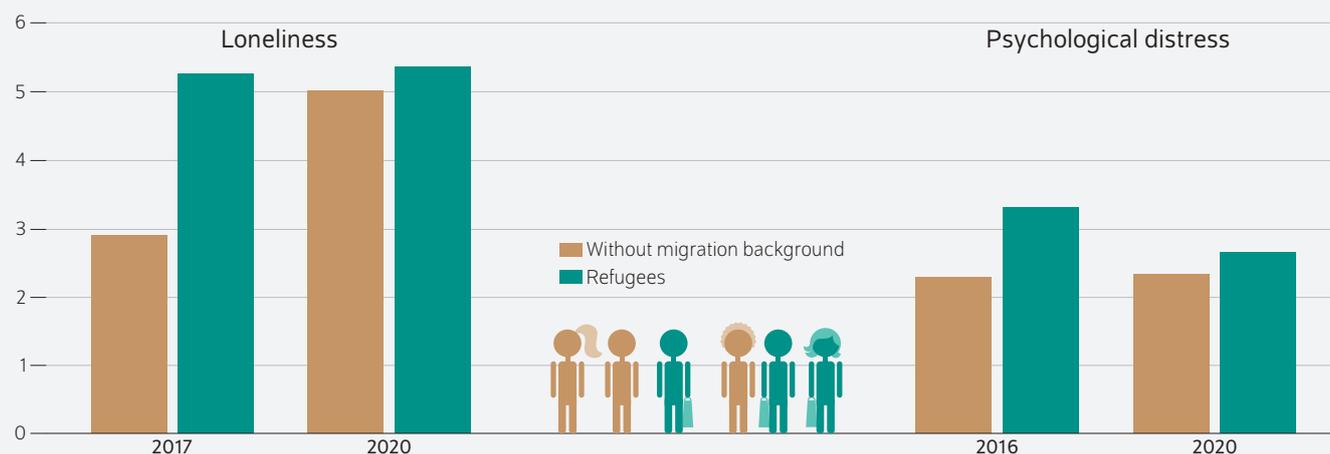# Refugees' mental health during the coronavirus pandemic: psychological distress and continued loneliness

**By Theresa Entringer, Jannes Jacobsen, Hannes Kröger, and Maria Metzing**

- Psychological distress of refugees remained high over the first months of the coronavirus pandemic

- Before the pandemic, refugees were significantly lonelier than the rest of the population; this leveled off during the first months of the pandemic

- On average, in 2017, refugees were as lonely as people without a migration background were during the first months of the coronavirus pandemic in 2020

- Causes are a lack of social participation due to language barriers, a lack of employment, and low disposable household income

- Investments in language education and better labor market access are necessary to support integration and combat loneliness and psychological distress

**In 2017 refugees were as lonely as people without a migration background at the beginning of the coronavirus pandemic**

Index from 0 (not lonely/no distress) to 12 (very lonely/high distress)



Sources: SOEP, IAB-BAMF-SOEP Survey of Refugees in Germany, v.36, SOEP-CoV supplementary surveys, weighted.

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**FROM THE AUTHORS**

*"Mental health must not be ignored when discussing integration, as psychological distress can present additional hurdles that refugees must overcome in an already difficult situation on the path to social participation."*

*— Hannes Kröger, study author —*

**MEDIA**



**Audio Interview** with H. Kröger (in German)
**www.diw.de/mediathek**

# Refugees' mental health during the coronavirus pandemic: psychological distress and continued loneliness

**By Theresa Entringer, Jannes Jacobsen, Hannes Kröger, and Maria Metzing**

## ABSTRACT

Many people are suffering from the consequences of the coronavirus pandemic. Refugees, however, belong to one of the underpriviliged groups in many areas of society. They are more likely than average to live in overcrowded living quarters such as community housing and are thus exposed to a higher risk of infection. At the same time, even before the pandemic, they were more likely than average to experience severe psychological distress and could thus be particularly affected by it. This Weekly Report analyzes how the first months of the coronavirus pandemic impacted the mental health of refugees and shows that their psychological distress is still high in 2020. In addition, refugees continued to feel very lonely during this time. Refugees' mental health should therefore be monitored closely to be able to both combat increasing psychological distress and reduce existing loneliness, two factors important to successful integration.

