

Impact of COVID-19 and lockdown on mental health and future orientation among young adult asylum seekers in Italy: A mixed-methods study

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Abstract

The COVID-19 outbreak caused a worldwide health emergency which disproportionately affected migrants and ethnic minorities. Yet, little is known about the psychosocial effects of the pandemic among refugees and asylum seekers. This study used a convergent parallel mixed-method design to explore knowledge and opinions concerning COVID-19 and the impact of lockdown on perceived mental health and future orientation among 42 young adult asylum seekers residing in northeastern Italy. Participants took part in individual interviews comprising both qualitative and quantitative questions. Qualitative reports were analyzed using thematic content analysis, whereas descriptive statistics and paired sample *t*-tests were computed on quantitative data. Results indicated that most participants were correctly informed about the nature, origin, and spread of COVID-19, expressed moderate or high satisfaction concerning the clarity of communication about safety measures, and followed them most of the time. Worries about family in the home country, loneliness, fear for own and loved ones' health, and concerns about delays in the asylum application were the most frequently mentioned stressful events. Psychological and physical distress significantly increased, and positive future orientation significantly decreased during the lockdown. However, participants also emphasized the usefulness of instrumental support from social workers and exhibited a resilient attitude characterized by the acceptance of uncertainty, sense of connectedness, and positive outlook. Overall, findings suggest that the current emergency may exacerbate psychological vulnerabilities of asylum seekers due to continued existential uncertainty. Thus, individual and contextual assets should be strengthened to promote psychosocial adjustment and coping resources in the context of the pandemic.

Keywords

asylum seekers, COVID-19, future orientation, mental health, mixed methods

Introduction

The COVID-19 outbreak has led to an unprecedented public health emergency that drastically altered people's lives worldwide. At the beginning of 2020, when the disease started to spread across Europe, Italy was one of the first and hardest hit countries after China and is currently one of the European countries with the highest coronavirus death toll, exceeding 80,000 (World Health Organization [WHO], 2021). Several studies have documented the detrimental impact of the pandemic and national lockdowns on the general population's mental health, reporting high rates of anxiety, stress, depression, and suicidal ideation (Brooks et al., 2020; O'Connor et al., 2021; Torales et al., 2020). A recent systematic review of 19 studies conducted in 8 different countries with a total of 93,569 participants compared the rates of negative psychological outcomes (i.e., depression, anxiety, posttraumatic

stress disorder) with those reported in previous studies on the general population and found support for higher rates than the estimated prevalence prior to COVID-19 (Xiong et al., 2020). A longitudinal survey conducted in the UK showed that the prevalence of clinically significant levels of mental distress increased from approximately 19% in 2018–2019 to 27% in April 2020 (Pierce et al., 2020). Similarly, in their systematic review and meta-analysis of extant longitudinal studies comparing mental health before and during the COVID-19 outbreak, Robinson

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et al. (2022) reported a general exacerbation of mental health symptoms during March–April 2020, particularly in relation to depressive and mood disorder symptoms.

Emerging evidence from across the globe also suggests that ethnic minorities and migrants are particularly affected by COVID-19, since they are more likely to be exposed to the virus due to socio-economic disadvantage as well as to racist and discriminatory acts originating from a climate of chaos, fear, and misinformation (Cheah et al., 2020; Devakumar et al., 2020). Despite this alarming situation and several calls for research and interventions addressing the mental health consequences of COVID-19 in vulnerable groups (Hargreaves et al., 2020; Holmes et al., 2020), knowledge concerning the psychosocial effects of the pandemic among underrepresented populations, such as refugees and asylum seekers, is extremely limited.

Previous research indicates that refugees and asylum seekers are at increased risk of mental health problems due to their exposure to traumatic experiences before, during, and after resettlement (Bäärnhielm et al., 2017). These problems often include symptoms of depression and posttraumatic stress (Silove et al., 2017) as well as psychological and physical distress. In particular, somatization appears to be prominent in the refugee population possibly due to increased traumatization, experience of negative life events, and fear of stigmatization (Rohlof et al., 2014). Post-migration contextual factors also play a key role in asylum seekers' psychosocial adjustment (Miller & Rasmussen, 2017). Indeed, receiving societies tend to endorse a hostile attitude towards these populations, who are often marginalized and targets of open violence and discrimination (Edge & Newbold, 2013). Moreover, refugees and asylum seekers are more likely to face obstacles when accessing adequate health services because of their legal status, lack of information, and cultural differences (Satinsky et al., 2019). For instance, it has been suggested that non-Western conceptualizations of mental illness and treatment are based more on community or familial processes than on individual pathology (Gopalkrishnan, 2018; Tribe, 2005), therefore leading to less professional help-seeking behavior. Linguistic barriers are also common, since newly arrived refugees and asylum seekers are often not proficient in the language of the receiving country. Thus, communication about restrictions and rules to follow might be particularly difficult, potentially resulting in less knowledge, awareness, and compliance in relation to protective measures aiming to reduce contagion. In addition, safety measures such as social distancing may intensify the sense of isolation often experienced by these individuals, who already suffer from the loss of family support and the rupture of community bonds (Miller et al., 2018).

Whilst the negative effects of pandemics and quarantine on mental health are well-established (Brooks et al., 2020), less is known about possible positive outcomes of such events.

