ANNE-MARIA IKONEN

PERSPECTIVES ON THE INTRODUCTION PROGRAM

HEALTH AND WELL-BEING

Voices from newly arrived migrants
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- VOICES FROM NEWLY ARRIVED MIGRANTS
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Voices from newly arrived migrants

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ABSTRACT

Migrant health is an object of growing academic interest and attention; however, health and well-being in the context of an introduction program of newly arrived migrants is still a somewhat unexplored area of research, especially seen from the migrant’s perspective. Research on post-migration adaptation and well-being among refugees suggests that a wide approach is required when exploring the complexity of refugee well-being; in addition, it is recommended that well-being is understood in context of individual’s resources, needs, goals, demands and constraints (Ryan, Dooley and Benson, 2008). Setting the focus on perceptions and experiences of the newcomers, this study aims to identify factors and conditions which affect health and well-being of newly arrived refugees1 who are participating in the introduction program in Skåne. The study has a qualitative design and is based on 8 focus group interviews with 40 adult men and women who originate from the Middle East, Somalia and Afghanistan. The interviews were transcribed verbatim and analyzed focusing on themes and topics which newcomers were identifying as relevant in terms of health and well-being and participation in the introduction program. The study is a baseline study for MILSA – research based support platform for migration and health.

The study confirms the complexity of refugee well-being, as individuals’ health and well-being is marked by before migration, during migration and after migration experiences. In addition, the

1 Newly arrived refugees are defined by the Swedish Employment Service as refugees whose residence permit is less than 36 months old.
study suggests that there are different individual and environmental factors, beyond the often used categorizations of educational background or profession, which influence the health and well-being of those who are in the introduction program. Such factors include individual life goals and how strongly they have been internalized, family situation both in Sweden and abroad, and perceived social isolation from the surrounding society. Informants report multiple physical and psychological alignments and symptoms, such as sleeplessness, inability to concentrate or remember, fear, anxiety, lowered self-esteem, loss of identity, feelings of hopelessness and powerlessness. In general, the informants of the study perceive themselves to be more challenged in terms of mental well-being than in physical health. In the context of the introduction program, informants experience that mental well-being challenges are often ignored or not acted upon. Limited opportunities to influence the content of the individual introduction plan, as well as constraints experienced in language learning, and in social and labor market incorporation, are seen as major sources of mental distress. Communication problems and difficulties in accessing or being able to influence relevant decision makers is perceived to worsen the situation. The findings suggest that the introduction program takes participants’ individual needs into consideration only to a limited extent, and that there is a risk that especially mental well-being challenges remain undetected or are overlooked in the program.
INTRODUCTION

It is generally recognized that immigrant population in Sweden is enjoying a lower level of physical and psychological health than native-born Swedes (Samarasinghe and Arvidsson, 2002). The health situation varies remarkably depending of the country of origin, but it is especially migrants of non-European background who are reported to suffer from poor or very poor health. Asylum seekers and refugees are in a particularly vulnerable situation as they have often been exposed to stress and trauma both before and during the migration (Palinkas, et. al. 2003). Almost half of those seeking asylum in Sweden report having suffered torture or other physical or sexual violence (Feijen and Frennmark, 2011). Asylum seekers and refugees are at high risk of developing mental health problems (Lauritzen and Sivertsen 2012); in addition, a link has been established between migration and some concrete physical health risks, such as risk for cardiovascular disease (Koochek, et al. 2008), cancer, diabetes, stroke, HIV (Kreps and Sparks, 2008) as well as overweight and obesity (Lindström and Sundqvist, 2005).

Refugee well-being may be further challenged after arrival to Sweden by the split family situation, uncertainty of the outcome of the asylum process and temporary living arrangements (Hjern, 2012). Actually, it has been argued that stressful post-migration experiences; such as lack of coherence and control over one’s life, problems in adaptation and integration, and economic uncertainty, may cause greater psychological distress than violence experienced be-
fore migration (Sundqvist, et. al. 2000). Post-migration stress may worsen psychological disorders and thus deepen experienced fatigue and anxiety (Taloyan, et. al. 2008).

Without any doubt, the refugee well-being is a very complex issue. Not only are most forced migrants challenged by grave pre-migration and during migration experiences, but once in Sweden many experience loss or devaluation of existing skills and resources, including social status, education and professional experience. In addition, access to new resources is difficult, as there are strong indicators of ethnic discrimination in the hiring process and achieved earnings especially for migrants from the Middle East (Bevelander, Dahlstedt and Rönqvist, 2010).

Ryan, Dooley and Benson (2008) have studied the psychological well-being of forced migrants in Western countries in the context of the adaptation into the new environment. They conclude that well-being is most seriously challenged when loss or devaluation of existing resources is combined with limited opportunities in the new society; when basic needs are unmet, when life goals are blocked and when the person in question is exposed to demands which are perceived unmanageable. Consequently, the theory on refugee adaptation and psychological well-being is linking refugees’ psychological well-being to individual resources, which newcomers possess, or new resources they may gain, as well as to opportunities and constraints, which the newcomers face in the new society.

In line with the theory on refugee well-being, the Introduction program offered to newly arrived refugees here in Sweden, is also focusing on resources and opportunities; it is aiming at providing refugees with necessary conditions to become economically self-sufficient and to participate in the society. The activities of the program include Swedish language courses, a societal orientation program and measures for labor market insertion. In the regulations concerning the introduction program, no clear reference is made to individual health or well-being, except the very general

\[1\] Some research suggest that Arabic-sounding names may produce 29% net discrimination, and foreign qualification 23% net discrimination.
formulations that individuals’ needs and general life situation should be taken into consideration when choosing the activities (Statskontoret, 2012); however, in recent years growing attention has been dedicated on the refugee health and well-being in the context of the introduction program, often in terms of providing health and civic information in a mother tongue or providing access to medical consultations.

A newcomer who is participating in the introduction program is entitled to have an individually adjusted introduction plan, which takes into consideration individual’s performance capability. Thus, even though the program is normally set up to be conducted 40 hours per week, it may be reduced to part time if individual performance capability so requires. Because the program in its regular setting is representing a full-day occupation for the newcomers, and because the program is in the central role of providing new skills to newcomers, as well as in opening doors to labor market and wider society, the introduction program is closely attached to participants’ overall well-being, much beyond the more pragmatic issues of only providing health information or access to medical consultations.

The introduction program has been an object of research in terms of its efficiency in providing access to labor market (Emlinsson, 2014). Health aspects and health behaviors of different immigrant groups in Sweden has also been studied, including Kurds (Taloyan et al. 2008), Iraqis (Sundell Leceroif and Stafström, 2011), Thais (Lundberg, 1999), Somalis (Svenberg et. al 2011), and migrants from Liberia and Sierra Leone (Wikström, 2009). There is also information available concerning health promotion strategies (Hyman and Guruge, 2002; Kreuter et al. 2002; Lindencrona, 2008; Maller et al. 2006; Palinkas et al. 2003) and health literacy among

1 The regulations on medical examination of asylum seekers state that the health consultations which are offered to newcomers must include aspects of both physical and mental health, including an evaluation of possible health consequences of traumatic experiences. It has been argued, however, that in practice health consultations are primarily aimed at tracking infectious diseases, while mental troubles often remain undetected, which may then lead into problems during the introduction process (Ljungberg and Holmgren, 2013).
refugees (Barnes and Almasy, 2005; Hansen et al. 2008; Kreps and Sparks, 2008; Zanchetta and Poureslami, 2006); also when health promotion is combined with language learning (Edwards et al. 1992) and the introduction program (Lindencrona 2008).

When the introduction program and health together have been an object of study, it has been explored, for example, to what extent civic and health information has contributed to the health of newly arrived (Sundell Lecerof and Stafström, 2011); or, how the health condition of the newly arrived is taken into consideration in the introduction program and how is it influencing participation in the program (Fundberg, 2012). It has also very recently been studied how the newcomers perceive and experience the introduction program (Tovatt, 2013). Previous research suggests that refugees have very different experiences about the integration program depending on person’s age and gender, type of education, length of stay, and other factors. General conclusions are that the refugees are grateful for the opportunity of starting a new life in Sweden. However, migrants appear to be somewhat critical towards the tendency of authorities and institutions to make decisions and policies without taking into consideration the perspectives and needs of the refugees themselves. Consequently, it has been suggested that the role of migrants in the decision making process would be enhanced (Bevelander, Dahlstedt and Rönqvist 2010); different kind of activities would be developed in order to better respond to the wide variety of needs; and more attention would be dedicated to crises support and mental health (Tovatt, 2013).

There is scarce information available, if any at all, about how the participation in the program itself might influence health and well-being of migrants. Through setting the focus on perceptions and experiences of the newcomers, this study aims to identify conditions in the introduction program which may affect health and well-being of newly arrived refugees. This is done by exploring how newly arrived refugees perceive and experience the introduction program; to what extent introduction program responds to their individual needs; and how newcomers perceive their health and well-being. Following the WHO guidelines, “health” in this
study is understood as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity\(^1\).

The study is designed to serve as a baseline study for MILSA which is a research based support platform for migration and health; a project functioning within Partnerskap Skåne to support the development and integration of a health perspective in the reception of the newly arrived immigrants. The project is financed by the European Refugee Fund.

METHOD

Design
The study has a qualitative design because it is well suited for exploring relatively new and unexplored topics (Creswell, 2013), as well as complex subjective experiences. In addition, as the design has been kept flexible, it has permitted me to dig deeper into appearing leads and redirect attention when needed (Maxwell, 2005). Data for the study was collected using focus group interviews (Morgan, 1998); a mixture of focus group discussions and group interviews, during which participants were encouraged to share their views and experiences and to comment on each other’s experiences and points of view. Discussions revealed themes, concerns and topics of interest which were shared by most participants, but also a wide variety of individual concerns and experiences. The design and setting made it possible to explore reasons behind and connections between different experiences and opinions.

