

Migration stress and subjective well-being in unaccompanied migrant children

Estrés migratorio y bienestar subjetivo en menores migrantes no acompañados

Estresse migráfico e bem-estar subjetivo em menores migrantes desacompanhados

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<p>KEYWORDS: Unaccompanied migrant children; subjective well-being; immigrant stress; child welfare system.</p>	<p>ABSTRACT: Unaccompanied migrant children (UMC) represent a group that shares the status of an irregular migrant and a minor and who are exposed to multiple stressors that interfere with their integration in the host country. In addition, their arrival in waves generates enormous pressure on the Child Protection System (CPS), which is often forced to focus on covering the most basic needs and cannot meet other equally important needs. This study aims to determine the levels of well-being and migratory stress suffered by UMC, as well as the factors that affect these two variables. Forty-four UMS completed the Personal Well-Being Index (PWI) and the Barcelona Immigration Stress Scale (BISS). The results indicate that UMC suffer from migratory stress, especially intercultural general stress, and their levels of well-being are lower than those of other adolescents. The results show that the two variables are closely related, as high levels of stress are associated with a decrease in well-being. Variables such as the family's situation, length of stay, having proper documentation and training are essential for improving well-being and reducing migratory stress. These results are interpreted and discussed regarding previous research in this field and proposals for intervention with this group.</p>
<p>PALABRAS CLAVE: Menores migrantes no acompañados; bienestar subjetivo; estrés del inmigrante; sistema de protección infantil.</p>	<p>RESUMEN: Los menores migrantes no acompañados (MMNA) representan un colectivo que comparte la condición de migrante irregular y de menor, y que se ven expuestos a múltiples estresores que dificultan su integración en el país de acogida. Además, su llegada en oleadas genera una enorme presión en el Sistema de Protección Infantil, que muchas veces se ve obligado a centrarse en la cobertura de las necesidades más básicas, no pudiendo atender otras necesidades igualmente importantes. El objetivo de este trabajo es conocer los niveles de bienestar y de estrés migratorio que sufren los MMNA, así como los factores que inciden en ambas variables. 44 MMNA cumplieron el <i>Personal Well-Being Index</i> (PWI) y la <i>Escala Barcelona de Estrés del Inmigrante</i> (BISS). Los resultados indican que los MMNA sufren</p>

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	<p>estrés migratorio, sobre todo estrés intercultural, y que sus niveles de bienestar son inferiores al resto de adolescentes. Los resultados señalan que ambas variables están muy relacionadas, ya que altos niveles de estrés se asocian a una disminución del bienestar. Variables como la situación de la familia, el tiempo de estancia, tener la documentación en regla y la formación se muestran como fundamentales para la mejora del bienestar y la reducción del estrés migratorio. Estos resultados se interpretan y discuten en relación con la investigación previa en este ámbito, y las propuestas de intervención con este colectivo.</p>
<p>PALAVRAS-CHAVE: Menores migrantes desacompañados; bem-estar subjetivo; estresse do imigrante; sistema de proteção infantil.</p>	<p>RESUMO: Os migrantes menores desacompanhados (MMNA) representam um grupo que partilha o estatuto de imigrante e menor, estando exposto a múltiplos estressores que dificultam a sua integração no país de acolhimento. Além disso, a sua chegada em vagas gera uma enorme pressão sobre o Sistema de Proteção à Criança, que muitas vezes se vê obrigado a centrar-se na cobertura das necessidades mais básicas, ficando impossibilitado de atender a outras necessidades igualmente importantes. O objetivo deste trabalho é conhecer os níveis de bem-estar e estresse migratório sofridos pelo MMNA, bem como os fatores que afetam ambas as variáveis. 44 MMNA completou o Índice de Bem-Estar Pessoal (PWI) e a Escala de Estresse do Imigrante de Barcelona (BISS). Os resultados indicam que os MMNA sofrem stress migratório, sobretudo stress intercultural, e que os seus níveis de bem-estar são inferiores ao resto dos adolescentes. Ambas as variáveis estão intimamente relacionadas, uma vez que altos níveis de estresse estão associados a uma diminuição do bem-estar. Variáveis como a situação familiar, o tempo de permanência, a documentação em ordem e o treinamento se mostram essenciais para melhorar o bem-estar e reduzir o estresse migratório. Esses resultados são interpretados e discutidos em relação a pesquisas anteriores e propostas de intervenção com esse grupo.</p>