The resilience literature suggests that, in response to severe adversities or potentially traumatic events, many individuals acquire a new perspective on life and greater self-confidence in one's own strengths (e.g., Papadopoulos, 2007; Tedeschi & Calhoun, 2004). This pattern has also been observed in the refugee population (Abraham et al., 2018; Sleijpen et al., 2016). Building on a strength-based, resilience-oriented approach (Jayawickreme et al., 2013; Masten et al., 2019), in this study we focused on future orientation as a relevant indicator of asylum seekers' adaptation to the current public health emergency. Indeed, future thinking involves weighing options and setting long-term goals which tend to peak in young adulthood, when individuals struggle to define their life goals, competencies, and commitments to the self and society (Pashak et al., 2018). Among asylum seekers, this dimension is particularly relevant and meaningful due to their need to regain a sense of self-control, agency, and planning ability (Kira & Tummala-Narra, 2015). Moreover, given their condition of uncertainty and limitations in multiple life domains (e.g., professional advancement, stable relationships), these individuals often prefer to focus on the future which is seen as a time that will be free of these constraints. In support of this view, previous research on future orientation among at-risk youth has shown that a hopeful, goal-oriented future orientation is linked to better mental health outcomes and posttraumatic growth despite the number of stressful life events experienced (Arpawong et al., 2016; Lavi & Solomon, 2005).

Given the salience of sense of purpose and future aspirations for people seeking international protection, a resilience-based approach was deemed particularly useful to better understand how this segment of the population copes with a collective trauma like the coronavirus pandemic (Holman & Grisham, 2020; Masiero et al., 2020). In particular, the Positive Youth Development (PYD) framework (Benson et al., 2007) highlights the importance of focusing on individuals' potential and personal agency as well as on the role of the community to identify possible points of entry for intervention programs aiming to boost resilience. According to the PYD approach, any person who is provided with the right opportunities and a safe environment to grow has the potential to flourish and may be a benefit for society (Lerner, 2009). Taking the ecological perspective, PYD also addresses several factors that often array in the developmental context of youth from disadvantaged backgrounds, such as environmental uncertainty and the functioning of whole communities (Eichas et al., 2019). In line with this perspective, positive developmental assets (e.g., positive identity, support, and empowerment) were found to act as protective factors and to nurture resiliency in high-risk populations (e.g., Edwards et al., 2007; Sanders et al., 2015). However, the extent to which these findings may generalize to young adults seeking asylum during a pandemic is still unknown.

Context

Italy is one of the main points of entry for migrants into Europe and currently hosts around 140,000 refugees and asylum seekers (EUROSTAT, 2020). Historically, most individuals seeking international protection in the country originate from West Africa (e.g., Nigeria, Senegal, Gambia, Mali, Ivory Coast), to a lesser extent from Southern Asia (i.e., Pakistan and Bangladesh), and more recently from South American countries (e.g., El Salvador, Venezuela, Peru); approximately 80% of them are male (Ministry of the Interior [MINT], 2021). After their identification and submission of the application, asylum seekers can access second-line facilities (which are mainly extraordinary and emergency centers), where they reside until receiving approval or rejection of their application. In Italy, the procedure lasts on average 3.5 years (European Commission for the Efficiency of Justice [CEPEJ], 2018), therefore representing a prolonged waiting period characterized by an extreme uncertainty about the future, an almost complete dependency upon the reception structures and staff, and the impossibility of redeeming the social role previously retained in the home country. Although during this period asylum seekers obtain a legal residence permit and are allowed to engage in various activities (e.g., attendance of Italian language lessons, driving lessons, regular school courses, professional trainings), they frequently encounter obstacles in accessing services that are reserved for Italian citizens as well as in finding a stable job position. The reason is that local employers are often reluctant to hire someone with pending legal status, and sometimes even take advantage of asylum seekers' situation by forcing them to accept underpaid jobs with no long-term guarantees. The COVID-19 pandemic has worsened the situation, resulting in further delays of the processing of asylum applications and in a series of governmental measures that failed to adequately protect the rights of these individuals (e.g., the regularization of specific categories of immigrant workers in which asylum seekers are not represented).

Objectives

The overall purpose of this study was to explore the impact of the first wave of COVID-19 and the nationwide lockdown imposed by the Italian government in spring 2020 on the mental health and future orientation of young adult asylum seekers residing in second-line reception facilities in northeastern Italy. We focused on both negative (i.e., psychological and physical distress) and positive (i.e., future orientation) indices of psychosocial adaptation based on recent conceptualizations emphasizing strengths and assets in the psychological adjustment of young adults and refugees (Benson et al., 2007; Jayawickreme et al., 2013; Pashak et al., 2018).

The following research questions were addressed:

1. What do asylum seekers know about the nature of COVID-19, and what are their opinions concerning the origin and spread of the virus?
2. How do they describe the impact of the lockdown on their mental health in terms of stressful COVID-related events, psychological and physical distress, and other personal experiences?
3. How did the lockdown affect participants' orientation to the future, also considering their (in)tolerance of uncertainty and prospective plans?

Method

Design

This is a mixed-method, interview-based study with a convergent parallel design, in which qualitative and quantitative data are collected in the same timeframe (see Mathur et al., 2020; Tulane et al., 2018). Specifically, in semi-structured interviews we used both open and closed-ended questions to address each research question. Open-ended questions were designed to provide participants with the opportunity to freely express their subjective experiences and future aspirations in the context of the pandemic and expand upon the topics with their own words, yielding qualitative data. Ad hoc developed, closed-ended items and standardized questionnaires were used to assess the magnitude, extent, or frequency of relevant variables (e.g., risk perception, stressful COVID-related events, psychological and physical distress, future orientation), yielding quantitative data.

This approach has been effectively used in other recent studies targeting at-risk/migrant populations (e.g., Hartonen et al., 2021; Hashmi et al., 2018; von Haumeder et al., 2019), and was considered particularly suitable for our research purposes to obtain a more nuanced picture of asylum seekers' unique condition during the national lockdown. Specifically, the qualitative data helped us validate, interpret, and provide insights into the quantitative findings which, in turn, were useful to quantify and, to some extent, objectify constructs that emerged from participants' qualitative responses (Fetters et al., 2013).