Participants
Participants were recruited with the help of the civic and health communicators (SHKs) of County Administrative Board of Skåne. First, SHKs were informed about the objective of the study and about wished characteristics of potential participants; we were aiming at reaching participants with a wide experience of introduction activities, all adult ages, equally men and women, spread in different geographical locations and representing three main languages (Arabic, Somali and Dari). The SHKs were then contacting potential participants in civic and health classes; potential inform-
nants were told about the set up, objective, voluntary nature and confidentiality of the participation. Based on the interest shown by contacted newcomers, focus groups were formed. Recruitment was relatively uncomplicated as many newcomers were interested in participating; they saw the study as an opportunity to talk about their experiences. After eight focus groups had been carried out, the collected data showed some saturation, and the recruitment was stopped. Of the eight focus groups half consisted of men and half of women. Half of the groups included newcomers from the Middle East (Arabic speaking), two groups included newcomers from Somalia and two from Afghanistan. All together 40 persons were interviewed (19 women, 21 men).

Background information concerning the participants is presented in the tables on the following pages. Informants include adults of all ages, different family sizes and marital statuses, years of schooling and levels of Swedish language proficiency. There are some noteworthy differences between language groups which reflect the general differences between refugee groups in Sweden; for example, participants originating from Syria tend to have small families or no families at all, while participants originating from Somalia have mainly large families. Similarly, many participants originating from Syria have long or very long formal education, while there are relatively more participants who originate from Somalia and Afghanistan and who do not report any formal education from homelands.
Table 1. Participants by gender, language and origin

<table>
<thead>
<tr>
<th></th>
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<th>Somali</th>
<th>Dari</th>
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<td>4</td>
<td>16</td>
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<tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Men</td>
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<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Iraq</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
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<tr>
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<tr>
<td>All men</td>
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Table 2. Participants by age and language

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<td>5</td>
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<td>1</td>
<td>1</td>
<td>2</td>
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<td>10</td>
<td>9</td>
<td>40</td>
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Table 3. Participants by gender and marital status

<table>
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<th>Divorced/widowed</th>
<th>Single</th>
<th>Total</th>
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<td>Women</td>
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<tr>
<td>Men</td>
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<td>Total</td>
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Table 4. Participants by marital status and language

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</tr>
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Table 5. Participants by family size and language

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<tr>
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Table 6. Participants by years of schooling before arrival and language

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Table 7. Participants by SFI-level and gender

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<th>SFI B</th>
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<td>17</td>
<td>15</td>
<td>11</td>
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**Interviews**

In the beginning of each focus group meeting, it was controlled that the participants had understood the objective of the meeting correctly and that they participated voluntarily. Their consent for audio recording was asked and confidentiality of the data was explained. They were also informed that the participation or recording could be interrupted at any time if so wished. Of the 40 participants one person left for another appointment before the interview was over; there were no other interruptions. In each group there was a civic and health communicator (SHK) present as an interpreter, therefore participants were asked to exclude SHKs from their reflections. However, several participants also shared views about civic and health information classes.

The discussions were initiated with a question of the introduction activities which the informants had experience of. This warm-up question helped to get conversation going and set the focus on the introduction process. The interview that followed was divided in three sections. First, participants were reflecting upon the introduction process in general. During this section, participants were encouraged to talk about issues they themselves found important; most participants had some individual issues they wanted raise, and some had pre-prepared notes with them. Second section consisted of semi-structured questions about practical aspects of the introduction program: how was the introduction plan set up and carried through and how were the different courses and activities experienced. Using a 5-step scale, participants were answering to the question of how well the introduction program was responding to their needs. The last section consisted of a short survey which included participant's background information, as well as a self-
evaluation of physical health and mental well-being. Through the whole interview participants were encouraged to compare and to comment possible linkages between their experiences and their health and well-being.

Focus groups were organized in Kristianstad, Helsingborg, Svalöv, Lund and Malmö, in separate areas in libraries, cultural centers, municipality centers and cafés during September-November 2014. Discussions were audio taped and transcribed; except one focus group in which two participants did not give their consent; in that group note taking was used instead. Interviews lasted for two hours on average. In one group the discussion dragged out and the location was closing; the group decided to finish the discussion in a park without audio recording.

**Data analysis**

The audio taped interviews were transcribed verbatim and main themes were identified. In focus groups it often happens that some topics “steal” the attention and are talked a lot about, even though this is not a guaranteed sign that the participants consider such topics most relevant to them personally (Morgan, 1998). Therefore, at the end of each focus group each participant was asked to identify one topic of the several topics that been discussed during the meeting, which he or she personally considered most important; answers to this question helped to identify the central themes in the data. In addition, some topics were taken up by several participants, or in different contexts, which was also interpreted to be an indication of the importance of that particular topic. Transcriptions were systematically checked and compared, and main themes and subthemes were identified. Transcriptions were then reread to control that no important topics were overlooked. Findings were compared with other studies in the field.

Perceptions and experiences which concern issues outside the introduction program; for example, the asylum process, are not included in the final report. In addition, perceptions and experiences concerning different introduction activities and service providers are included in the report only when informants make reference to
health or well-being. References made to SHKs are left out, as they themselves were present during the discussions.
RESULTS

The aim of the study is to understand how newcomers perceive and experience the introduction program and how the participation in the introduction program is connected to health and well-being; with other words, the focus is on the after migration experiences. However, the adaptation process in the new environment is very much influenced by the pre-migration and during migration experiences. Therefore, we start the presentation with Yana, a young Syrian woman who arrived in Sweden about two years ago. She tells the following...

Presentation of Yana – a pioneer

“I was living in Syria with my parents, and my sister...; I was studying chemistry in the university and helping children at a pre-school. But then the war broke out... the future in Syria started to look very grim.... My father died... We needed to do something. My mother thought that I might have better chances in Europe.”

“The trip was dangerous; especially the boat trip.... We were thrown from one boat to another like sack of potatoes. They did not care what happened to us. Children were crying; they were crying all the time.... Smugglers abandoned us when we were approaching Italy. Half a day we were without water hoping that someone would find us.... I thought I was going to die”.

“The trip through Europe took a long time.... Sometimes I was

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1 For the sake of confidentiality, all names are changed.
hiding in a car… I got jailed – but then released again… I was heading to Sweden because we knew that here we would be allowed to stay… I thought I would be able to work here and send money home.”

“When I finally came to Sweden, I was so happy, joyful, full of hope, full of willingness to do something, to start a new life. But then came the long waiting… for the residence permit and before you can start the language course. The waiting is devastating… If there was one thing I could change, it would be to have the right to start language courses immediately. That gab is an awful waste of time; you just sit and wait. You feel so stressed and anxious….. trapped.”

“I do not understand how they expect us to do the introduction, and at the same time solve all the practical problems… I have tried to find a place to live, but I cannot understand what people are saying and they cannot understand me… I was told that even if I waited for two years in this town, I would not be able to find a place to live. What am I expected to do? …To move somewhere else? I cannot sleep at night. I do not know how to solve this…”

“I do not have any family here; my mother and sister are still in Syria… but I have some friends in SFI… I am actually living with them.”

“I would love to know some Swedes, but I do not know how to talk to them. And I feel I always do something wrong… Let me give you an example: I saw an old woman falling in the street, I rushed to her, to help her. But she was raising her hands in rejection and was shaking her head. I did not understand what she was saying but definitely she did not want me to touch her… it made me sad.”

“I have mixed thoughts and emotions. I am grateful for everything, so please do not take me wrong, but still nothing has come out as I expected. I am searching for job, any job, but I
cannot find anything. I see myself as a pioneer... but I feel I have failed in what I came here for. I cannot send money to my mother, and she still has to pay the loan she took for the trip.... My sister has not been at school for more than a year. She says to me “Oh you are so lucky you can study and go to school.” ... In the introduction, they are pressing me with demands, and when I explain how I feel they say “Just take your time. Just take it easy”. How can I take it easy? I cannot fix my life here, and my mother is a widower alone in Syria. I feel ashamed and guilty. I should be able to help them.”

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Yana, similar to most other informants of this study, reports that she has relatively good physical health but that she feels emotionally and mentally burdened. Stories of many informants indicate that the mental well-being of refugees is challenged by a prolonged exposure to multiple stress-factors. In Yana’s story it is possible to identify several elements which according to the theory of refugee adaptation and psychological well-being are linked to mental well-being; firstly, there are indications that the migration has produced a loss and a devaluation of possessed resources (Yana’s education has not served her to find a job in Sweden; the unpaid loan taken by her mother is a burden to her personally); secondly, there appears to be a connection between well-being and unsatisfied needs (Yana needs to find a place to live) and between well-being and life goals (Yana has not succeeded in finding a job); thirdly, external constraints which prevent individual action may aggravate the stress (Yana describes the passiveness during the wait for the residence permit, as mentally very challenging); fourthly, gain of new resources is enhancing well-being (Yana stresses the importance of being allowed to learn the language as early as possible; she also refers to her new friends in SFI as a resource); fifthly, demands which appear too difficult to handle with existing resources aggravate the stress (Yana is describing the difficulties of solving housing problems parallel with participating in the introduction program); and, finally, unexpected negative incidents may negatively influence mental well-being (Yana’s encounter with an elderly lady which she experienced as a personal rejection).
Presentation of Yana, even though very brief, serves to depict the complexity of refugee well-being; and to present some examples how the gain or loss of resources, individual needs and goals, external constraints and demands, as well as unforeseeable incidents may be associated with mental well-being of newly arrived refugees. In the following paragraphs the contextual setting is presented; that is, the elements which condition the experiences in the introduction program.