For most people, the coronavirus pandemic is a life-altering experience. A number of studies have shown that the pandemic and the associated containment measures affect peoples' daily lives to different degrees.[1] One disadvantaged group for which no reliable findings are yet available is refugees. They are more likely to live in overcrowded living spaces such as community housing and are therefore exposed to a high risk of infection, which is associated with more worries. At the same time, even before the pandemic, refugees were more likely than average to experience psychological distress and felt significantly more lonely than people with or without a migration background.[2] Therefore, this Weekly Report investigates to what extent the first months of the coronavirus pandemic affected the mental health of refugees in Germany compared to people with and without migration backgrounds living in Germany. The data for this Weekly Report comes from the IAB-BAMF-SOEP Survey of Refugees in Germany, in which asylum seekers who moved to Germany between 2013 and 2016 participate, as well as data from the Socio-Economic Panel (SOEP) and two special surveys concerning the coronavirus pandemic—one with a focus on refugees, the other on people living in Germany—conducted over the course of the coronavirus pandemic (Boxes 1 and 2).

## Refugees assess their own health positively during the pandemic

In general, the majority of refugees assess their own health positively. In each of the years from 2016 to 2019, between

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**1**   Carsten Schröder et al., "Vor dem Covid-19-Virus sind nicht alle Erwerbstätigen gleich," *DIW aktuell* 41 (2020) (in German; available online; Accessed on February 18, 2021. This applies to all other online sources in this report unless stated otherwise); Theresa Entringer and Hannes Kröger, "Einsame, aber resilient – Die Menschen haben den Lockdown besser verkraftet als vermutet," *DIW aktuell* 46 (in German; available online); Markus Grabka, Carsten Braband, and Konstantin Göbler, "Beschäftigte in Minijobs sind VerliererInnen der coronabedingten Rezession," *DIW Wochenbericht* no. 45 (2020): 841-847 (in German; available online); Mathias Huebener, C. Katharina Spieß, and Sabine Zinn, "SchülerInnen in Corona-Zeiten: Teils deutliche Unterschiede im Zugang zu Lernmaterial nach Schultypen und -trägern," *DIW Wochenbericht* no. 47 (2020): 853-860 (in German; available online).

**2**   Herbert Brücker et al., "Geflüchtete machen Fortschritt bei Sprache und Beschäftigung," *DIW Wochenbericht* no. 4 (2019): 55-70 (in German; available online); Maria metzing, Diana Schacht, and Antonia Scherz, "Psychische und körperliche Gesundheit von Geflüchteten im Vergleich zu anderen Bevölkerungsgruppen," *DIW Wochenbericht* no. 5, 63–72 (in German; available online).

70 and 80 percent of the refugees reported good to very good health. During the first months of 2020, this proportion rose to over 90 percent. A similar trend can be seen for population groups without a refugee background (Figure 1). Thus, the increase can likely be primarily attributed to the fact that during the pandemic, people assessed their own health compared to people sick with COVID-19. Therefore, the increase very likely does not reflect an actual improvement in respondents' health. Furthermore, refugees assess their health most positively compared to other population groups, followed by people with an indirect migration background as well as people with a direct or without a migration background.[3] That refugees generally assess their health more positively than other population groups is primarily due to the fact that they are comparatively young. A similar situation emerges for people with an indirect migration background: while they do not assess their health as positively as refugees, they assess it significantly better than people with a direct or without a migration background. This observation can likely also be explained by the younger age of people with an indirect migration background. Interestingly, people with a direct migration background and people without a migration background assess their health similarly, both in 2019 and during the pandemic.

## Psychological distress unchanged compared to previous year

In 2016 and 2019, the psychological distress refugees experienced was greater than that of people with and without a migration background (Figure 2). In 2019, however, refugees reported psychological distress slightly less than in 2016. However, it is not clear if refugees' mental health has actually improved or if the composition of the group has changed over the years. This could be the case if, for example, refugees with high levels of psychological distress left Germany more frequently between 2016 and 2019 than refugees with less psychological distress.

In 2019, before the pandemic, people with an indirect migration background and people without a migration background experienced similar levels of psychological distress. People with a direct migration background experienced somewhat more distress, but not as much as refugees. Interestingly, over the course of the pandemic, there was a significant increase in the psychological distress experienced by people with direct and indirect migration backgrounds. At the same time, the psychological distress experienced by refugees and by people without a migration background remained relatively stable (Figure 2). During the first months of the coronavirus pandemic, refugees and people with a migration background experienced similar levels of psychological distress, but this is due to the increase in distress among people with a migration background. Therefore, in the future it should be monitored whether refugees will experience a deterioration of their mental health in the medium or long term.