Ethics

Prior to data collection, the study protocol and procedures were approved by the Ethics Committee of the School of Psychology at University of Padova (protocol n. 2104). At the beginning of each interview, we collected written informed consent from the asylum seekers. In this process, we emphasized that participation was voluntary, that the study would neither advance nor hinder their asylum claims, and that no information concerning any

individual would have been released to the authorities or to the social cooperatives' staff.

Participants

Participants were recruited through informal contacts with social cooperatives managing second-line residential facilities in Padova, a middle-sized industrialized town located in the Veneto region in northeastern Italy. Overall, 55 young adult asylum seekers were approached to take part in the study; of these, 42 agreed to participate and provided written informed consent. Inclusion criteria were (a) being 18 years or older, and (b) having a pending asylum application in Italy, whereas the exclusion criterion was having a psychiatric diagnosis. This criterion was adopted because, even though the interview did not contain highly sensitive topics, we preferred not to involve individuals who experienced clinical levels of distress and therefore might have been particularly vulnerable. To ensure safety and comfort, before starting with the interview, participants were informed about the availability of mental health professionals (i.e., psychologists, psychotherapists, psychiatrists) working at the social cooperatives or at the local health districts they could refer to in case of need.

Procedure

Data were collected between June and August 2020, 1 to 3 months after the end of the first-wave lockdown in Italy that was imposed by a national decree from March 9 to May 3, 2020. During this period, described as one of the strictest lockdowns in Europe in the first COVID-19 wave (Horowitz, 2020), people were banned from leaving home except for non-deferrable work or health reasons or other urgent matters. Shops were closed except for those selling essential goods and medicine, public and private events and ceremonies were cancelled, and all schools across the country were closed.

Individual face-to-face interviews lasted between 45–60 minutes each, and comprised both qualitative (i.e., open-ended questions) and quantitative questions (i.e., ad hoc developed, closed-ended items and standardized questionnaires). Interviews were held at the participants' accommodation facilities in a quiet space outdoors to ensure privacy and respect of national norms concerning infection prevention.

Participants were offered the choice of their preferred language among Italian, English, and French. The latter two were proposed in consideration of the geographical origin of most asylum seekers in this sample (i.e., anglophone or francophone African countries). Interviews were conducted by trained multilingual researchers, but participants were informed that official interpreters could be involved upon request. Before proceeding with the questions, interviewees were asked to rate their knowledge of

Italian language; the majority (37/42, 88%) reported a medium, high, or very high level of proficiency. The remaining 5 participants requested to carry out the interview in English.

Measures

Socio-demographics. Participants were asked about their age, country of origin, religion, educational level, pre- and post-migration occupation, length of residence in Italy, Italian language proficiency, family status, length of separation from family, number of applications, and length of time waiting since the last application for refugee status.

Participants' knowledge and opinions concerning COVID-19

Qualitative reports. Participants were asked the following open-ended questions: 1) What do you know about COVID-19? 2) Where do you think the virus comes from and why did it spread this way?

Quantitative reports. Participants responded to ad hoc developed, closed-ended items investigating the different sources of information concerning COVID-19; the amount of time spent each day searching for information on COVID-19; their evaluation of the clarity of guidelines issued by the government on how to behave during the health emergency; the perception of danger in relation to COVID-19; the risk of being infected by the virus; and the extent to which they followed safety measures issued by the Italian government (wearing a mask, washing their hands/wearing gloves, respecting social distancing). Response options were 5-point Likert scales ranging from 1 = not at all to 5 = extremely, except for the sources of information item (which had a multiple-choice format), the time spent searching for information item (rated on frequency from 1 = less than 1 hour per day to 4 = more than 5 hours per day), and the risk of contagion item (rated on a continuous scale from 0 to 100).

Impact of the lockdown on asylum seekers' mental health.

Qualitative reports. We asked participants the following questions: 1) Can you describe your experience of the lockdown? 2) How did your mood change during lockdown compared to the preceding period? 3) Did you receive any help or support during the lockdown?

Quantitative reports. We assessed stressful events experienced during the lockdown, psychological distress, and physical distress as indicators of participants' mental health. Specifically, a 15-item checklist was used to assess the extent to which participants experienced several stressful events during the lockdown (e.g., "fear for own health," "sense of isolation/loneliness"). Items were derived from the integration of existing measures

investigating COVID-19-related stressors (i.e., Chandola et al., 2020) as well as post-migration factors (i.e., Post-Migration Living Difficulties questionnaire; PMLD, Silove et al., 1997) to capture stressful events related to asylum seekers' condition (e.g., "worries about your family in your home country," "difficulties in practicing your religion," "finding home country food"). Response options ranged from 0 = not at all to 4 = extremely; a high cumulative score indicates a high degree of COVID-related stressors. In the present study, Cronbach's alpha of this scale was .85.

Psychological distress was investigated through the Patient Health Questionnaire-4 (PHQ-4; Kroenke et al., 2009). Items assessed how often participants experienced four symptoms (e.g., "feeling nervous," "little pleasure in doing things") before and during the lockdown on a scale ranging from 0 = never to 3 = almost every day. Total scores are calculated by adding up item responses and range between 0 and 12, with higher scores indicating higher levels of distress; the recommended cut-point to detect moderate or severe distress is 6. Validation studies supported good reliability, construct validity, and invariance across different ethnic groups (Tibubos & Kröger, 2020). Cronbach's alphas for this scale were .65 (pre-lockdown) and .77 (lockdown).