**A peek into the life of newly arrived migrants**

During the first part of the focus group discussions the informants were encouraged to reflect upon the meaning of the introduction process in general. During this section, participants were encouraged to talk about issues they themselves found important. The common themes which appear from the data are individual goals, family situation and social isolation from the wider society. These themes condition participation in the introduction program and individual well-being.

**Individual goals**

Almost all informants of the study are aiming at establishing a well-functioning life in Sweden, and only a handful of informants tell that they wish to return to their homelands one day. Most informants perceive the introduction as a part of a much longer settlement process; which starts much before the introduction program is initiated and is likely to take longer time to finish than the two years which is reserved for the introduction program. A Syrian middle aged man describes how the settlement and adaptation into the new environment starts from the very moment of setting the feet on the Swedish soil; and how then, one by one, problems are tackled: residence permit, housing, family reunification and hopefully finding a job. Thus, in the time horizon of a newly arrived, the introduction program appears as a relatively brief period. The ending of the introduction program, without having been able to find a work, is feared by many informants, as it is seen by many as a personal failure and a start of an unknown and more uncertain future. A young Afghan man, who wishes that the introduction
program could be prolonged, and a young Syrian man, they both express their views in a similar fashion

“oh no, social office, no-one wants to end up in the social of-

fice”.

 Practically all informants value the residence permit as a major personal achievement, but while to some informants it represents a finish line, a goal achieved, others see it as a starting point for a job search and the new life in Sweden. Among the informants, there are several middle-aged or elderly women with families, who report how they were physically, mentally and emotionally totally exhausted when they arrived in Sweden, and once the residence permit was gained, and it was time to start the introduction program, they faced a big chock; they felt unable to take upon themselves the intense program they were presented with.

However, there are also equally many opposite examples, men without families or young men and women who do not depict themselves as exhausted. These people typically mention that they have not been experiencing war or atrocities personally or that their trip to Sweden was not particularly traumatic. A Syrian highly educated middle-aged man with a recognized professional career tells how he was optimistic, excited and energetic when he arrived in Sweden and how he was eager to start working and establishing a new life here, but how his hopes have gradually vanished as the situation has turned more and more grim. He tells the following:

“I have sent my papers to be homologized but it takes time. Everything takes time. I have tried to contact institutions but it seems that without papers I cannot do anything.... They say that even with papers it might not be enough. But I am not ready to give up my goal. I want to continue in the same career I have.... No, I am not even considering anything else...No, what could it be – in my age? No, I just wait. I go to gym and go for long walks, every day... But I am getting more and more disillusioned.”
Most informants tell that not finding a job is a major stress factor in their lives; this is confirmed by previous research. Practically all male informants, with an exception of one elderly man and those who are in traineeship or about to start one, are mentioning unemployment as a problem, and are telling how stressed they are for the situation. But it is not only men who suffer from the unemployment; also many women, especially those with education or with working experience from homelands tell that they are very stressed for not having a job.

Among the informants are several young women with education who have arrived in Sweden with specific work in mind; however, the younger people appear as more flexible with their future goals. A young Syrian woman says that even though she has certain education, the future may very well take her to other fields. “Time will show”. The more committed the person is to his or her original goal, more confused, disillusioned and critical the person appears to be in the situation when the reaching the goal looks unlikely or very difficult.

To many informants it has come as a surprise that in Sweden there is no easy access to the labor market, and that right kind of qualifications and Swedish language skills are required for getting practically any job, even a very low-skilled job. Some compare their experiences or information they have from some other European countries and wonder why there is no demand for the skills they possess in the Swedish society.

Consequently, some informants perceive the introduction program as a disappointing sidetrack. A young Afghan man is expressing his frustration telling that going back to school (as he perceives the introduction program) was not in his plans; similarly, a young Syrian man who has little formal education but some working experience does not see himself as a literate but more as a practical person. Common to critical views is that these people think that there should be a direct access to labor market in some way or another; if more schooling is needed it should take place alongside working.
If finding a job is the primary goal for most informants, learning the language is the other predominant goal. Therefore, the great majority of informants appreciate the introduction program because it is seen to provide access to language. When asked what kind of benefits they can identify in the program, several informants answer: “It is all about language”. The language is seen as a precondition to any advancement in life, be it to find a work, to go to school or to study, or to be able to cope better in the daily life.

It is some elderly persons or women with large or relatively families who do not mention a paid employment as a personal goal. One elderly man is telling that he does not expect to find a paid job anymore, but his goal is still to be useful one way or another. He tells that his goal is to have a harmonious old age. A middle aged woman with several children is explaining how she and her countrymen have got used to the fact that it is the husband who earns the salary and it is the wife who takes care of the family. Her goal is to have a well-functioning family life.

Several women with little babies tell that they want to be good mothers to their small children, but that it is difficult when one is the introduction program. A Palestine woman with three children tells that she was a much better mother to the two eldest children when they were still living in the Middle East, while now in Sweden the youngest one is suffering as she has never time to be with her children.

“My children are hanging on me and telling how much they need me. I feel I am a terrible mother”, she says.

One informant defines his goal as “to be a good Muslim” and several other informants then join him. When asked how this goal can be associated with the introduction program, informants tell how scheduled activities of the introduction program are conflicting with the religious practices and how the time of Ramadan makes it very difficult for the informants to follow the program. When asked how does it influence the person, one informant answers that it is impossible to concentrate when you know you are not doing what you should be doing. Another one tells how he has been hesi-
tating showing his religious identity but not that he has made his choice and shows it openly he feels much better. He says:

“You know, we have to follow the introduction program because it provides the basic income, but still the religious duty is something totally different – it is much more important”.

Also some previous studies suggest that religious convictions can positively contribute to immigrants’ mental and emotional well-being (Connor, 2010).

Question of goals is closely connected to resources; to their availabil-

ity, to their loss and gain. As the informants are representing all walks of life, they are also possessing widely diverting levels of personal, material, social and cultural resources. In addition, several informants describe how their situation has changed through the time. Some informants perceive that the settlement in Sweden represents a pure resource gain, while some other informants depict it primarily as a resource loss. For example, a young man with little education describes the resource gain the following way:

“I have got used to simple life. We did not have running water in the house, for example; no busses, nor hospitals nearby. Life was very basic there. While here, there is everything. There are many schools, many things one can study. I am working hard. I am hopeful for the future. I believe I am going to succeed. In the future I want to study.”

An opposite example is represented by an informant who has an academic education and several years of professional experience. He reports multiple resource loss, in terms of loss of usable professional skills, devalued education, lost property, missed social status and social networks. To him, no resource gains are yet perceivable. He reports high levels of mental stress.

According to the theory of refugee adaptation and psychological well-being, personal goals, as well as resource loss and gain, are important factors in the refugee well-being (Ryan, Dooley and Benson, 2008). The findings of this study suggest that the pursuit of personal goals may be either facilitated or blocked by the migration and the introduction process. It also suggests that some in-
formants are prioritizing different kind of goals than what are included in the introduction program. If goals are perceived as conflicting the situation may burden individual’s well-being.

When participants perceive that, with the help of the introduction courses and activities, they advance towards their personal goals, participation in the introduction program is positively enhancing their well-being. For example, when a person wants to put all his effort on language learning, and he is then allowed to focus on the language, even on the cost of other activities; the well-being is enhanced. Similarly, if a person is able to find a job or a traineeship in the field of his life goal, he or she feels immediately better.

How big then is the impact of goal loss or goal gain to a person’s well-being? It depends on how committed to the goal the person is and how important the attainment of the goal is to him or her both personally and socially (Ryan, Dooley and Benson, 2008). This could explain why, as seen above, a highly educated middle aged man with long professional career behind him, appears to suffer a more serious set-back to his well-being than a young highly educated woman with little working experience. The man tells how he is deeply committed to continue his previous career with no other options at sight, while the woman is not as committed to her goal but is taking a more flexible approach. In addition, it could be presumed that the man has stronger personal and social pressure to reach the goal, compared to the younger woman.

To summarize, the findings suggest that life goals are connected to well-being in different ways. Well-being appears to be enhanced if the introduction program supports the individual in his or her efforts to reach his or her life goals. However, if these from the outset, appear to be impossible to reach, or if not recognized or supported by the environment, the well-being suffers. In such situations, the stronger the person is holding on to life goals, the stronger is the negative impact on the well-being. The findings also suggest that if personal preferences are in conflict with the introduction program, the motivation to carry through the introduction
program is at stake, and may even be jeopardized. This would undermine potential gains and might lead into drop-out.

Family situation
When describing lives and experiences, a vast majority of the informants refer to their family, and in case of many informants the family is the first thing they want to talk about. All informants who wait for family reunification tell that they are mentally and emotionally burdened by the uncertainty. A Syrian middle aged man who is waiting for a family reunification with his wife and a daughter tells the following:

“I do not understand how it can take so long time, so much bureaucracy. My wife has got to travel long distances and cross the border several times for the meetings. It is extremely dangerous. I am calling her all the time to check if she is all right. I am worrying myself to death. I can hardly sleep or rest properly; and I cannot concentrate”. Another young man in a similar situation is adding: “All of us who wait for the families, we cannot focus on the introduction until the families are here, in safety”.

Then there are the family members who are left behind in uncertainty without a family reunification at sight. Several informants mention that they are in contact with their relatives and family members and follow the situation at home. One informant comes to the meeting visibly upset; she has just heard how her son-in-law who is in the army has been captured by the opposing side. While holding back the tears she says:

“Nothing really matters here. I am so worried that it is aching in my body.”