Introduction

The arrival of unaccompanied migrant children (hereinafter UMC) is a global phenomenon that usually occurs in waves and with great geographical mobility, making reliable statistics difficult to calculate. Some studies indicate that in 2015, more than 95,000 UMC arrived on the European continent, which gives an idea of the magnitude of the phenomenon (IOM, 2021). In this context, the European Union member countries must attend to UMC following the Convention on the Rights of the Child and the 2013/33/EU Directive, which sets out the rules governing the reception of applications for protection and includes some specific articles referring to UMC. But despite these regulatory guarantees, the attention to this group is not always the most appropriate. As it is a phenomenon that occurs in waves, when it coincides with times of economic crisis, some countries may feel driven to review their national legislation, jeopardising the unified European response and, therefore, the coverage of the needs of UMC (Hodges *et al.*, 2018). A review of studies analysing the care received by UMC in different European countries found that in most cases, the most basic needs, such as food, safety, and shelter were being met, but that other equally important needs were not being properly met, such as stability, individualised treatment or the establishment of relationships and social support networks, among others (Kauhanen & Kaukko, 2020).

UMC are subjected to multiple psychosocial stressors and episodes of victimisation at a

crucial age for their development and without the support of their family, from which they have been separated since beginning their migratory process (Devenney, 2020; Inofuentes *et al.*, 2022; King & Said, 2019). The stress generated by the migration experience, referred to as migration stress or immigrant stress, can have adverse effects on mental health (Collazos *et al.*, 2008). Most studies that have examined mental health problems in UMC show that depression, anxiety, and post-traumatic stress disorder are prevalent (Kien *et al.*, 2019; Müller *et al.*, 2019; Oppedal *et al.*, 2020; Van Os *et al.*, 2016), also indicating that if these problems are not addressed appropriately, externalising problems such as anti-social behaviour and drug use can emerge (Inofuentes *et al.*, 2022; Ivert & Magnusson, 2019).

Concerning the stressors underlying the onset of mental health problems in UMC, research has pointed to multiple variables, such as the difficulty in obtaining residence and work permits upon reaching the age of majority, language difficulties, culture shock, difficulties in accessing training and employment, the feeling of isolation and marginalisation, or the placement in large, overcrowded, restrictive centres with a depersonalised treatment (Frounfelker *et al.*, 2020; Gladwell, 2021; Gullo *et al.*, 2021; Kauhanen *et al.*, 2022; Mateos-Rodríguez & Dobler, 2021; Müller *et al.*, 2019; Oppedal *et al.*, 2020; Zijlstra *et al.*, 2019). In addition to all these factors is the fact that these UMC are separated from their families, which can be an added pressure, as many feel a responsibility to help them (Devenney, 2020). An indicator of the impact that the migratory process

has at the emotional level is the proliferation of labels such as uprooting disorder, cultural grief or Ulysses syndrome, among many others (Collazos et al., 2008).

In the specific case of Spain, the model of care for UMC makes the condition of being a minor prevail over that of being an immigrant, so that any unaccompanied minor who arrives in the country is declared to be in distress and is automatically cared for by the Child Protection System (CPS). According to official data (Observatorio de la Infancia [Children's Observatory], 2021), 5,670 UMC were attended to by the CPS in 2020, which represents 11.5% of the total number of children and adolescents (49,171) with a protection measure in Spain. In terms of gender, and according to official statistics, UMC are mostly boys, with a very low presence of girls (9%). Although this seems unquestionable, it is also true that there are many cases of girls who arrive in the country by other means and who are immersed in situations of marginalisation that make them socially invisible, such as sex work, begging, theft or domestic work. These girls are difficult to detect by the administration (Quiroga, 2009). Concerning the type of protective measure, while in the total number of young people with a protection measure, family care predominates (53%), the application of this measure is testimonial in the case of UMC (1.6%), with the majority in residential care (Children's Observatory, 2021). One year earlier, in 2019, the number of UMC was 11,490, also representing half of the young people in residential care, which gives an idea of the enormous challenge for the CPS to respond to the successive waves of illegal immigration in which UMC arrive (Bravo et al., 2023). Competences in the field of child protection are decentralised in Spain and have been transferred to the different autonomous communities, which has led to some differences in the care models that have been developed (Bravo & Santos, 2017). In addition, entry into the country takes place mostly through the Canary Islands, Andalusia and the autonomous cities of Ceuta and Melilla, as they are Europe's southern border with the African continent, from whence come the vast majority of the UMC arriving in Spain.