The Somatic Symptom Scale-8 (SSS-8; Gierk et al., 2014) assessed how much each of eight physical symptoms (e.g., headache, trouble sleeping) had been bothersome to the participant before and during the lockdown on a scale ranging from 0 = not at all to 4 = very much. Total scores were calculated by adding up item responses. Physical distress can be classified according to the following cutoff scores: minimal from 0 to 3; low from 4 to 7; medium from 8 to 11; high from 12 to 15; very high from 16 to 32. This scale proved to be a reliable self-report measure in previous validation studies (Gierk et al., 2014), and was used to detect somatization reactions in asylum seekers and refugees in the Italian context (Tarsitani et al., 2020). Cronbach's alphas were .64 (pre-lockdown) and .74 (lockdown).

Impact of the lockdown on asylum seekers' future orientation

Qualitative reports. Participants were asked the following questions: 1) What do you think will happen in the next months? 2) How are you dealing with this uncertain situation? 3) What are your plans for the future?

Quantitative reports. The 12-item subscale of the Design My Future Scale (DMFS; Di Maggio et al., 2016) was used to measure participants' attitudes towards the future. Participants were asked about their level of agreement with a series of statements referring to before and during the lockdown (e.g., "Do you often think about building a positive future for you?") on a 5-point Likert scale (1 = does not describe me at all; 5 = describes me very well). Total scores were calculated by averaging item responses,

with higher scores indicating more future orientation. The DMFS was developed and validated in Italy, showing good psychometric properties (Di Maggio et al., 2016). In this study, Cronbach's alphas were .93 (pre-lockdown) and .95 (lockdown).

Data analysis

Qualitative responses were analyzed using thematic content analysis, which involves the encoding of qualitative data into categorical data and extracting recurring themes and response patterns (Boyatzis, 1998; Braun & Clarke, 2012). Following previous work (e.g., Moscardino et al., 2007), the analytic process involved the following steps: (a) each participant's response was carefully read and re-read by the first author, who took initial notes and familiarized with the data; (b) an initial, inclusive list of codes was developed by highlighting and labeling relevant phrases or sentences; (c) the codes were then reviewed and combined into more general themes that were recurrent across interviewees, with overlapping codes being collapsed; (d) the identified themes were precisely defined and organized into structured categories, along with verbatim quotes serving to illustrate each code; (e) the thematic categories were then applied to a subsample of interviews ($n = 10$), and another researcher blind to the study hypotheses independently coded the categories on the same material to evaluate interrater reliability. In situations of disagreement, the coders discussed until agreement was achieved; (f) after reaching desirable levels of reliability on each theme, the categories were applied to the remaining interviews. The percentage agreements for each theme ranged from 89% to 98% ($M = 94%$).

Quantitative analyses were conducted using SPSS (version 26, IBM CORP). We computed descriptive statistics for sociodemographic variables, COVID-related items, and stressful events. In addition, we used paired sample t -tests to compare scores on measures of psychological and somatic symptoms as well as future orientation before and during the lockdown. Concerning psychological and physical distress, we also calculated participants' symptom severity based on previously established cutoff scores (Gierk et al., 2014; Kroenke et al., 2009).

Results are presented using a simultaneous bidirectional framework (see Moseholm & Fetters, 2017), where the integration between the two forms of data occurs after the statistical and thematic analyses (Fetters et al., 2013). This method involves an interactive, back and forth comparison of both qualitative and quantitative findings, which are merged for interpretation and organized in a joint display based on overarching dimensions. Hence, findings are divided in three subsections corresponding to our research questions; for each subsection, qualitative results are presented by exposing contents and relevant quotes related to the recurrent themes identified in participants' responses

Table 1. Themes emerging across participants in response to open-ended questions.

| Question | Theme | n (%) |
|----------------------------------|---|------------|
| Knowledge about the disease | Awareness of the nature and danger of the disease | 35 (83.3%) |
| | Lack of knowledge on the topic | 7 (16.7%) |
| Opinions about origin and spread | Chinese origin | 35 (83.3%) |
| | Diffusion due to international mobility | 24 (57.1%) |
| | Alternative theories | 11 (26.2%) |
| Personal experience of lockdown | Psychologically challenging period | 28 (66.7%) |
| | Complaints about home confinement | 21 (50%) |
| | Sense of loneliness and longing for friends | 9 (21.4%) |
| | Discomfort caused by safety measures | 14 (33.3%) |
| | Job-related problems | 14 (33.3%) |
| Mood during lockdown | Deterioration of mood state | 30 (71.4%) |
| | Fear of contagion | 28 (66.7%) |
| | Sense of boredom due to confinement | 8 (19%) |
| | Feelings of sadness | 17 (40.5%) |
| | Anger caused by inadequacy of financial and administrative measures from government | 8 (19%) |
| Support during lockdown | Complaints about lack of support | 17 (40.5%) |
| | Instrumental support from social workers | 23 (54.8%) |
| | Help from friends and family | 19 (45.2%) |
| | Religious coping | 4 (9.5%) |
| Thoughts about next months | Optimistic attitude | 22 (52.4%) |
| | Fear of another COVID-19 wave | 20 (47.6%) |
| Coping with uncertainty | Feelings of worry, uneasiness, and irritability | 20 (47.6%) |
| | Feelings of acceptance and patience | 10 (23.8%) |
| | Potential signs of posttraumatic growth | 6 (14.3%) |
| Plans for the future | Maintaining or searching for an occupation | 22 (52.4%) |
| | Receiving approval of the asylum request | 18 (42.9%) |
| | Obtaining a driver's license | 14 (33.3%) |
| | Going back to school/studies | 10 (23.8%) |
| | Traveling to visit family | 6 (14.3%) |

Note. $N = 42$.

to open-ended questions, followed by the quantitative findings. All themes and their associated percentages, which indicate the extent to which each theme was present in participants' responses, are depicted in Table 1.