Figure 1

**Self-assessed health as good or very good**
Share of respondents in percent
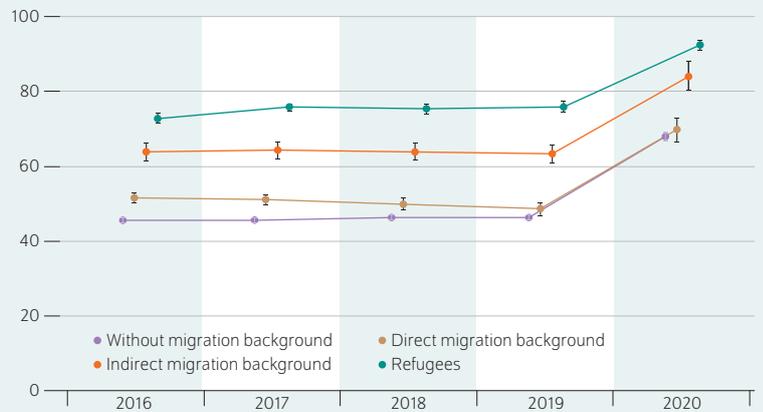


Notes: The survey question is "How would you describe your current state of health?" Health status is surveyed using a scale of 1 ("very good") to 5 ("poor"). A person has a migration background if they (direct migration background) or at least one parent (indirect migration background) were not born with German citizenship.

Sources: SOEP, IAB-BAMF-SOEP Survey of Refugees in Germany, v.36, SOEP-CoV supplementary surveys, weighted.

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During the pandemic, respondents assessed their own health markedly better, presumably because they were comparing themselves with people who were sick with COVID-19.

Figure 2

**Self-assessed psychological distress**
Index from 0 (no distress) bis 12 (high distress)
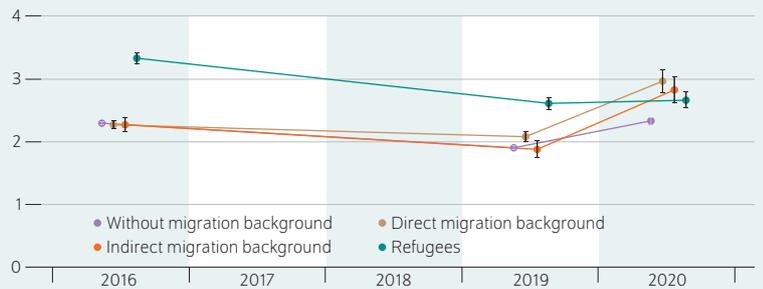


Notes: The survey questions are: These questions concern the past two weeks. How often did you feel affected by the following complaints: (1) little interest or pleasure in your activities, (2) feeling down, melancholy, or hopeless, (3) feeling nervous, anxious, or tense, (4) not being able to stop or control your worrying? Respondents can answer using a five-point scale from 0 ("not at all") to 4 ("(almost) every day"). The psychological distress is the sum index of the three questions (scale from 0 to 12). A person has a migration background if they (direct migration background) or at least one parent (indirect migration background) were not born with German citizenship.

Sources: SOEP, IAB-BAMF-SOEP Survey of Refugees in Germany, v.36, SOEP-CoV supplementary surveys, weighted.

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The psychological distress of refugees is greater than the psychological distress of people without a migration background.

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**3** A person has a migration background if they (direct migration background) or at least one parent (indirect migration background) were not born with German citizenship.

**Figure 3**

## Self-assessed loneliness
Index from 0 (not lonely) to 12 (very lonely)
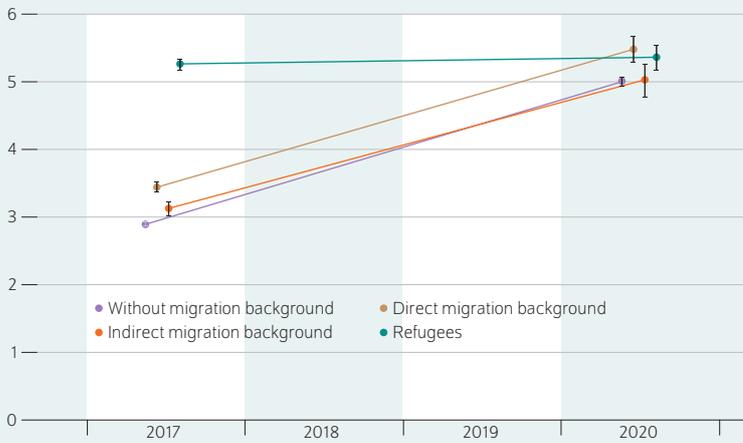


Notes: The questions were: (1) How often do you have the feeling that you miss the company of others? (2) How often do you have the feeling of being left out? (3) How often do you feel that you are socially isolated? The respondents answered using a five-point scale from 0 ("never") to 4 ("often"). Subjective loneliness results from the sum index of the three questions (scale from 0 to 12). Higher values indicate stronger feelings of loneliness. A person has a migration background if they (direct migration background) or at least one parent (indirect migration background) were not born with German citizenship.