Rationale and objectives

As we have seen, previous research has indicated that UMC suffer from migratory stress, which can affect their mental health. According to the World Health Organization ([WHO], 2022), health, both physical and mental, is much more than the absence of disease and is a fundamental part of our individual and collective well-being, as well

as being a fundamental human right. Along these lines, and given that there are no studies in the Spanish context analysing migratory stress and the subjective well-being of UMC, this work has the following objectives:

1. To analyse the levels of migratory stress and subjective well-being in a group of UMC.
2. To explore the relationships between migratory stress and subjective well-being.
3. To determine whether the two variables are related to the family situation, the length of stay in the CPS, the possession of documentation (residence and/or work permit) and training certificates.

Methodology

This is a quantitative research with a cross-sectional design. Concerning the population under study, it is a group of variable size due to its mobility, and it is difficult to access for researchers, so the sampling method used was non-probabilistic convenience sampling.

Participants

The sample comprises 44 UMC, all male, placed in the CPS under the modality of residential care in specific care centres for this group. The ages of the participants ranged from 15 to 17 years old ($M = 16.5$, $SD = 0.72$), and they were mainly from Morocco (70.5%) and Senegal (18.2%). The length of stay in the protection system varies between 3 and 28 months ($M = 14.6$, $SD = 7.4$). Regarding the status of their legal documentation, 52.3% say they do not have any documentation (work and/or residence permit). Regarding the level of education, 68.2% of the sample holds a degree that accredits their training in Spain. Finally, when asked about their family situation, 61.4% define it as bad or very bad.

Instruments

An ad hoc questionnaire was developed to gather information on the referential variables, such as the country of origin, age, length of stay in the protection system, legal situation (residence and/or work permit), training (possession of training certificates recognised or obtained in Spain) and family situation, in this case, asking them to define it as very bad, bad, good, or very good.

To measure migratory stress, the *Barcelona Immigration Stress Scale* (BISS) (Tomás-Sábado et al., 2007) was used, an instrument designed in Spain to assess the stress suffered by immigrants, including elements such as cultural confrontation or acculturation, homesickness, the feeling

of abandoning a specific way of life and their experiences of discrimination in the host society. This instrument comprises a total of 42 items rated from 1 (*strongly disagree*) to 4 (*strongly agree*), where the highest scores indicate the existence of greater acculturation stress. The scale is made up of four factors. The first is *Perceived Discrimination* (18 items), which refers to the person's feeling of discrimination concerning their status as an immigrant, focusing on the individual's subjective experience. The second factor is *Intercultural Contact Stress* (10 items), which encompasses the stressors of the acculturation process, such as the new language, changes in roles, values and customs or even new lifestyles, rules and beliefs. The third factor is *Homesickness* (6 items), related to the elements left behind when leaving the country of origin, such as friends, family, work, etc. The last factor is *General Psychosocial Stress* (8 items), which includes aspects of daily life in which the migrant population usually encounters numerous problems, such as access to housing, irregular administrative situations, access to the labour market, poverty or health. Because the four factors are made up of a different number of items, the scores were adapted to a scale of 1 to 4 so that they could be compared with each other. Several studies have confirmed both the factorial structure of the instrument and its internal consistency, with values greater than .80 in all cases (Luceño-Moreno *et al.*, 2020; Revollo *et al.*, 2011).

To measure subjective well-being, we used the *Personal Well-Being Index* PWI (Cummins & Lau, 2005), whose original version consists of 7 items on satisfaction with different domains: health, standard of living, achievements, security, groups to which one belongs, security about the future, and interpersonal relationships. The response format ranges from 0 (*completely dissatisfied*) to 10 (*totally satisfied*). Although the original test was designed for the adult population, it has been applied to adolescents, showing adequate psychometric properties (Casas *et al.*, 2013). Due to the peculiarities of the population of young people in residential care, other studies (González-García *et al.*, 2022) included the following domains: the family, the way they have fun, and their body, as well as the residential centre where they live. Also included was the only item of the *Overall Life Satisfaction Scale* (OLS; Campbell *et al.*, 1976) that asks about satisfaction with life in general, with the same response format as the PWI. Both tests have been used in different cultures (Lau *et al.*, 2005) and with the population in residential care and have obtained satisfactory internal consistency coefficients, with values between .73 and .80 (Llosada-Gistau *et al.*, 2017).