Results

Characteristics of participants

Participants' mean age was 27.4 years ($SD = 6.46$, range 18–48). In line with national statistics concerning the asylum seeking population in Italy, the sample was composed of male participants mainly originating from West African countries. Sociodemographic characteristics of the sample are shown in Table 2.

Participants' knowledge and opinions concerning COVID-19

In relation to open-ended questions, the vast majority of interviewees knew that COVID-19 was a highly contagious virus (a few referred to specific symptoms or other medical

details, e.g., that it was a respiratory disease). Some participants reported they did not know much about the nature of the virus or national statistics, such as number of cases or deaths; among these, some mentioned that they had avoided on purpose informing themselves because it made them feel nervous or anxious. When asked about the origin and spread of the pandemic, most interviewees said that China had been the country first affected by the virus and that they thought or had heard in the news that the virus had been "carried" by people traveling around the world. However, others did not believe in its existence or suggested alternative theories:

I think the politicians created it in a laboratory to take over the world, it's like an economical-political weapon. In Africa we've seen many diseases like this, diseases that were created to control people.

The TV says it comes from China, but I don't buy it: it's all made up, they wanted to launch the 5G and they needed people to stay at home.

Table 2. Participant characteristics.

| | M | SD | Range |
|---|------------|------|-------|
| Country of origin (n, %) | | | |
| Mali | 10 (23.8%) | | |
| Ivory Coast | 7 (16.7%) | | |
| Senegal | 5 (11.9%) | | |
| Gambia | 5 (11.9%) | | |
| Nigeria | 4 (9.5%) | | |
| Republic of Guinea | 3 (7.1%) | | |
| Benin | 3 (7.1%) | | |
| Other | 5 (11.9%) | | |
| Marital status (n, %) | | | |
| Single | 38 (90.5%) | | |
| Married | 4 (9.5%) | | |
| Religion (n, %) | | | |
| Muslim | 35 (83.3%) | | |
| Christian | 6 (14.3%) | | |
| Agnostic/atheist | 1 (2.4%) | | |
| Educational level (n, %) | | | |
| No education | 5 (11.9%) | | |
| Attended or completed primary school | 6 (14.3%) | | |
| Attended or completed middle school | 15 (35.7%) | | |
| Attended or completed high school | 16 (38.1%) | | |
| Occupational status (n, %) | | | |
| Unemployed | 10 | | |
| Student | 1 | | |
| Employed | 31 | | |
| Time since arrival in Italy (months) | 42.6 | 11.8 | 13–61 |
| Time since submission of last asylum application (months) | 12.4 | 8.1 | 0–40 |

Note. $N = 42$.

In my opinion, God sent this disease, although I don't understand why, maybe because of something we did. My religion says that everything that happens comes from God.

With regard to quantitative questions, descriptive statistics of COVID-19 related closed items are presented in Table 3. The sources of information that participants relied upon the most were television and websites, followed by social media, and most of them spent less than 1 hour per day searching for information. Most participants were moderately or very satisfied about the clarity of the information received from social workers concerning national guidelines and safety measures, and the vast majority followed such indications very much or extremely. About half of the interviewees considered COVID-19 a moderately dangerous disease, and estimation of risk of infection averaged 56%.

Impact of the lockdown on asylum seekers' mental health

With regard to open-ended questions, most participants described their lockdown experience as an overall

psychologically challenging time using words such as “very difficult,” “tough,” or “stressful.” Many participants also referred to specific difficulties they encountered. For instance, some complained about being confined at home, reporting feelings of helplessness and forced inactivity. Indeed, national measures in Italy forbade individuals to leave home except for work or health reasons or other urgent matters, and people were allowed to go for a walk only within 200 meters from home.

I was like being imprisoned: I thought I would not be able to handle it, but we all did it to help and protect each other.

Others emphasized loneliness and missing their friends as the most stressful challenges, while another group of interviewees described the introduction of safety measures and its consequences as very problematic or awkward (e.g., queues and closure of shops, police controls, difficulties with breathing and speaking due to face masks):

All those police controls... They would ask for your documents even if you went out to buy food, and then you had to stand in line for ages at the supermarket.

I've even changed my diet, because African shops were closed.

Others reported financial problems due to job loss, not being paid by their employer, and not being able to search for a job. Some were also profoundly worried about their families in their countries of origin:

I couldn't stop thinking about my wife and children in Togo: the government there doesn't care about its citizens and there are no restrictions or safety measures.

When asked about their mood, the majority of participants reported a deterioration in how they were feeling during the lockdown compared to the previous period. Many interviewees said they were increasingly scared or worried, mainly of being infected by the virus, while others mentioned boredom as an emotion that was constantly present during the lockdown because of the home confinement. Many reported being sad but, among them, some felt empathetic towards the victims because of the collective tragedy:

How could you be happy hearing about all those people dying? I felt bad for all Italian people, they have helped us, and they were so strongly hit by the virus.

Some participants were also angry at the national government for not protecting people in their specific condition, and described the few proposed financial and administrative measures as “insufficient” or “unfair”:

I know about the new regularization law, but it's no use for me or all the other people who don't do those specific jobs.