Among the informants there are some women for whom family is so important that it is difficult to differentiate oneself from the family. Instead of personal goals, these ladies talk about family goals, and instead of personal needs, they talk about family needs. When asked about communication and contacts with an introduction guide (lots), a middle aged woman tells

“Oh, I never talk to him. It is my husband who talks to him.
And then he (lots) signs the paper.”
Sometimes it is the eldest children who act as a buffer between oneself and the wider society. One woman explains:
“My son comes with me when I go out. He translates. So there is no problem with the language.”
And then there is a woman who indicates that she has not got used to speaking up for herself; when the interview is about to finish she says
“it is good that even us (meaning women) are asked our opinion.”
Family is also mentioned as a main source of security and support. One of the youngest informants, a Syrian woman with high school education says the following:
“My life is very good. I have my family here: my parents and five brothers and sisters. And I am lucky as I do not have similar experiences than what the other women have just talked about (referring to war in Syria). I am very happy, I feel safe. My family gives me lots of support. I am confident that I will learn the language, and with time I will figure out what I am going to do in the future.”

The family is most often perceived as a resource, but family is often also a source of stress. What a Palestine middle-aged woman tells, may serve as an example:
“I am in a denial now, completely exhausted and empty. I cannot see my future at all... It is about my son; he has problems. I cannot get him into any school, and there are many other troubles, too. I cannot prioritize myself now.”

Trying to combine family life with the introduction program generates stress to many informants; such accounts are told by both men and women, but especially by women with several children. Informants tell how they struggle with conflicting schedules between children’ schools and the introduction program, and problems with transportation on a daily basis, and how the introduction program is not allowing them to have time together with the family when children have school holidays. A young Syrian woman tells:
“I used to work part time in Syria, and I was able to combine work with children. Here the introduction and family - it is impossible. I understand that we need to adapt, but I do not think we all need to become the same; at least, not immediately.”

A middle-aged woman with four children describes the conditions:

“It is not fair. There is no time to take the bus and go from one place to another. And if you are just a few minutes late, you are punished. They take a minute here, and a minute there, so at the end of the month your money is reduced to nothing. If the activities were in the same place or even in the same town, it would be much better. Now I am just running from one place to another. I have an enormous stress.”

To summarize, many newcomers describe how the closest family is an important source of joy, support and security. Thus, the family may be seen as an asset, in line with personal skills, education and professional experience. The family influences personal goals and needs, and in some cases family issues may even overshadow everything else, and blur the focus on personal needs. As many newcomers are still in the middle of unfinished migration process, family responsibilities put a significant strain on most of them; mentally, emotionally and economically. The findings suggest that as the family is in the minds and hearts of most participants, there is a potential conflict looming between a collective mindset of a newcomer and the individual approach established in the introduction program. With other words, the findings suggest that even if the introduction program is a personal project, it is by many participants understood, practiced and evaluated through the eyes of the family. Consequently, an introduction program, which from a rational and pragmatic point of view should be suitable for an individual, may be experienced as impossible to handle, and thus have a negative impact on well-being.

Isolation from the wider society
Several informants mention isolation or distance from the wider society as one of the main problems in the introduction process; and some even believe that the introduction program is negatively
contributing to the segregation as most activities take place in immigrant groups, in isolation from the surrounding society. One of those who are critical towards the introduction is a young Syrian woman with university education; she says the following:

“My aim is to learn the language as fast as possible, and to find a job, but I am wasting my time in the introduction. I am learning Swedish faster at home alone, by using internet based language course. We are just sitting there, all immigrants together. The introduction is actually working against itself, as it is keeping us separated from the society.”

It is especially women who talk about social distance they experience between themselves and the surrounding society. A young Palestinian woman is pondering if it is her veil which is pushing the people away, while an elderly Syrian woman feels that it is the language which prevents any personal interaction. A middle-aged Syrian man argues that the media is partially responsible for the situation; the media has constructed a stereotypical image of the refugees which does not correspond with the reality. When asked, practically all informants, independently of age, gender or educational background, say that they do not have any Swedish friends or acquaintances, and that it is a problem they want to solve, but do not know how. An elderly Palestinian woman who had come to Sweden alone tells the following:

“The problem is that Swedes keep to themselves, and we to us. There should be some ways to be together. We are very social by nature, but I do not know how to be with Swedes. Things we do at home do not work here. There I could take food with me and go to say hello to my neighbors, but if I did it here, what would they think about me?”

Many informants connect the social isolation to their well-being; a young unmarried Afghan man describes his situation the following way:

“I miss the support I used to have back home. There my people were around me every day. One could share life with others. But here I am alone, no people around me. Loneliness is hard to bear.”
In addition to psychological consequences, most informants argue that the lack of contacts with native Swedes is a serious hindrance for language learning. A young Syrian man is expressing his frustration because people in the street do not understand what he is saying and he does not understand them. Most informants value highly the language course provided by SFI but would prefer it to be combined more with direct contact with native speakers.

In the light of the data collected, we have been able to observe that newcomers join the introduction program with widely different life experiences, resources and expectations. As the new life in Sweden is still very much in the making, newcomers need to focus on basic and most urgent challenges of life. Once issues of housing and family reunification are resolved, many informants experience that more personal resources, attention and energy are released for the introduction program and for learning. The complex situation is made even more challenging by the fact that the life conditions are still changing. A middle aged Syrian man tells the following:

“Those who plan the introduction program should look at the whole picture; how life is in its totality; not only individual activities. Everything is influencing us and the situation changes through time. For example, I was feeling very bad only a few months ago. I was worried for my wife and children; I could not concentrate in anything at all. They (meaning AF) wanted me to go here and there, and here and there. They could not understand how bad I was feeling. Now that my family is here, I can laugh, and I feel stronger.”

In addition, the study suggests that social isolation from the wider society may be seen as an unfulfilled psychological need which prevents a construction of a sense of belonging to the community. It also prevents feelings of being respected, appreciated and wanted and therefore may contribute to ill-health and lack of well-being.

In the following chapter, the attention is moved to the content of the introduction program, and more precisely to the question how well the program is responding to individual needs.
The introduction program – a chance or a burden?
The informants were asked to reflect upon how well the introduction program responds to their individual needs by using a five-step scale (A= very well, B= well, C= average, D= poorly, E= very poorly). Experiences were then compared, and options discussed in the groups.

A general observation concerning the whole group of informants is that participants overall are slightly more critical than satisfied with the introduction program; and this is the case both among men and women. The tendency for critical tones has been established also by other studies (Bevelander, Dahlstedt and Rönnqvist, 2010). Any generalizations to wider population may not be made because of the limited amount of participants; however, in this study the Dari speaking participants lean towards the more satisfied end of the scale, while Arabic speaking participants lean towards the unsatisfied end of the scale. Somali speaking participants are evenly divided through the scale. No clear differences can be observed between the young and the elderly. Those without any formal education and those with long education are both very critical towards the program, while those with short education appear to be satisfied or very satisfied with the program.
The scale used:

A   B   C   D   E

Table 8. Answers by gender

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<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
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<tr>
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<tr>
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Table 9. Answers by language

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<th>D</th>
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<tr>
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Table 10. Answers by years of schooling

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<th>C</th>
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<td>1</td>
<td>10</td>
</tr>
<tr>
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<td>3</td>
<td>1</td>
<td>8</td>
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<td>11</td>
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When judging the value of the introduction program, informants ponder how well the introduction is helping them to reach their aims; namely, learning the language or finding a job or traineeship. In addition, what matters to newcomers is how well the introduction can be adjusted to their personal life situation; to take ad-
vantage of their existing skills, or to take into consideration specific needs and problems.

In the following chapter, six persons are chosen to represent the informants; firstly, Liibaan, Liliane and Payam who are very satisfied with the introduction program, and secondly, Fariba, Abyan and Adhan who are very critical about the program. By retelling their views and arguments the aim is to gain understanding about the circumstances under which the introduction program succeeds in providing support which is valued by the participants, and under what circumstances it may fail to do so. Informants are also making a reference to their health and well-being.

Liibaan, Liliane and Payam – when positive views dominate
Liibaan is a relatively young man from Somalia. He is unmarried and he has a few years of formal education from homeland. He is living in a smaller municipality and he feels he has settled down well in the town where he lives. He is very pleased with the introduction. He considers himself lucky as he has been able to concentrate in language studies in the same municipality where he is living, so he does not need to move around between different towns or different activities. He has time in the evenings to meet his friends, who are other Somalis. He is advancing as planned with his studies. He feels he has a good access to the Employment Service (AF) and to his contact person there; he feels he receives the help he needs and he is hopeful about the future. He feels that both his physical health and mental well-being are good. He is looking forward to starting a traineeship in the near future; it has already been agreed. He hopes that after traineeship he will get a job and his economic situation will then also become better.

Liliane is an unmarried Syrian woman who is living with her parents and brothers and sisters in a relatively large municipality. She had just finished studies at a high school when the security situation worsened and the family decided to leave the country. Even though she is influenced by the war, she tells that she has not expe-

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1 Names and some details are modified for confidentiality. 

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rienced the war so closely that it would have given her any person-
al trauma. She tells that both her physical health and mental well-
being are very good. She feels safe in Sweden, and does not have
any big concerns in her life. She is very satisfied with the introdun-
tion program because it is providing her with the language skills
she needs. She thinks that her understanding of Swedish is getting
better and better now that the program is approaching to its end.
She believes that the time is on her side and that the introduction is
helping her to reach her aim, which is to study in the university one
day. When asked if there is anything how the program could be
improved, she answers that all her friends are other SFI students
and she does not know any Swedes. She would like to get to know
Swedish speaking young people. She believes that it would help her
to learn to speak Swedish properly, but also because she would like
to see how local young people live; what are they interests and how
is the life for them.