Procedure

We contacted the management of several residential reception centres for UMC on the island of Tenerife, who actively facilitated the performance of this research. They were informed that the data collection was completely anonymous and would be carried out through the use of new technologies, thus offering extra motivation for collaboration while respecting the protected spaces where the minors reside.

To overcome language barriers, the instruments were translated into French and Arabic, ensuring the young people's privacy when completing them. The format was digital, through a *Google Forms* form.

We took advantage of the organisational routines of the residential centres to administer the questionnaires, including them in the daily hours dedicated to training and language learning. The activity was presented as a complementary dynamic to the youths' training itinerary and was done in the presence of the centre's educational staff, who collaborated by clarifying doubts and offering the resources available at the residence (computers, mobiles and tablets).

Ethical considerations

The ethical criteria in the World Medical Association's Declaration of Helsinki on research involving human subjects were applied. Specifically, the research objectives were explained to the participants, assuring them of anonymity and the protection of personal data at all times. Subsequently, they were asked for informed consent, which had also previously been requested from the heads of the collaborating centres.

Data Analysis

The design of this research is retrospective or ex post facto (Ato & Vallejo, 2015). Due to the sample size, the Shapiro-Wilk test was performed to determine whether the normality assumption was met. As can be seen in Table 1, this assumption was not fulfilled in most of the variables, so we decided to use non-parametric tests, specifically Spearman's Rho coefficient for correlations, the Wilcoxon test for comparing the scores of the BISS factors and the Mann-Whitney-U for group comparisons. Bilateral rank correlation (r_b) was used to calculate effect sizes. To establish the magnitude of the effect size, we used the criterion proposed by López-Martín and Ardura-Martínez (2023), where < .10 is very small; between .10 and .29 is small; between .30 and .49 is moderate; and > .50 is large.

Table 1. Shapiro-Wilks Normality Test for PWI and BISS

	Shapiro-Wilks
PWI: Rate your satisfaction...	
With your family	.798***
With your health	.85***
With your standard of living	.96
With the things you've achieved in life	.91**
With how safe you feel	.92**
With the groups of people you are part of	.928*
With security about your future	.904**
With your relationships with other people	.917**
With how you have fun	.915**
With your body	.921**
With the centre/home you live in	.876***
With your whole life, considered globally	.923**
BISS	
Perceived discrimination	.967
Intercultural contact stress	.96
Homesickness	.967
General psychosocial stress	.944*
Note: PWI = Personal Well-Being Index; BISS = Barcelona Immigrant Stress Scale. * $p < .05$. ** $p < .01$ *** $p < .001$.	

Results

Wilcoxon's pairwise contrast found significant differences between all the BISS factors, except for between perceived discrimination and general psychosocial stress, in whose comparison the Z-statistic had an associated $p > .05$. As can be seen in Figure 1, the highest score was that of the intercultural contact stress factor, and the lowest was that of homesickness.

The PWI scores were compared with those obtained in a recent study with adolescents in residential care (see Figure 2). As can be seen, the scores of the UMC were generally lower, but the difference observed in the item 'Satisfaction

with the centre where you live' was especially noteworthy: the UMC group's score was very low. On the other hand, the score on the 'Satisfaction with the family' item was more than one point higher in the UMC group than that of the comparison sample.

The correlations between the PWI items and the BISS factors can be seen in Table 2. Except for the correlation between the item of 'Satisfaction with your health' and the intercultural contact stress factor, which was not significant, the rest of the correlations were significant and negative, and with very high values. This indicates a very clear relationship between migratory stress and subjective well-being.