Table 3. Frequencies of responses regarding knowledge and opinions about COVID-19.

| | n (%) |
|---|--------------------|
| Sources of information | |
| TV | 35 (83.3%) |
| Websites | 30 (71.4%) |
| Social media | 24 (57.1%) |
| Friends/acquaintances | 17 (40.5%) |
| Social workers/volunteers | 13 (30.9%) |
| Newspapers/magazines | 10 (23.8%) |
| Time spent searching information on COVID-19 | |
| Less than 1 hr per day | 26 (61.9%) |
| 1–2 hr per day | 8 (19%) |
| 3–4 hr per day | 8 (19%) |
| More than 5 hr per day | 0 |
| Clarity of government guidelines | |
| Not at all | 0 |
| A little bit | 2 (4.8%) |
| Moderately | 21 (50%) |
| Very much | 13 (30.9%) |
| Extremely | 6 (14.3%) |
| Perception of danger | |
| Not at all | 0 |
| A little bit | 7 (16.7%) |
| Moderately | 20 (47.6%) |
| Very much | 15 (35.7%) |
| Extremely | 0 |
| Risk of contagion, <i>M</i> (<i>SD</i> , range) | 55.8 (31.1, 0–100) |
| Respect of safety measures | |
| Wearing a mask | |
| Not at all | 0 |
| A little bit | 1 (2.4%) |
| Moderately | 8 (19%) |
| Very much | 17 (40.5%) |
| Extremely | 16 (38.1%) |
| Washing hands/wearing gloves | |
| Not at all | 1 (2.4%) |
| A little bit | 0 |
| Moderately | 5 (11.9%) |
| Very much | 20 (47.6%) |
| Extremely | 16 (38.1%) |
| Social distancing | |
| Not at all | 1 (2.4%) |
| A little bit | 0 |
| Moderately | 4 (9.5%) |
| Very much | 24 (57.1%) |
| Extremely | 13 (30.9%) |

Note. *N* = 42.

We work like everybody else, it's not fair. If the government really wanted to help us, they would just apply it to everyone.

In relation to social support, many participants said they did not feel emotionally supported during the lockdown, but some of them admitted that they did not really ask for help.

According to most participants, social workers of the cooperatives provided practical support, for example bringing them masks, health products, and food. Regarding other sources of support, many interviewees relied mostly on friends and housemates and said they were often in contact with their families, while others found comfort in their religious faith:

My flatmates and I, we played cards together and reminded each other to wash our hands when we came back home from work.

We started praying online with my religious community since we couldn't meet in person. Praying and believing, that's what got me through this situation.

In terms of quantitative data, all items on the COVID-19 stressors checklist were endorsed as “very much” or “extremely” stressful by at least 24% of participants (see Table 4). Many participants were concerned that the health emergency might cause delays in their asylum request process; for others, it was hard to find food from their home countries or practice their religion. Other frequently experienced stressful events were related to the COVID-19 disease (e.g., fear for one's own or beloved ones' health), or more generally to changes in everyday life (e.g., lack of freedom, isolation, and impossibility to see other people).

With regard to perceived mental health symptoms before and during the lockdown, paired sample *t*-tests revealed a significant increase in both psychological, T1: *M* = 2.64, *SD* = 2.85; T2: *M* = 5.45, *SD* = 4.16; *t*(41) = 5.20, *p* < .001, Cohen's *d* = -.80, and physical distress symptoms, T1: *M* = 3.57, *SD* = 4.00; T2: *M* = 6.19, *SD* = 5.68; *t*(41) = 3.17, *p* = .003, Cohen's *d* = -.49.

Accordingly, the percentage of interviewees who reported moderate or severe psychological and physical distress based on previously established cutoff scores of the PHQ-4 (Kroenke et al., 2009) and SSS-8 (Gierk et al., 2014) increased during the lockdown period (see Table 5).

Impact of the lockdown on asylum seekers' future orientation

As regards their ideas concerning the upcoming months, approximately half of the participants said that they were quite optimistic. For instance, some mentioned that, thanks to safety measures and collective effort, people were already “fighting back” and containing the pandemic; others shared the belief that there would not be another lockdown or, should the situation worsen again, the government and health system would have been prepared to manage it better compared to this first wave. Nevertheless, the other half seemed convinced and afraid

Table 4. Stressful events experienced during the lockdown.

| Item | Very much/extremely stressful events <i>n</i> (%) |
|--|--|
| Worries about own family in home country | 34 (80.9%) |
| Changing habits | 34 (80.9%) |
| Lack of freedom | 34 (80.9%) |
| Fear for own health | 33 (78.6%) |
| Fear for the health of loved ones | 33 (78.6%) |
| Not being able to see people you care about | 33 (78.6%) |
| Loneliness and isolation | 32 (76.2%) |
| Losing job | 29 (69%) |
| Delays in the asylum request process | 26 (61.9%) |
| Not being able to go to work | 24 (57.1%) |
| Difficulties in finding food from home country | 18 (42.9%) |
| Difficulties in practicing own religion | 16 (38.1%) |
| Difficulties in finding basic necessities | 11 (26.2%) |
| Fights with people you live with | 10 (23.8%) |
| Conflicts with police/law enforcement | 6 (14.3%) |

Note. *N* = 42.

of a new wave of the pandemic in the fall and of related restrictions.

When asked about how they were dealing with uncertainty, many participants replied they were feeling insecure and often nervous or irritable because of the instability of the ongoing situation, especially in relation to practical consequences (e.g., obstacles in job search). Among them, some admitted that the topic itself made them feel uncomfortable:

The virus comes and goes, I heard it might come back in the fall. I'm trying not to watch news on TV or think about it, so I won't get anxious.

However, other interviewees reported that they had developed a sense of acceptance and felt that they could cope with uncertainty:

It was just temporary, it's like the Italians say, "andrà tutto bene" [everything will be alright]. This is life: you have to make your own plans, but also be patient. I don't know what will happen tomorrow, but at least I work hard trying to make it happen.

I'm a bit worried, but I think a lot about the future anyhow: a man who has no thoughts for the future is not a man.