The third example is Payam, an Afghan man in his thirties living
with his wife and two children in a large municipality. He has
some technical education and some working experience from Af-
ghanistan where he used to work as a mechanic. After coming here
he contacted Swedish companies with a hope of getting a job but
he was told that he was lacking necessary skills and the language;
but he is determined to make his way into the labor market; if not
in technical field, then in transportations or something else. He is
not expecting the AF to find a work for him but he is more believ-
ing in his own efforts. He knows lots of people and has been able
to create networks among other immigrants, but he finds it very
difficult to have access to any Swedes. He says that it is difficult to
try to talk to anyone as there is no natural context, no common in-
terest or no any place where to make contact. When asked if he
sees any way to improve the introduction, he answers that practical
people like him would benefit if the introduction was less school
like. He appreciates introduction highly, mainly as it provides the
basic living while he is building the new life in this country which
he sees as a land of opportunities. When asked about his health, he
answers that his physical health is average and his mental well-
being is good.
Fariba, Abyan and Adnan – when critical views dominate

Fariba is an Afghan woman in her fourties and she is living without family in a middle sized municipality. She has not gone to school before and she describes herself as an alphabet. She says that she has gone through dramatic changes in her life, in a short period of time. In order to explain what she means she gives an example. She tells that in Afghanistan she was not accustomed to go out in the town alone or take trains and busses. But now, here in a strange environment, she can find her way in the town, even if she cannot read. A smile enlightens her face when she says that her new skills make her feel satisfaction; that she is actually a little bit proud of herself, for how well she has adapted to the new place. Still, Fariba has chosen a very unhappy smiley to express her feelings; when asked about reasons for her choice, she says that many things are not well. To start with it is her health; she is sick in her body and she cannot sleep at night; and she has been so depressed that sometimes she has not known how to continue living. And then is the loneliness; and the fact that she does not have any family here makes things much worse for her. The third reason she gives is the alphabetism; she tells that it makes it impossible for her to learn practically anything in the classroom. She says that she is not stupid but she has just never held a pen in her hand. She has been in the introduction for almost two years but she is still in the lowest level in the language class. She says that learning the language means everything for her because without the language she has no future. When asked how the introduction could be improved, she answers that at the moment alphabetes are invisible in the classrooms.

“When we sit among people, who can much more, and we cannot, one becomes mentally stressed. You have a paper in front of you, but you do not understand anything. You cannot fill it in. You just sit and wait until the teacher comes back to collect empty papers. I feel bad, embarrassed”.

She continues that without more support in the language classes alphabetes land in a negative circle, and are exposed to very high stress. When asked about her health, she answers that her physical health is poor and her mental well-being is very poor.
Another example of a woman who has chosen a very unhappy smiley to depict her feelings is Abyan, a Somali woman in her thirties who is living with a husband and six children. She has not gone to school before. She tells that in Somalia it is the woman who takes care of the family, and it is the husband who provides living. She tells that she finds the life in Sweden very difficult and that if it was possible, she would return back to Somalia. She describes what kinds of problems occur when she is trying to coordinate and carry out the daily introduction activities and to take care of the children; problems in travelling between different towns and different introduction activities; when times do not match and transportation takes time. She tells how she asked from the AF if the activities and classes could be concentrated in one town, but she was told that it was not possible. She tells how the situation changed only after she fell physically ill. She says that

“we are all sick of stress, but nobody is checking us.”

She tells that the stress is not only caused by the intensity of the introduction schedule but it is also a result of not learning the language. She tells how she has been in SFI for almost two years and still she does not understand what people say to her. She remains in the lowest level in SFI, and she says that in the classroom she does not understand anything. She says that situation is even worse in the afternoon activities:

“Afternoon classes are a complete waste of time if one does not understand Swedish. You learn nothing.”

When asked what would be required so that she could feel better, she answers that no person should need to fall ill, before she or he is listened to. She also makes the following remarks:

“everyone should have a chance to talk to the AF; the program should be changed if it does not hang together with children’s schools; and in classrooms more attention needs be dedicated to those who are at the bottom; otherwise, two years of introduction passes by, without any results whatsoever.”

When asked about her health, she answers that both her physical health and mental well-being are poor.

The last example is Adnan, a Syrian man in his thirties who has arrived alone; he has a wife and a child waiting for a travel permission in Turkey. He has long academic education and working ex-
perience from homeland. He has good physical health but is mentally stressed mainly because of concerns for his family but also because of difficulties he is experiencing in the settlement process. He describes how the initial optimism and the belief in own capability is turning into hopelessness and depression.

“There is a barrier, there is a chock. I do not see any access to work. I want to work and not depend on social benefits, but I am in a dead end.”

I ask him to tell reasons why he has chosen a very unhappy smiley, and he tells that to him the introduction program appears unstructured and uncoordinated.

“There is no structure (morning and afternoon classes do not support each other, or some classes like SFI and SHK can take place at the same time), there are no defined goals (it is not clear what the newcomers are expected to learn) and no rules to follow (people are treated differently in similar situations; some are permitted to arrive late without consequences; some receive full benefits with half time program),” he says, and continues

“We are located in different courses and activities apparently coincidentally; and the content what is taught in the classes does not benefit me.”

He continues:

“In addition, one has no chance to influence; it depends on the contact person in the AF, how your day looks like, where you run and when, and if you have any chance to learn anything at all.”

I ask him to be more concrete and he tells as an example how he was placed directly on level C in SFI even though he had recently arrived and did not know any Swedish. He tells how he is sitting in the classroom with people who have been in Sweden for several years; and as a complete newcomer he is not able to follow the teaching in the classroom. Despite his requests he has not been allowed to change to lower level in SFI. He concludes that as the only aim appears to be to fill up individual eight-hour-per day schedule, and different activities are included in the program just to make this possible, the original aim – to help newcomers to learn
the language, to find jobs and to integrate, is forgotten. His final reflection is:

“The negative side effect is that the program is actually working against its own goals; it is hindering language learning and job finding.”

I ask him how such a situation influences him, and he answers:

“When you have not been able to prepare next day’s classes or when you are not able to answer, you feel ashamed. It influences you mentally. You see yourself as a looser who cannot deliver. My stress is getting worse.”

When asked about his health, he answers that his physical health is good but his mental well-being is poor.

When is the introduction a positive experience and when does it become a burden?

Those informants who are most satisfied with the introduction program typically report that they have good health, both physical and mental. They do not mention any traumatic experiences nor are they stressed for split family situation. Satisfied informants typically have their families in Sweden, but it is more often married men than married women who are the satisfied ones; women with large families tell more often that they are troubled both physically and mentally, and they also are less satisfied with the program. Those who are most satisfied with the introduction program have typically a few years’ formal education. None of the analphabets, those who had no formal education what so ever, and none of the very highly educated was among the very satisfied informants.

Satisfied informants have hopes for the future. They experience that they have a good access to and good relationship with their contact persons in the Employment Service, and they trust the contact person’s goodwill and capability. What comes to the language classes, satisfied informants do not have any particular demands concerning SFI: they say that they are able to follow the program and that they make progress. They consider the SFI to be the backbone of the introduction program and think that SFI teachers are generally capable and supportive. Some of the satisfied informants mention introduction guides (lots) as a valuable help in practical
problems. A “good” introduction guide is acting as a translator, a contact person between the participant and the Employment Service, and in one case even as homework help for a child; however, no-one of the informants gave credit to introduction guides for having found a traineeship or providing useful help in finding jobs. According to some informants, introduction guides, “they tend to have more will than skill”.

Informants who are critical towards the introduction program represent a very diverse group in terms of age, gender and ethnic background. Many informants, though not all, of those who are dissatisfied with the program, report poor physical or mental health. Among the most dissatisfied or very critical informants two major subgroups can be identified. Firstly, analphabets who have no formal education from homelands; they report high levels of stress caused by their inability to take advantage of the SFI classes in their present form; consequently, the informants are not advancing in the program and perceive that the two-year long program is about to go in waste. When asked how the situation could be improved, all alphabets answer that the teaching technique should be better adjusted to alphabets; in addition more classroom support is required. This is especially the view of Dari and Somali speaking alphabets who perceive that as they represent a minority among minorities there is seldom one-to-one classroom help available; in addition, their needs are easily ignored in large groups. These people typically report average or poor health, both physical and mental.

The other, very critical group consists of resourceful migrants. They are the informants who have long educations and professional careers as physicians, chemists, university teachers, or they may they have slightly shorter education which is combined with professions as technicians, teachers or entrepreneurs, or they are young academics who have recently gained their degrees. What is common to all these people is that they have arrived in Sweden with high expectations and with a belief that they have the right competence to be able to find an employment quickly. These people typically report good or very good physical health, but very
poor mental health. These people give very mixed reports about SFI. Some informants have finished the whole SFI program relatively fast, while several others perceive that they have been misplaced in wrong groups. Some of them explain that as they have studied and worked only in Arabic, so what comes to Swedish language, they perceive themselves as analphabets. They suggest that a supplementary module should be added to SFI or to SHK which would facilitate the transfer from one language system to another.

Many informants, who report low satisfaction with the introduction program and poor mental well-being, connect these feelings to the lack of control over their own lives. Previous studies suggest that there may be a tendency of authorities and institutions to make decisions and policies without recognizing the perspectives and needs of the refugees (Bevelande, Dahlstedt and Rönnqvist, 2010); in the following chapter we shall look more closely to the interaction between the informants and the AF, from the perspective of the informants. Focus is set on planning, making changes and communication during the introduction. Informants were asked to describe how they were informed about introduction and how the plan was drafted. They were also asked if they had wished to make modifications to the introduction plan later on, and how they experienced such situations.

Why is it difficult to have a leading role in one's own life?
The data collected reveals different procedures, how introduction program is planned, and how much information is provided to newcomers. There are also significant differences in how individuals understand the introduction, and how much they are able to influence its content.

According to the informants, procedures of drafting an introduction plan vary from a very brief introductory meeting to a series of comprehensive meetings. In the shortest version; during the meeting personal data is collected but the meaning of introduction is not thoroughly explained; the meeting is followed by a letter received at home which indicates where and when the person should attend SFI or activities. In this short version, minimum amount of
information is provided and it is mainly concerning the rules of attendance and financial allowance. As the time is short, no options are discussed, no priorities are asked and no wishes are expressed. The short version is time effective as only one short meeting is needed.