Sources: SOEP, IAB-BAMF-SOEP Survey of Refugees in Germany, v.36, SOEP-CoV supplementary surveys, weighted.

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In 2020, the increase in loneliness for people without a refugee background was so great that they felt as lonely as refugees in Germany felt in 2016 and 2017.

Observing the causes of refugees' psychological distress shows that a lack of German language skills and a low disposable household income are associated with greater psychological distress (Figure 4). For example, refugees who have German language skills report an average of 0.4 points lower psychological distress than refugees who do not have German language skills. Moreover, psychological distress decreases on average by 0.15 points per every 100 euros more of disposable household income.

## Refugees continue to experience loneliness

In the first months of the coronavirus pandemic, refugees indicated they were about as lonely as they felt in 2016 and 2017. Simultaneously, the loneliness of people with and without migration backgrounds skyrocketed: The absolute increase in loneliness for people without a refugee background is so large that they felt as lonely in 2020 as refugees felt in 2016 and 2017 (Figure 3). Interestingly, for loneliness, a picture similar to how groups experience psychological distress emerges: people with an indirect or without a migration background are similarly lonely over all survey time points, while people with a direct migration background are somewhat less lonely. Until the onset of the pandemic, refugees are the loneliest of the groups. In other words, in 2016 and 2017, refugees felt as lonely as most people feel in the middle of a lockdown. Therefore, from a health policy perspective it is important to observe how long loneliness

## Data

The present analyses are based on four data sources: (1) the IAB-BAMF-SOEP Survey of Refugees in Germany, which covers the survey years 2016 to 2019; (2) the special survey of the IAB-BAMF-SOEP Survey of Refugees 2020 on the Coronavirus Pandemic; (3) the Socio-Economic Panel (SOEP), a representative survey of the German population encompassing the survey years 2016 to 2019; and (4) the accompanying special survey "The Spread of the Coronavirus in Germany: Socio-Economic Factors and Consequences (SOEP-CoV)" conducted in 2020.1

All results refer to adults who participated in the respective surveys (see Table 1 for case numbers per year and population group).

### IAB-BAMF-SOEP Survey of Refugees in Germany

The IAB-BAMF-SOEP Survey of Refugees in Germany[2] is a representative longitudinal survey of refugees who came to Germany seeking asylum.[3] All household members of a selected respondent are invited for an interview. The sample was randomly selected from the Central Register of Foreigners. In the first survey year, the target population was asylum seekers who came to Germany between January 1, 2013, and January 31, 2016, and were registered in the Central Register of Foreigners by June 30, 2016. In the survey year 2017, the sample was expanded to include refugees who came to Germany by December 31, 2016, and were registered by January 1, 2017. Generalizable statements on asylum seekers who came to Germany between January 1, 2013, and December 31, 2016, and their household members can be reached using a statistical weighting procedure.

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**1** For our analyses, refugees were excluded from the SOEP and SOEP-CoV.

**2** The survey is financed from funds of the budget of the Federal Employment Agency (*Bundesagentur für Arbeit*) allocated to the research budget of the Institute for Employment Research (*Institut für Arbeitsmarkt- und Berufsforschung*, IAB) and from funds of the budget of the Federal Ministry of Education and Research (*Bundesministerium für Bildung und Forschung*).

**3** Simon Kühne, Jannes Jacobson, and Martin Kroh, "Sampling in Times of High Immigration: The Survey Process of the IAB-BAMF-SOEP Survey of Refugees," *Survey Methods: Insights from the Field* (2019) (available online).

persists. In particular, it makes a difference if loneliness only occurs once and for a short period of time or if it occurs over a longer period of time. Chronic loneliness in particular can be a cause for other serious mental or physical illnesses.[4] Moreover, sustained loneliness is frequently associated with further social withdrawal, which can negatively affect

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**4** Luise C. Hawkley and John T. Cacioppo, "Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms," *Annals of Behavioral Medicine* 40, no. 2 (2010): 218–227.