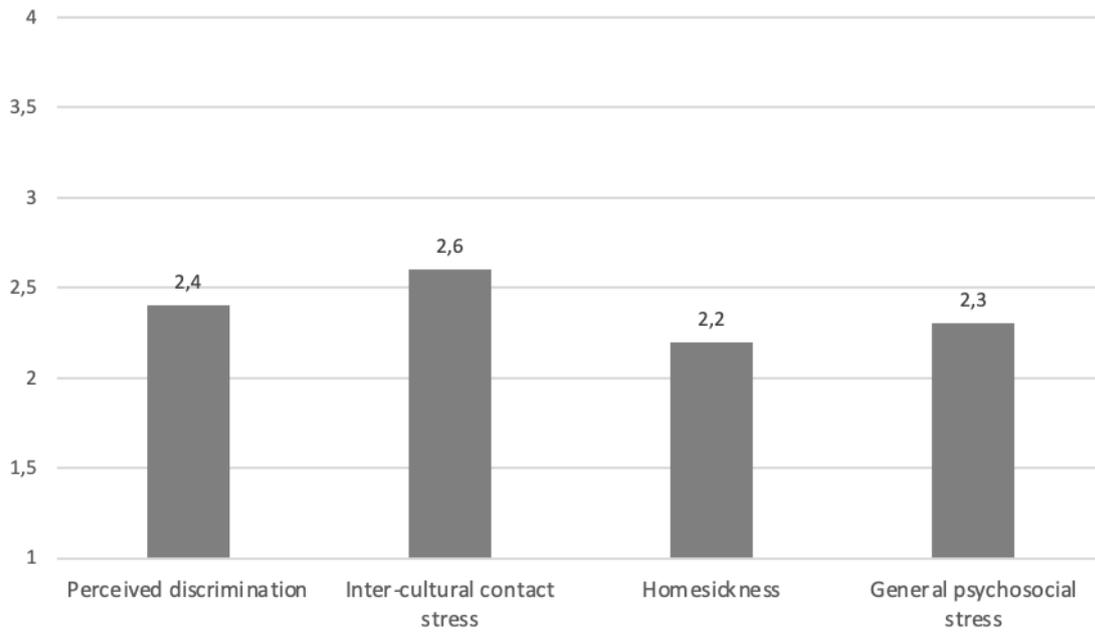


Figure 1. Barcelona Immigrant Stress Scale Factor Scores.