An alternative procedure of drafting the introduction plan involves two to three meetings either in groups or individually. One meeting is dedicated to providing information; sometimes a video film is shown which explains the introduction to participants in their mother tongue. During the individual meeting personal data is collected, professional aims are discussed, options are explained, priorities are indicated and the plan is either agreed upon during the meeting or the person receives it by mail.

Almost all informants know that there is an introduction plan which establishes the frame for their participation in the introduction program; but there are some who perceive that there is not any plan but they are just sent to different activities. Most informants experience that they have very little or no influence in drafting their individual introduction plans. A young Somali woman says the following:

"What comes to me, there was no dialogue (with the contact person). He just handed me the paper telling what I should do. They decide. Wherever they sent us, we just go."

A Somali man with basic education described the drafting and decision making the following way:

"She (the contact person at AF) called in a group of persons, thereafter persons one by one, and even third time. She asked me, what I would like to do and we talked. And she writes and writes and writes, but nothing of what I said has come through. The only result is that I go to school."

Many informants say that it is only after they have gained some experience of the introduction courses and activities that they are able to formulate their wishes and needs. Many informants tell that they technically understood what was said in the first meeting, but they did not understand the content of it, what having an introduc-
tion plan really meant on a personal level. Some say that in the meetings there is too little time to understand what it is said and talked about, and some others find the answers and explanations too abstract and difficult to link it to their own life. As there is no real life context, there is no real possibility to understand. Therefore, most informants feel that in the beginning of the introduction program, they are not in the position to ask any clarifying questions or to influence in the drafting of the plan in any significant way.

Some participants describe personal circumstances to show why they were not able to take an active role in the introduction drafting. An Afghan middle aged woman with a large family describes that period of time when her introduction plan was made:

“I was in a very bad shape, mentally. I was stressed. I was listening to him but I could not think. I was so depressed that I did not know how I could continue my life. Because I was so down I did not know what he was talking about. I did not say anything, I just did what he said. I had such a pressure in my head that I was afraid to go to bed in the evening. I was not sure if I would wake up the next morning. I was like that for a long period of time, and I could not do more.”

However, many informants argue that receiving enough clear information is crucial. An Iraqi man with technical education says:

“It is not clear to us what we are supposed to learn, and it is completely random what we participate in. We hear all kinds of things from those who have come before us, but everyone has a different opinion… There does not seem to be any kind of official understanding how things should proceed. Unfortunately, the advice we get from other newcomers, it has mostly been untrue. We are easily misled.”

If perceived that not enough information is available, private initiative can upsurge, as an Afghan man explains:

“As said, the problem is that if one does not know and understand what introduction is all about, what options actually exist inside the program, and what one can expect to learn or do dur-
ing introduction, it is impossible to have any opinions or wish-
es... If I had known, I would have tried to influence more... I
feel that the Employment Service (AF) is not helping me at all; it
is as if they were not on the same side with us.... One has to be
well prepared before one goes to the AF otherwise they can
throw you anywhere... I am now trying to help others, who
come after me. I tell all Afghans who arrive that they should
first come to me, before the first meeting in the AF. I can pre-
pare them to ask the right questions.... If the decision making is
left to the AF, they just think how to fill up the eight hours;
they do not care if the content suits you.”

Most of the highly skilled informants experience that they have
been asked about their personal aims and wishes and that they
have had a good dialogue during the planning. However, many
highly skilled informants conclude that despite the good intentions
to individualize the introduction plan, they still end up having the
same plan than everyone else. As a Somali man with long educa-
tion puts it:

“When I met my contact person for the first time, she had lots
of questions; what I had studied, where was my family, what I
had been working with. It was a lot she wanted to know about
me. But nothing of what I wished or said came true; the same
standard for everyone.”

Most informants perceive that in the beginning of the introduction
they are not capable of taking an active role in planning and deci-
sion making; however, the role appears to remain practically the
same also later on. Despite the fact that the informants have gained
more experience and understanding about the program and its con-
tent, most informants perceive that they do not have an opportuni-
ty to influence the introduction plan in any significant way. Most
informants experience that there is only one-way communication;
that they are informed by a letter when changes are made, or a new
course is starting. A middle aged Somali man recalls:

“I haven’t met my contact person many times. Everything has
been decided in advance and written down what I should do
next. I have not experienced that he has asked my opinion at
any time, or given me any options. I think the plan has been de-
cided beforehand.”

There are several participants, who have understood, or they say
that they have been directly told to, not to try to contact the Em-
ployment Service; and that instead, they would be contacted when
needed. A young Palestine woman tells the following.”No, you are
not allowed to contact them. I asked her telephone number but she
did not give it to me. She said:
“No, you do not contact me, I contact you”.
A young Somali woman describes her situation:
“For me, it goes very bad, with my contact person. I have fin-
ished the SFI but it is totally impossible to reach him. I call and
call and call, but I never catch him, never, never, never. And he
never calls me back.”

A young academic woman without family and with some years of
working experience tells the following:
”Nobody is helping me. I do not know where to get the infor-
mation, what I should do in this situation. My contact person in
the AF does not want to help me. I have tried to call him many
times. I leave messages but he never calls me back. I am com-
pletely lost”.

However, this is not always the case. Some informants describe
that there is a fluent contact between themselves and the AF, and
that they are able to reach their contact persons when needed. An
elderly Syrian woman with long education and professional experi-
ence says:
“Our relation is very good. She always asks my opinion, also in
the beginning she asked me where I would like to start. We
meet once a month and we discuss about things. She does not
take decisions without listening to me. Once she sent me to an
activity, but I did not feel good there. So she came there and
talked to the teacher. She realized that we (informant and the
teacher) did not get along. She called me later on, followed the
situation and finally moved me to another group.”
When asked how it makes feel she answers:

“I feel I can trust her. It makes me feel good”.

A good relationship with a contact person in the AF is perceived to be crucially important. A Syrian man says:

“Your contact person is everything. Your future depends on him.” In the eyes of the newcomers, contact persons have lots of power “as they decide everything”;

and they are expected to be familiar with the activities and courses they are dealing with. A Syrian man says:

“I asked her where the place is, where I should go to, and she did not know. She said that she had never been there. I do not understand. How can she know that it is a suitable place for me, if she has never been there herself?”

Newcomers compare their experiences and perceive that some contact persons are more accessible than others; they perceive that they are treated differently. How this influences a person is very individual. Some take a rational approach, as a Syrian middle-aged man with professional career who ponders the following:

“There comes so many people to Sweden and everyone has to go to the Employment Service. People there, they do not have time to meet us. It means that we lose their support. We do not have anyone to help us”.

He also tells how he is feeling stressed in the situation. Some other informants believe that missing communication is a sign of discrimination which is targeted towards the whole ethnic group; these informants connect such experiences to feelings of mistrust. And finally, there are individuals who believe in personal motives, as a Syrian young woman with an un-finished academic education who says:

“My contact person he clearly doesn’t like me”.

She also tells how she is feeling sad and lost. Importance of having an opportunity to give feedback and to influence the content of introduction plan should not be underestimated. A Somali man describes his feelings:

“Situation feels hopeless. I feel myself smaller than a dog. Maybe it is best to do as the contact person says, but it is not good that we cannot even talk about it. That she does not want to hear what I have to say. That is not good.”
Another Somali man adds:

“That we could be satisfied with introduction, what is needed is that the contact person talks to us. There needs to be a dialogue; not like now when they just decide.”

Several informants report that they have wished to make modifications to the established plan during the introduction process. Their wishes concern change of a language group level, change of location, reduction of hours, change of daily schedules and better balance between language lessons and other courses. In some cases informants explain that they are not able to follow the education in the classrooms and feel that they had been misplaced in wrong groups. Some informants are motivated by personal matters: pregnancy, troubles in coordinating the family life with the introduction activities, and health reasons: either physical symptoms or mental exhaustion.

Most of those who perceive that they have been placed in a wrong group of SFI and who want to start on a lower level, feel that their situation is not understood correctly as seldom are any adjustments made. Similarly, the informants report that the plan is seldom modified if the person is not learning; it is more likely that the person is just kept in the same group for a longer period of time. A Palestine man with some education and practical professional skills tells the following:

“The course was planned to last for three months, but I was sent there over and over again. I ended up staying there for almost two years.”

Many informants perceive that when a person is asking for a transfer because he or she is not learning; it is concluded that “he or she is a slow learner” and that the best solution is to give the person more time in the same activity. Among the informants there are several analphabets who experience that repeating the same course is not the right solution if the hindrances which prevent learning are not taken away. Informants argue that teaching style and class structure should be adjusted so that also analphabets could follow the lessons and make more progress.
Despite the fact that the introduction reform has improved the equal treatment of newcomers on a national level (Tovatt, 2013), on a local level several informants perceive that inequalities prevail. They find it difficult to understand, for example, why some persons are allowed to concentrate on SFI while others are told that SFI must be combined with other activities; or how two pregnant women can have the same half day schedule but economic compensations are calculated differently. There is also the question, to whom should the newcomers turn to when something happens which puzzles their mind; for example, when a newcomer perceives that a service provider is not acting in a proper way, or if he feels intimidated by a service provider, or exploited during the traineeship. As most introduction guides, service providers, interpreters and teachers belong to same ethnic networks than the newcomers themselves, many informants feel that it is very complicated and even risky to search for help and advice in such situations.