Table

## Case numbers of the analyses by population group and year

| Survey year | People without migration background | People with direct migration background[1] | People with indirect migration background | Refugees | Total |
|---|---|---|---|---|---|
| 2016 | 18,127 | 4,357 | 1,537 | 4,379 | 28,400 |
| 2017 | 20,468 | 4,133 | 1,665 | 5,527 | 31,793 |
| 2018 | 19,756 | 3,865 | 1,646 | 4,392 | 29,659 |
| 2019 | 20,429 | 3,402 | 1,649 | 3,906 | 29,386 |
| 2020 | 5,560 | 744 | 322 | 1,399 | 8,025 |

1  A person has a migration background if they (direct migration background) or at least one parent (indirect migration background) were not born with German citizenship.

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### Special survey of the IAB-BAMF-SOEP Survey of Refugees in Germany on the Coronavirus Pandemic

In 2020, a telephone-based special survey was conducted based on the IAB-BAMF-SOEP Survey of Refugees.[4] This took place between July and August 2020 and focused on the respondents from 2019. One member of each household was interviewed on coronavirus-specific topics. Overall, 1,439 respondents were successfully interviewed.

### The Socio-Economic Panel (SOEP)

The SOEP is a representative annual survey of private households and people in Germany that has been conducted in western Germany since 1984 and has included eastern Germany since 1990.[5] Every year over 30,000 people from around 19,000 households are surveyed on behalf of DIW Berlin together with Kantar Public. The respondents include people without migration backgrounds as well as immigrants and their descendants.

### The Spread of the Coronavirus in Germany: Socio-Economic Factors and Consequences (SOEP-CoV) Study

The SOEP-CoV survey is a special survey conducted by the Socio-Economic Panel.[6] It is divided into nine samples (tranches) to collect specific information on the living situation of private households and individuals in Germany during the first coronavirus lockdown in spring 2020 and the period after. The tranches are designed so that they reflect all private households in regard to their composition. They refer to periods of two weeks (tranches 1 to 4) and one week (tranches 5 to 9), respectively, which makes it possible to depict the trajectory of the coronavirus crisis and the associated impact on private households up to the summer of 2020. The survey began on April 1, 2020, and was concluded on July 4, 2020. Overall, respondents from almost 7,000 households could be surveyed.

The data used for this Weekly Report refer to different survey periods. Because pandemic-related and political events in 2020 in Germany were very dynamic, it is possible that answers about health change depending on when the question is asked, and thus differences would not be due to the characteristics of the groups being compared but rather the survey date. To counteract this effect, multivariate regression models controlled for daily new cases in Germany and for whether the survey was conducted during and after the first lockdown (period of strict contact restrictions; cutoff date May 6).

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**4**  Joseph W. Sakshaug et al., "Impacts of COVID-19 Pandemic on Labor Market Surveys at the German Institute for Employment Research," *Survey Research Methods* 14, no. 2 (2020): 229–233.

**5**  Jan Goebel et al., "The German Socio-Economic Panel (SOEP)," *Jahrbücher für Nationalökonomie und Statistik* 239, no. 2 (2019): 345–360.

**6**  Simon Kühne, Martin Kroh, Stefan Liebig, and Sabine Zinn, "The Need for Household Panel Surveys in Times of Crises: The Case of SOEP-CoV," *Survey Research Methods* 14, no. 2 (2020): 195–203.

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refugees' integration.[5] Therefore, the high levels of loneliness among refugees must be given more attention in the future, independent of the pandemic.

The causes of loneliness in refugees are multifaceted: a lack of German language skills as well as a low income or no

employment indicate a lack of social participation and are associated with loneliness (Figure 4). For example, refugees with German language skills are on average almost 0.5 points less lonely than refugees without German language skills. If refugees are employed, they are on average 0.4 points less lonely than unemployed refugees, and as disposable household income (in 100 euros) increases, their loneliness decreases on average by about 0.2 points.

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**5**  John T. Cacioppo and Luise C. Hawkley, "Perceived social isolation and cognition," *Trends in cognitive sciences* 13, no. 10 (2009): 447–454.

## Survey content

This Weekly Report is based on three key constructs, which were surveyed equally in all four studies.

### Self-assessment of health

Respondents' current health was surveyed annually using a five-point scale ("very good" =1 to "bad" =5). For the analyses, answers were divided into two groups: "very good" and "good" as well as "satisfactory," "less good," and "poor." In the analyses, the share of people who reported "good" or "very good" health is indicated.