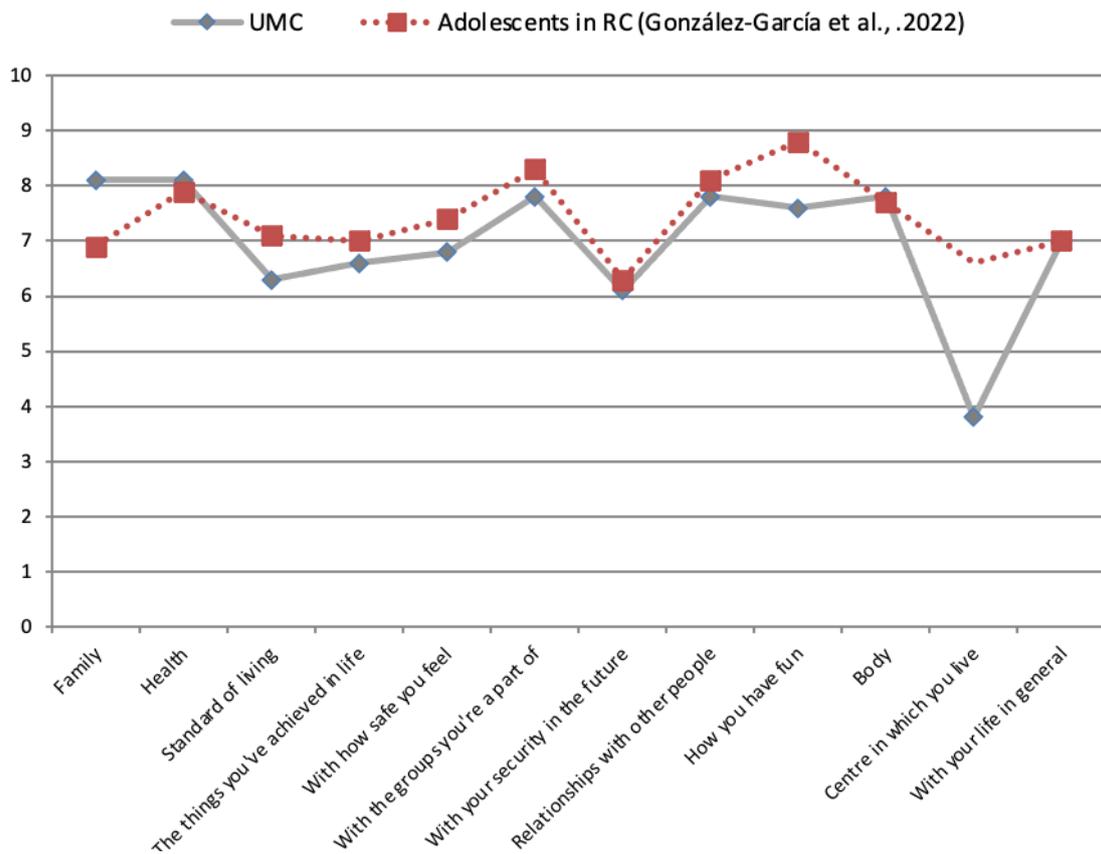


Figure 2. Subjective Well-Being Scores.

Table 2. Rho correlations between PWI and BISS

	BISS			
	Perceived discrimination	Inter-cultural contact stress	Homesickness	Psychosocial stress
PWI -Rate your satisfaction...				
With your family	-.59***	-.37*	-.72***	-.51***
With your health	-.43**	-.17	-.38*	-.51***
With your standard of living	-.75***	-.68***	-.75***	-.71***
With the things you've achieved in life	-.77***	-.69***	-.79***	-.73***
With how safe you feel	-.74***	-.72***	-.76***	-.78***
With the groups of people you are part of	-.59***	-.47**	-.60***	-.62***
With security about your future	-.78***	-.70***	-.74***	-.73***
With your relationships with other people	-.69***	-.58***	-.66***	-.71***
With how you have fun	-.59***	-.60***	-.63***	-.53***
With your body	-.61***	-.57***	-.59***	-.63***
With the centre/home you live in	-.68***	-.69***	-.69***	-.60***
With your whole life, considered globally	-.72***	-.63***	-.74***	-.66***

Note: PWI = Personal Well-Being Index; BISS = Barcelona Immigrant Stress Scale.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3 shows the correlations between the PWI and the BISS with the variables length of stay and family situation. The length of stay maintained positive and significant relationships with three items of the PWI: satisfaction with how safe you feel, with the security about your future and with the centre/home in which you live. It had significant relationships with two factors of the BISS, but in this case, with a negative sign: perceived discrimination and general psychosocial

stress. Concerning the family situation, the better it is, the greater the subjective well-being, as significant correlations were found with all the PWI items except for satisfaction with how you have fun. The family situation maintained negative and statistically significant correlations with the four BISS factors; that is, the better the family situation, the lower the level of migratory stress suffered by UMC.

Table 3. Rho Spearman correlations between length of stay in the protection system and family situation with subjective well-being and migratory stress

	Time spent in the protection system	Family situation
PWI - Rate your satisfaction...		
With your family	.08	.38*
With your health	.16	.36*
With your standard of living	.19	-.43**
With the things you've achieved in life	.15	.33*
With how safe you feel	.33*	.52***
With the groups of people you are part of	.30	.50**
With security about your future	.49***	.52***
With your relationships with other people	.25	.66***

Table 3. Rho Spearman correlations between length of stay in the protection system and family situation with subjective well-being and migratory stress

	Time spent in the protection system	Family situation
With how you have fun	.12	.27
With your body	.27	.46**
With the centre/home you live in	.34*	.55***
With your whole life, considered globally	.07	.38*
BISS		
Perceived discrimination	-.35*	-.54***
Intercultural contact stress	-.25	-.54***
Homesickness	-.23	-.56***
General psychosocial stress	-.40**	-.52***
Note: PWI = Personal Well-Being Index; BISS = Barcelona Immigrant Stress Scale. * $p < .05$. ** $p < .01$. *** $p < .001$.		

In relation to legal documentation, those who have a residence and/or work permit have a higher level of subjective well-being and lower levels of migratory stress than UMC who do not

have such documentation (see Table 4). In all cases, the differences were statistically significant, although the effect sizes were small or very small in all variables.