Table 5. Levels of psychological and physical distress among participants based on PHQ-4 and SSS-8 cutoff scores.

| Levels of distress | Pre-lockdown <i>n</i> (%) | During lockdown <i>n</i> (%) |
|---------------------------------|------------------------------|---------------------------------|
| Psychological distress (PHQ-4) | | |
| Low (< 6) | 36 (75.7%) | 22 (52.3%) |
| Moderate or severe (≥ 6) | 6 (14.3%) | 20 (47.7%) |
| Physical distress (SSS-8) | | |
| Minimal (0–3) | 25 (59.5%) | 19 (45.2%) |
| Low (4–7) | 12 (28.6%) | 11 (26.2%) |
| Medium (8–11) | 3 (7.2%) | 8 (19%) |
| High (12–15) | 1 (2.4%) | 1 (2.4%) |
| Very high (16–32) | 1 (2.4%) | 3 (7.2%) |

Note. *N* = 42. PHQ-4 = Patient Health Questionnaire-4. SSS-8 = Somatic Symptom Scale-8.

Some participants also mentioned that they felt stronger than before, closer to other people, and that their spiritual faith had grown after the lockdown; interestingly, they identified the source of this new bravery and self-confidence either in the forced quarantine period itself or in their past—and often traumatic—migration experience:

I'm afraid for other people, especially the poor ones who cannot afford care and medications, but I'm not afraid for myself. I escaped from my country and crossed the sea on a boat: I'm not afraid of anything.

Whatever will be, we will accept it. This period taught me how important my family is, they supported me all the time, I would be nothing without them.

Talking about their future plans, some recurrent, specific desires or projects emerged from participants' responses, such as the importance of keeping a job or finding one, receiving the approval of their asylum request, obtaining a driver's license, going back to their studies, and traveling to visit their families.

With regard to quantitative data, a paired sample *t*-test indicated that participants' scores on the future orientation subscale of the DMFS significantly decreased from the pre- to the lockdown phase, T1: $M=4.09$, $SD=0.89$; T2: $M=3.39$, $SD=1.24$; $t(41)=-4.20$, $p < .001$, Cohen's $d = .65$.

Discussion

This study aimed to explore the impact of the first wave of COVID-19 and nationwide lockdown on the psychosocial adjustment of young adults seeking asylum using a convergent parallel mixed-method design. The integration of both qualitative and quantitative data revealed that most of the participants gathered information about coronavirus disease from the media, describing different ideas about its origin and diffusion which reflected mainly verifiable

facts, but also conspiracy theories that have been found in the general population (Allington et al., 2020). The majority was highly satisfied about the clarity of governmental safety measures and reported to follow such measures most of the time. Furthermore, interviewees had a moderate perception of danger and perceived an average risk of contracting COVID-19, a pattern that resembles the findings reported by Rubaltelli et al. (2020) who surveyed the Italian population aged 18 years or older during the first wave of the pandemic. Although these results reflect an overall positive picture, it should be noted that most notifications about restrictions and safety measures were provided by social workers within the reception facilities, possibly influencing asylum seekers' perceived risk and judgments concerning the clarity of guidelines. Moreover, the majority of interviewees spent little time searching for pandemic-related information, which might have resulted in a partial understanding of the complexity of the current public health emergency. However, this tendency could also have served as a protective factor, since frequent exposure to news concerning COVID-19 is associated with higher levels of distress (Gao et al., 2020).

In relation to the lockdown, both qualitative and quantitative responses highlighted that the 2-month lockdown was perceived as considerably "tough" or "stressful" by our participants due to feelings of loneliness and helplessness, abrupt lifestyle changes, and fear for their own and their beloved ones' health. In addition to these stressors, which are similar to those found in the general population (see Mousavi et al., 2020), some specific factors unique to the condition of asylum seekers were identified, such as fear of delays in the asylum application process, concerns about the family back home, difficulties in practicing one's religion, or finding home-country food. Most participants reported negative changes in their mood, a perception that was corroborated by the significant increase in psychological and physical symptoms of distress during the lockdown phase; these results are in line with the existing literature on adult populations in Italy and other countries where a nationwide lockdown was imposed (Brooks et al., 2020; Rossi et al., 2020). Of interest, qualitative responses allowed differentiation among a larger spectrum of negative emotions, ranging from intense fear and sadness to feelings of injustice and anger targeting inadequate financial and administrative measures proposed by the government. Indeed, despite the ratification of international legislation such as the Geneva Convention (United Nations High Commissioner for Refugees [UNHCR], 1951) and commitment towards the protection of refugees' human rights, in the past few years the Italian reception system has adopted an "emergency" approach, and accommodation facilities often fail to attain the minimum quality standards set by European Union regulations. Several political parties insist on a narrative that depicts immigration as an uncontrolled and threatening

phenomenon, a sentiment which is often amplified by mass media and largely permeates public opinion (Miconi et al., 2018). Accordingly, asylum policies have become increasingly strict, leading to the rejection of most asylum applications after a waiting period which is way beyond European average. Together, these socio-political factors substantially contribute to post-migration stress by putting asylum seekers in a condition of prolonged insecurity and powerlessness in determining their own future, which undermines their quality of life and psychological well-being (Hocking, 2020; Laban et al., 2005). Thus, institutional responses to the needs of underrepresented populations during public health emergencies deserve particular attention to prevent exacerbation of pre-existing (or the emergence of new) mental health issues (Hargreaves et al., 2020).