### Psychological distress (PHQ4)

Psychological distress is assessed using a four-brief questionnaire that includes symptoms of depression and anxiety. A sum index scaled from 0 to 12 is used to measure psychological distress. The higher the value, the stronger are the two main symptoms

of a generalized anxiety or depressive disorder. This brief questionnaire was conducted in 2016, 2019, and 2020 as a part of the special surveys.

### Loneliness

Loneliness results from the sum index of three questions: (1) How often do you have the feeling that you miss the company of others? (2) How often do you have the feeling of being left out? (3) How often do you feel that you are socially isolated? The respondents can answer using a five-point scale from "never" (=0) to "often" (=4). For the present analyses, the answers to the three questions were combined (scale from 0 to 12). Higher values indicate stronger feelings of loneliness. Loneliness was surveyed in 2017 as well as in both special surveys. For the refugees, observations from 2016 and 2017 are combined, as not all respondents could be surveyed at the same time in these specific samples.

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Figure 4

## Impact of employment, language skills, and household income on refugees' loneliness and psychological distress

Index from 0 (not lonely) to 12 (very lonely); index from 0 (no distress) to 12 (high distress)
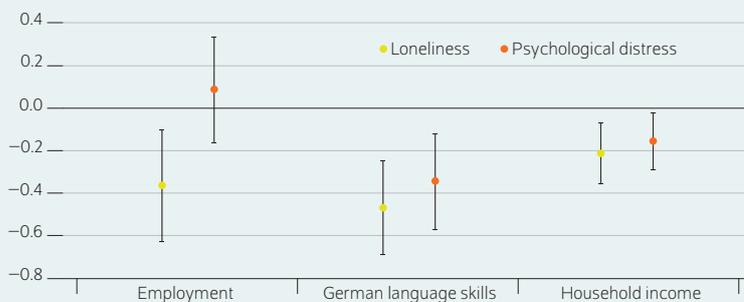


Notes: The results are based on two multiple regression models in which the loneliness (or psychological distress) of refugees was predicted using different characteristics. Analyses are based on average associations across 2017 and 2020. The characteristics are: gender, age, accommodation in shared housing (yes/no), education level (low, moderate, high), employed (yes/no), accommodation size, German language skills, household income, number of children in the household, and country of origin. In 2020, it was additionally controlled for the strict personal contact restrictions. The figure shows the importance of employment, language skills, and income for the loneliness (or psychological distress) of refugees if the influence of all other characteristics is kept constant. Household income is given as disposable income per household member in 100 euros.

Legend: Refugees who are employed are predicted to be about 0.4 scale points less lonely than refugees who are not employed, taking into account the previously mentioned characteristics.

Sources: SOEP, IAB-BAMF-SOEP Survey of Refugees in Germany, v.36, SOEP-CoV supplementary surveys, weighted.

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German language skills and household income in particular are related to the mental health and loneliness of refugees.

## Refugees' mental health should be investigated regularly

Refugees assess their own health positively, even during the pandemic. Their psychological distress in the first months of the coronavirus pandemic was comparable to distress levels in 2019, while the psychological distress of the overall population increased. Moreover, survey data show that refugees who felt significantly more lonely than the rest of the population prior to the pandemic continue to feel very lonely. The onset of the pandemic thus causes people with and without a migration background to experience similar psychological distress and loneliness that refugees have already been experiencing for some time. Reasons for the sustained psychological distress and loneliness include a lack of social participation due to language barriers, a lack of employment, and a low disposable household income. Policymakers should therefore continue to invest in language education and better labor market access. They are key to a successful integration and can help decrease loneliness and thus lay the foundation for reducing refugees' psychological distress.[6] As psychological distress is associated with less successful integration, this should be an important objective for policymakers.[7]

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**6**   Manfred E. Beutel et al., "Loneliness in the general population: prevalence, determinants and relations to mental health," *BMC Psychiatry* 17, no. 97 (2017) (available online); John T. Cacioppo and Stephanie Cacioppo, "Older adults reporting social isolation or loneliness show poorer cognitive function 4 years later," *Evidence-based nursing* 17, no. 2 (2014): 59-60.

**7**   Lena Walther et al., "Psychological distress among refugees in Germany: a cross-sectional analysis of individual and contextual risk factors and potential consequences for integration using a nationally representative survey," BMJ Open 2020;10:e033658 (available online).

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