be identified in other states.

However, given that Sweden was previously seen as bucking the restrictive European immigrant integration policy trend, the post-2015 changes have
arguably been much more striking than in other countries. Until recently, a ‘rights-based’ approach to immigrant integration dominated Swedish political debates (Borevi 2014), exemplified by the idea that a secure right of abode was a basic condition for an individual’s successful integration and good health. The 2015 events constituted a kind of catalyst that fundamentally changed party political dynamics and dramatically increased politicization of the immigration issue, and mainly revolved around efforts at keeping out or deterring migrants from coming. One general insight that may be formulated from the analysis presented in this chapter is that it is essential to carefully study and monitor the consequences of policy changes to avoid that people’s integration and well-being become the victims of political power play.

The material presented here, as well as earlier research, shows that macro-level conditions, including policies, have importance for newcomers’ health and well-being. Therefore, we recommend policy-makers and key persons in the reception and integration phase to establish stability and predictability in the asylum-seeking and integration procedures. Keeping newcomers, who have already been exposed to severe trauma and vulnerability, in limbo and uncertainty is at the risk of resulting in feelings of injustice and increased levels of stress and ill-health. Instead, paying attention to the health consequences when setting legal status policies would arguably benefit all the individuals involved and society at large. Furthermore, we know from previous research that injustice, if left untreated or if cumulated, results in psychological symptoms and attendant emotional responses, such as anger, frustration, and disappointment. Thus, policies around legal status should be approached with sensitiveness to the high levels of PTSD, mental ill-health, worry, fear, lack of safety, the experience of discrimination, among many other determinants, expressed by the RESPOND interviewees. Research in post-conflict settings (Silove 2013) has demonstrated that two political conditions of governance have a tremendous effect on mental health—namely, feelings of safety or security and feelings of justice. Safety/security in a post-conflict context, in our case in a new society, is fundamentally important in recovery and hindering post-traumatic stress.

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4 Neighbouring Denmark, for instance, also introduced restrictions due to the 2015 increase in asylum seekers. Danish policies were, however, congruent with decades of strict immigration policy developments, whereas corresponding policy moves in Sweden constituted a paradigmatic change compared to previous approaches (cf Borevi 2018).
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