Almost half of our participants perceived social support as being absent or scarce. However, the instrumental assistance provided by social workers was widely acknowledged and appreciated, leading more than half of our interviewees to maintain an optimistic view of the future despite the uncertain current situation. Furthermore, the lockdown resulted in an increased connectedness with housemates and a more frequent virtual contact with members of the family of origin in the home country. Some responses also reflected a heightened sense of community related to the shared experience of a worldwide tragedy, together with feelings of empathy and solidarity. Overall, this pattern is consistent with previous research highlighting the positive role of communal values and interpersonal relationships in the face of crises or disruptions (Moscardino et al., 2010; Gil-Rivas & Kilmer, 2016). In particular, interpersonal support has been identified as a core component of resilience among individuals from many African countries, with engagement in the local society reflecting the emphasis on community and togetherness in this cultural context (Theron, 2020).

With regard to future orientation, participants' qualitative responses emphasized positive beliefs about future developments of the pandemic-related situation. Specifically, optimism, acceptance of uncertainty, and a sense of purpose linked to the realization of concrete plans were frequently mentioned. Furthermore, a renewed trust in one's own personal strength and deeper appreciation of life and interpersonal relationships emerged. These individual changes can be interpreted as signs posttraumatic growth, which involves the psychological development directly triggered by an event (or multiple events) perceived as traumatic in various life domains, such as "improved relationships, new possibilities for one's life, a greater appreciation for life, a greater sense of personal strength and spiritual development" (Tedeschi & Calhoun, 2004, pp. 58–59). Previous research found evidence for posttraumatic growth among resettled refugees and asylum seekers (Chan et al., 2016; Sleijpen et al., 2016). Overall, these individual factors (e.g., personal

power, caring) have been identified as key assets within a PYD framework (Benson et al., 2007) and, together with environmental assets (e.g., support provided by social workers), may serve as protective factors contributing to a more positive response to collective trauma like the COVID-19 pandemic (Holman & Grisham, 2020).

Interestingly, we found a discrepancy between this positive outlook emerging from qualitative responses and our quantitative analyses, which revealed a decrease in future orientation from pre-lockdown to the lockdown phase. These divergent results might be explained—at least in part—by the questionnaire used in this study (i.e., the DMFS), which asked very general and somewhat abstract questions concerning participants' attitude and feelings towards the future (e.g., "Does thinking about the future excite you?"), with a rather long-term approach (e.g., "Do you like thinking about where you'll find yourself in a few years?"). It is possible that our open-ended questions were more effective in encouraging interviewees to expand more on the "future" topic, allowing them to address other dimensions not considered in the questionnaire that were more relevant and meaningful to them, such as "down-to-earth" projects and how to cope positively with the ongoing situation.

An increasing number of studies has started to explore refugees' contradictory temporal dimension to fully capture their experience of "living in a temporary situation for an unexpectedly long period" (El-Shaarawi, 2015, p. 39). Although more research is needed to shed light on this issue, our results emphasize the usefulness of integrating qualitative and quantitative methods to gain a deeper understanding of asylum seekers' perspectives on the future in this complex time period.

Thematic analysis also revealed how religious beliefs permeated participants' lives and, in some cases, guided their meaning-making process. Indeed, some asylum seekers explained the pandemic in terms of a natural event caused by God's will and often used religious coping mechanisms (e.g., prayer). Moreover, they reported feelings of trust and hopefulness (also in relation to future perspectives) inspired by their faith and perceived the presence of God in their everyday life. Such mechanisms are commonly observed among African refugees and represent an effective strategy to cope with past traumas as well as with post-migration difficulties (see Adedoyin et al., 2016).

Several limitations of the study need to be acknowledged, such as the recruitment methods (i.e., convenience sampling), sample composition (i.e., only young adult males), research design (i.e., cross-sectional), and use of quantitative items developed ad hoc for this study, which limit the generalizability of results. Furthermore, participants were asked to think retrospectively about their (recent) experiences, possibly incurring in memory bias. This approach was used due to the impossibility of reaching participants during the actual lockdown, which was

particularly strict in Italy as people could not move from their homes except for work and health reasons. Future studies should be conducted in a longitudinal perspective to shed light on change processes while they occur, possibly employing other mixed-method designs (e.g., exploratory sequential) to expand our knowledge concerning asylum seekers' adaptation to the pandemic. Moreover, further research is warranted to evaluate the psychometric properties of ad hoc developed measures related to COVID-19, such as the stressors checklist used in the present study.

Notwithstanding these limitations, the current study contributes to the emerging literature on how asylum seeking individuals experience and cope with the numerous challenges and stressors caused by the outbreak of COVID-19 from a resilience-based perspective. In particular, the use of a convergent parallel mixed-method design allowed us to obtain a nuanced picture of participants' opinions and psychological responses to COVID-19 and lockdown, also in relation to their specific social condition and cultural background, paving the way for future research and interventions aiming to empower asylum seekers' adjustment to pandemic-related adversity (De Jong & Van Ommeren, 2002). Specifically, studies involving larger samples representative of different ages, gender, and cultural backgrounds are urgently needed to better understand risk and protective processes contributing to shape mental health and orientation towards the future in this population during public health emergencies. Given the large spectrum of variables contributing to positive adjustment, research may focus on posttraumatic growth, positive emotions, and resilience-enhancing factors (e.g., connection, competence, healthy thinking) to increase our knowledge of resilience processes among young adults seeking asylum in times of pandemic.

Conclusion

The current study contributes to the existing literature by highlighting risks and resources related to psychosocial adaptation among young adult asylum seekers during the ongoing COVID-19 pandemic. Even though we found preliminary evidence for detrimental effects on mental health in line with prior research, our results also revealed important sources of resilience, including social support, sense of purpose, and focus on future goals, which are key assets that may protect potentially vulnerable individuals from adverse outcomes. Future research is warranted to investigate the role of such assets in order to design interventions aiming to boost positive adjustment, particularly in this unique historical period.

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