To summarize, through the views and experiences of the participants, the introduction appears to be a pre-planned, relatively rigid program, which the participants have only limited chances to influence. In the context of the introduction program, only few participants perceive that they have the leading role in their own lives. Instead, most informants perceive that it is the contact person at the AF who decides over their daily lives. Most newcomers have built extensive social networks among other newcomers, and they share their experiences; they compare the programs and are aware of differences between courses and service providers. Still, most informants feel that they do not have an opportunity to give enough feedback of the activities, or if they have a chance, their opinions have only limited influence in decision making. This contributes to feelings of powerlessness and hopelessness.

The findings suggest that the relationship between newcomers and the AF is of vital importance to most newcomers, and that there exists a connection between how the participants perceive the relationship and their sense of self worth and overall well-being. Necessary resources and skills are called for among those who provide and organize introduction courses and activities, in order to grasp
the complexity of individual situations; to appreciate and take advantage of potentials among immigrants already in existence; to find ways to facilitate interaction with general population; and to support individuals in their thrive towards their personal goals.

In the following chapter we focus on the well-being challenges in the context of the introduction program, both in terms of how the informants themselves perceive their own health and well-being, and how they experience the connection between the introduction program and their own well-being.

**Connections between the introduction program and health and well-being**

Some general observations can be made concerning self-evaluated health and well-being of all informants. Most informants are satisfied with their physical health and perceive that it is average, or better than average; and many feel that it is even very good; and only very few report that it is poor or very poor. The perceptions are opposite when the informants are evaluating their mental well-being as most informants perceive that their mental well-being is poor or very poor. Therefore, among the informants, mental well-being challenges clearly dominate compared to physical health challenges. However, half of the informants do not make any difference between physical health and mental well-being. This could be observed during the interviews when the informants make a connection between the two, either by commenting how physical pain influences the mind and concentration; or, how anxiety and concern turn into sleeplessness and physical pain in the body. One fifth of informants could be called as extreme cases, as one fifth of informants report that they have very good, both physical and mental health; similarly, however, one fifth reports that they are very troubled both physically and mentally. Interestingly, only one informant among twenty reports that their mental well-being is better than physical health; this once again highlights that mental, psychological and emotional health troubles are more common among the informants.

Results of the self-evaluated health and well-being are presented in the following table:
Table 11. Self-evaluated physical health and mental well-being by gender

A= very good, B=good, C=average, D=poor, E=very poor

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<td>Mental well-being</td>
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<td>Physical health</td>
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<td>Mental well-being</td>
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The generally known trend, that elderly newcomers have poorer physical health than the young ones, can be observed also among the participants of this study. Ethnic background does not seem to make any difference in terms of how own health and well-being is perceived; instead, both gender and educational background somewhat change the results. When comparing men and women, women report lower levels of health both physically and mentally. However, it cannot be excluded that it might be easier for women, to report and talk about their health alignments, which could influence the outcome.
Similarly, the educational level appears to have a connection to perceived well-being. Previous studies suggest that people with longer education enjoy better health, especially physical health. In this study physical health and mental well-being are treated separately; most informants with long education report that they have good or very good physical health; some of them also mention health promoting practices they are engaged in including jogging, swimming, gym or long walks; however, majority of the same group reports that they have poor or very poor mental well-being. Among those informants who have short education, health and well-being problems are more evenly scattered, that is mental well-being problems are not as pronounced. But if there is no education at all, mental well-being challenges are once again very pronounced.

When the informants were asked if they could see any connection between their participation in the introduction program and their health or well-being, most informants spontaneously answer that the introduction program has no connection with health or well-being, as the aim of the program is learning the language and finding a work. When given a little more time, a few informants make a connection between their physical health and the program in the sense that physical problems such as high blood pressure, bad eye sight and diabetes make it difficult for them to follow or advance in the program. Several informants also mention that they receive health information in the health and civic classes.

When the informants are asked if participation in the program is somehow influencing their health or well-being, both positive and negative associations are mentioned. Some informants mention that the program is giving them a reason to go out and to meet people and that it provides a structure in life. One informant also acknowledges that in the introduction program she has been doing things she has never done before, which has strengthened her self-esteem. However, much more often the introduction program is seen as something which is putting a strain on participants – a strain which many informants, especially women with children, consider excessive. A handful of informants mention that long days
spent indoors is bad for their health; and a few informants mention bad air quality and noise in overcrowded classrooms also as a strain.

Several informants mention the stress caused by unemployment and how they are afraid of falling on social help if they do not find a job before the introduction period runs out. Some men link these fears to their roles as men and family providers. Many informants who have high education from homelands experience strong personal and social pressure to succeed. These people are struggling in search of new professional identity; some of them mention how their self-esteem is going down and the depression is looming. But it is not only those who have education who suffer from the unemployment. A middle-aged Afghan man tells the following:

"It is good that we have all these opportunities to educate ourselves and to learn to be part of the society. But it is not good that we cannot do anything useful in the community that we just have to sit at home. It is a bad example to our children. When I look around I see a lot what I could do; streets need cleaning, a wall of the school needs painting, garbage in the parks needs to be collected. After a few years without physical job you cannot do anything anymore. At home we got nothing for free. We were fighting hard for the smallest thing to be taken home each day, but we were feeling better. I felt that I had struggled and I succeeded, one more day. Now I am only a burden to myself and to others."

Most informants who have physical problems perceive that their problems have been well attended during the introduction program. Informants who have high blood pressure, a heart problem, diabetes or an eye disease have been sent to medical check-up and once the health problem has been established, their hours in the introduction have been reduced. Similarly, those women who have become pregnant during the introduction process tell that their condition has been taken into consideration and their hours have been reduced, sometimes automatically, sometimes of their own request. A middle aged Somali woman recalls the following:
“I should have gone to an activity but I started to feel bad. I was pregnant at that time. My husband called to my contact person and he arranged that I did not need to go to that activity anymore. And my hours got reduced.”

However, there are also informants who report that their physical health concerns have not been properly attended. A Palestine middle-aged woman tells how she provided a medical statement to show that she had health problems, but the AF had rejected the statement as it was not provided by an authorized source. Still, no further action was taken; the person was not sent to another doctor.

While informants record that physical alignments are generally well controlled and acted upon, the situation is different when it comes to psychological, emotional and mental problems. The informants report how mental “un-well-being” is not well understood (it may be seen as trying to avoid responsibility), or there is not any kind of reaction (informants are suggested “to just to take it easy”), or the person in question is sent to physical health check (and when result shows no physical health problems, the person may return back to his previous program).

Many informants tell that they were already exhausted and even traumatized when they entered Sweden. They mention problems of concentration and memory, sadness and lack of energy. All those who are waiting for their loved ones to come to Sweden, or whose families were scattered in different countries talk about fear and anxiety; how much energy constant worrying is requiring and how helpless they feel as they are unable to provide the protection and help their family members need. Some are describing feelings of guilt as they were in safety while the loved ones are still in danger. For some others, the concern made it impossible to concentrate in integration and language learning. Only when the families are in safety are they able to start looking into the future.

What is common to practically all informants, independently of their background or particular life situation, is that if they are not
able to follow or advance in the program, their stress is worsened. Several informants tell that all the trouble with long days, tight schedules and practical problems would not matter if he or she would be able to advance in the program.\

To summarize, the findings suggest that it is difficult for most newcomers to distinguish between physical health and mental well-being; in addition, on a rational level, it is difficult for most newcomers to make any connection between the introduction program and their health and well-being. For most informants the introduction program provides for basic income, language learning and support for finding a job or traineeship; therefore, it is difficult for many of them to imagine issues of health and well-being in that framework. Still, it appears from the views and experiences of the participants, that many newcomers are exposed to mental, psychological and emotional burdens. Such troubles appear to be common; but also difficult to articulate, to understand and to ask help for.

The findings suggest that there is a two-way relation between the health and the introduction program. On the one hand, participant’s health status is influencing his or her ability to participate and successfully carry through the introduction program, but on the other hand, an intensive full-time introduction program, combined with overall life challenges, may also put a drag on participant’s health and well-being.

Moreover, the findings suggest that satisfaction in the introduction program may correlate with mental well-being, but not necessarily with physical health. Newcomers who report high satisfaction with the introduction program, report also high levels of mental well-being. Similarly, those who are very critical towards the introduction program, estimate their mental well-being to be poor or very poor. The study does not provide us with tools to know if it is the

1 Some informants mention that they consider dropping out of the program. Previous research shows that only about 60 per cent of students manage to pass the first SEI course and about one fourth drop out (Bevelander, Dahlstedt and Rönqvist, 2010). More research would be needed on the conditions which lead to stagnation and drop out despite the motivation to learn.
satisfaction which generates well-being, or is it vice versa. More research is needed on that issue.
Finally there are indications, that during the introduction program, physical health problems are faster and more efficiently attended, than mental well-being issues. It is not clear if this happens because physical symptoms are easier to detect, easier to describe and identify, or because there is more experience and better system at place which may detect and offer treatment to physical problems. However, it may be concluded that there is a risk that especially mental well-being challenges remain undetected and overlooked during the introduction program, as many newcomers experience that their feelings of lack of well-being are seldom believed, understood or acted upon.

In the following chapter all the main findings of the study are compiled and briefly summarized.
SUMMARY

It has been previously documented that immigrant population in Sweden enjoys a lower level of physical and psychological health than native-born Swedes, and that especially newly arrived refugees would benefit from more crises support than what is available today. The aim of this study was to identify conditions in the introduction program which may affect health and well-being of newly arrived refugees. This was done by exploring how newly arrived refugees perceive and experience the introduction program; to what extent introduction program responds to their individual needs; and how newcomers perceive their health and well-being. For the study, 40 individuals were interviewed in eight focus groups during the last few months of 2014.

The presentation of the findings is started with the story of Yana, a young Syrian woman, who similar to most other informants of this study, provides several examples how she feels emotionally or mentally burdened. Her story serves as an example of how a prolonged exposure to multiple stress-factors may challenge the mental well-being of migrants.

In the first part of the study, titled “A peek into the life of newly arrived migrants”, it is discussed how individual goals, family situation and perceived social isolation from the wider society may condition individual well-being and participation in the introduction program. As newcomers represent all walks of life, life goals vary accordingly, often beyond the objectives which are identified and included in the introduction program. The findings suggest
that life goals are connected to well-being in different ways. Well-being appears to be enhanced if the introduction program supports the individual in his or her efforts to reach his or her life goals. However, if these from the outset, appear to be impossible to reach, or if not recognized or supported by the environment, the well-being suffers. In such situations, the stronger the person is holding on to life goals, the stronger is the negative impact on the well-being. The findings also suggest that if personal preferences are in conflict with the introduction program, the motivation to carry through the introduction program is at stake, and may even be jeopardized. This would undermine potential gains and might lead into drop-out.

Further, many newcomers describe how the closest family is an important source of joy, support and security. Thus, the family may be seen as an asset, in line with personal skills, education and professional experience. The family influences personal goals and needs, and in some cases family issues may even overshadow everything else, and blur the focus on personal needs. As many newcomers are still in the middle of unfinished migration process, family responsibilities put a significant strain on most of them; mentally, emotionally and economically. The findings suggest that as the family is in the minds and hearts of most participants, there is a potential conflict looming between a collective mindset of a newcomer and the individual approach established in the introduction program. With other words, the findings suggest that even if the introduction program is a personal project, it is by many participants understood, practiced and evaluated through the eyes of the family. Consequently, an introduction program, which from a rational and pragmatic point of view should be suitable for an individual, may be experienced as impossible to handle, and thus have a negative impact on well-being.

In addition, the findings suggest that social isolation from the wider society is perceived as a significant problem by many newcomers. Social isolation may be seen as an unfulfilled psychological need which prevents a construction of a sense of belonging to the community. It also prevents feelings of being respected, appreciated
and wanted and therefore may contribute to ill-health and lack of well-being.

The findings of the second part of the study, titled “The introduction program – a chance or a burden?”, indicate that newcomers join the introduction program with widely different life experiences, resources and expectations. As the new life in Sweden is still very much in the making, newcomers need to focus on basic and most urgent challenges of life. Once issues of housing and family reunification are resolved, many informants experience that more personal resources, attention and energy are released for the introduction program and for learning. Through the views and experiences of participants, we have been able to gain more understanding about the circumstances under which the received support is valued by the participants, and under what circumstances the introduction may fail to provide valued assistance.

In the chapter, titled “Why is it difficult to have a leading role in one’s own life?” the focus is set on the practical aspects of the introduction program; its content, decision making, changes made and communication. Through the views and experiences of the participants, the introduction appears to be a pre-planned, relatively rigid program, which the participants have only limited chances to influence. In the context of the introduction program, only few participants perceive that they have the leading role in their own lives. Instead, most informants perceive that it is the contact person at the AF who decides over their daily lives. Most newcomers have built extensive social networks among other newcomers, and they share their experiences; they compare the programs and are aware of differences between courses and service providers. Still, most informants feel that they do not have an opportunity to give enough feedback of the activities, or if they have a chance, their opinions have only limited influence in decision making. This contributes to feelings of powerlessness and hopelessness.

The findings suggest that the relationship between newcomers and the AF is of vital importance to most newcomers, and that there exists a connection between how the participants perceive the rela-
tionship and their sense of self-worth and overall well-being. Necessary resources and skills are called for among those who provide and organize introduction courses and activities, in order to grasp the complexity of individual situations; to appreciate and take advantage of potentials among immigrants already in existence; to find ways to facilitate interaction with general population; and to support individuals in their thrive towards their personal goals.

In the chapter titled “Connections between the introduction program and health and well-being” there are indications that it is difficult for most newcomers to distinguish between physical health and mental well-being; in addition, on a rational level, it is difficult for most newcomers to make any connection between the introduction program and their health and well-being. For most informants the introduction program provides for basic income, language learning and support for finding a job or traineeship; therefore, it is difficult for many of them to imagine issues of health and well-being in that framework. Still, it appears from the views and experiences of the participants, that many newcomers are exposed to mental, psychological and emotional burdens. Such troubles appear to be common; but also difficult to articulate, to understand and to ask help for.

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Moreover, the findings suggest that satisfaction in the introduction program may correlate with mental well-being, but not necessarily with physical health. Newcomers who report high satisfaction with the introduction program, report also high levels of mental well-being. Similarly, those who are very critical towards the introduction program, estimate their mental well-being to be poor or very poor. The study does not provide us with tools to know if it is the
satisfaction which generates well-being, or is it vice versa. More research is needed on that issue.

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CONCLUSIONS

People, who arrive in Sweden as refugees, does so burdened with numerous traumas, worries and problems. It cannot be expected, or even hoped for, that all these challenges could be dealt with, in a short time span, if at all. What we can hope for is to alleviate some of the problems, through a proactive and well-functioning introduction program. The focus should be directed towards the most pronounced imbalances and barriers in the integration efforts, and deal with them consistently, in a structured and individual manner, to the extent possible.

A typical newcomer does not want to be seen as a client, but to be in a leading role of his or her own life; an individual who is striving to obtain, retain, protect and foster things that he or she values. Therefore, it is necessary to ask, how to facilitate or support such strive, and how to keep at bay factors which challenge individual health and mental well-being.

Participants to this study report a wide variety of individual and systemic factors which are potentially undermining their health and well-being during the introduction process. For some newcomers it is the aftermath of traumatic incidents experienced before and during the migration, loss of friends and relatives, and separation from the closest family members, which are the most challenging demands they face; while to others the key issues include practical unsolved problems in the new life in Sweden, lost or devalued resources and skills, meaninglessness of daily activities, powerlessness and limited control over one’s life, difficulties in understand-
ing one’s surroundings and communicating with locals, social isolation and loneliness, and experienced misplacement or stagnation in the introduction program or in job search. Results set special attention on mental well-being needs as most informants perceive themselves as more challenged in terms of mental well-being than in terms of physical health.

Some of the well-being challenges which in the present picture are in risk of remaining undetected or perhaps deserve more attention are shown in the following graph.
Un-well-being among newly arrived migrants

- Trauma
- Physical pains
- Painful memories and fear
- Worries and anxiety
- Mistrust and feelings of insecurity
- Loss of identity
- Loss of self-esteem
- Apathy and depression
- Stress
- Loss of memory and concentration
- Insomnia
- Physical pains
- Painful memories and fear
- Worries and anxiety
- Mistrust and feelings of insecurity
- Loss of identity
- Loss of self-esteem
- Apathy and depression
- Stress
- Loss of memory and concentration
- Insomnia
As the migrant population is increasingly diverse both in terms of resources and challenges, the receiving system is likewise under increasing pressure. The findings suggest that there is a potential clash between the newcomers and the system; and that the system is pulled in many directions. The needs and expectations of the newcomers are very wide and diverse, as they try to solve all life problems simultaneously. The most resourceful newcomers expect flexibility and individual support in order to benefit from the program; and the least resourceful newcomers cannot hang on in the program, and need more support and attention. All newcomers are greeted with relatively narrow and pragmatic approach by the system.

Simultaneously with this struggle for limited resources and attention, and problems of prioritization between different target groups and individuals, there is a silent cry for more attention for mental well-being; because of unattended psychological traumas but also because of growing mental stress for perceived stagnation and hopelessness.

Two main roads to support mental well-being can be identified; firstly, to dedicate more direct attention to mental-well-being issues. Decisive steps need to be taken so that mental health issues are better identified and more efficiently attended; such steps are exemplified in the following graph.
Setting the migrant mental well-being in the focus

Mental well-being

- Awareness of the problem
- Information about complexity of the topic
- Identification of individual needs
- Opportunities to talk
- Specialized help and support
The other way forward, is to improve the introduction system so that it would better attend individual needs. As mentioned earlier, Ryan, Dooley and Benson (2008) have studied the psychological well-being of forced migrants in Western countries in the context of the adaptation into the new environment. They conclude that well-being is most seriously challenged when loss or devaluation of existing resources is combined with limited opportunities in the new society; when basic needs are unmet, when life goals are blocked and when the person in question is exposed to demands which are perceived unmanageable. If we apply the model to the collected data, several observations can be made.

In order to take the program towards more well-being a catalogue of queries should be reflected upon:

- How could the individual’s loss of existing resources be minimized?

- How could the individual’s potential resource gains be maximized?

- How could the introduction program take its outset in individual goals and needs in an improved manner?

- How to define and curb excessive demands?

- How could the program better deal with constraints in access to labor market and the wider society?

There are no simple answers to these questions; a number of suggestions inspired by this study, including its many immigrant voices, can be found in a final graph overleaf.
### Improving the introduction for better well-being

<table>
<thead>
<tr>
<th>Minimize personal resource loss</th>
<th>Maximize personal resource gain</th>
<th>Outset in individual goals and needs</th>
<th>Curbing excessive demands</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify existing skills and resources</td>
<td>Prevent stagnation in the program</td>
<td>Focus on aims and outcomes instead of hours</td>
<td>Look at the whole picture</td>
<td>Provide support in recognition of existing skills and qualifications</td>
</tr>
<tr>
<td>Use existing skills creatively</td>
<td>Minimize drop-outs</td>
<td>Reserve time for good communication</td>
<td>Avoid unnecessary demands</td>
<td>Provide opportunities for social interaction with native Swedes</td>
</tr>
<tr>
<td>Use the introduction guides more effectively</td>
<td>Provide fast track for independent learners</td>
<td>Provide opportunity for regular contact</td>
<td>Avoid overlapping schedules</td>
<td>Provide better access to jobs</td>
</tr>
<tr>
<td></td>
<td>Take better advantage of home study and IT-based learning</td>
<td>Allow feedback</td>
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