Table 4. Differences in subjective well-being and migratory stress between youth who possess documentation and those who do not

	<i>M</i> With documentation	<i>M</i> No documentation	<i>p</i>	<i>r_b</i>
PWI Rate your satisfaction...				
With your family	8.9	7.4	**	.14
With your health	8.7	7.7	**	0
With your standard of living	7.2	5.5	***	.10
With the things you've achieved in life	7.6	5.7	**	.10
With how safe you feel	8	5.7	**	.10
With the groups of people you are part of	8.4	7.2	**	.01
With security about your future	7.8	4.5	***	.01
With your relationships with other people	8.5	7.1	**	0
With how you have fun	8	7.3	*	0
With your body	8.6	7.1	***	.10
With the centre/home you live in	5.3	2.4	***	.10
With your whole life, considered globally	7.6	6.5	*	0
BISS				
Perceived discrimination	2.1	2.6	***	.01
Intercultural contact stress	2.4	2.9	**	.03
Homesickness	1.9	2.5	***	.01
General psychosocial stress	2	2.6	***	.02
Note: PWI = Personal Well-Being Index; BISS = Barcelona Immigrant Stress Scale; <i>P</i> = probability associated with the Mann-Whitney <i>U</i> ; <i>RB</i> = Bilateral Rank Correlation. * $p < .05$. ** $p < .01$. *** $p < .001$.				

UMC who have a certified qualification obtained significantly higher mean scores on all PWI items, and significantly lower scores on all four BISS factors. The effect size was small or

very small in all variables, except for the PWI item Satisfaction with the centre, where the effect size was moderate (see Table 5).

Table 5. Differences in subjective well-being and migratory stress between youth who have training and those who do not				
	<i>M</i> Training	<i>M</i> No training	<i>p</i>	<i>r_b</i>
PWI - Rate your satisfaction...				
With your family	8.4	7.4	*	.05
With your health	8.4	7.6	*	.05
With your standard of living	6.9	7.9	***	.14
With the things you've achieved in life	7.3	5.2	**	.10
With how safe you feel	7.6	5.1	***	0
With the groups of people you are part of	8.2	6.9	**	.01
With security about your future	7	4.1	***	.10
With your relationships with other people	8.3	6.5	***	.10
With how you have fun	8	6.9	**	.01
With your body	8.4	6.6	***	.05
With the centre/home you live in	4.6	2	**	.30
With your whole life, considered globally	7.5	6	**	.01
BISS				
Perceived discrimination	2.2	2.8	***	.04
Intercultural contact stress	2.4	3.1	***	.02
Homesickness	2	2.7	***	.04
General psychosocial stress	2.1	2.7	***	.05
<i>p</i> = probability associated with the Mann-Whitney <i>U</i> ; <i>R_b</i> = Bilateral Rank Correlation. * <i>p</i> < .05. ** <i>p</i> < .01. *** <i>p</i> < .001.				

Discussion and conclusions

The first objective of this study was to determine the levels of migratory stress and subjective well-being in UMC. Concerning migratory stress, the results indicate that intercultural stress affects these young people to a great extent. The shock of arriving in another country with different languages, customs and beliefs is a source of stress for these youths, as previous research has pointed out (Müller *et al.*, 2019; Oppedal *et al.*, 2020). Regarding subjective well-being, the results indicate that, in general, it is lower than that of national youth in residential care, who, in turn, have lower levels of well-being than adolescents of the general population (Llosada-Gistau *et al.*, 2015). This result indicates that UMC are at risk of developing mental health

problems (Frounfelker *et al.*, 2020). However, two items deserve comment. First of all, the low score in satisfaction with the centre requires an explanation. It is necessary to take into account the context in which the research was carried out, which is the Canary Islands. This community has experienced in recent years a massive arrival of immigrants, and therefore of UMC, reaching 2,705 in March 2021 (UNICEF, 2021), far exceeding the number of places in reception centres. Placement in large and crowded centres makes it difficult to receive personalised treatment, which is one of the factors that have an impact on the well-being of UMC (Mateos-Rodríguez & Dobler, 2021; Zijlstra *et al.*, 2019) and could explain the low satisfaction with the centre. On the other hand, the only item in which UMC have a higher score is satisfaction with the family. While youth who

enter residential care do so after a declaration of abandonment, and in most cases, there is a severe family problem (Martín *et al.*, 2020), the reasons that lead to family separation in UMC are more varied. In many cases, there is a stable affective environment, but economic difficulties drive these youths to a migratory adventure to help their family (Devenney, 2020; Ochoa de Alda *et al.*, 2009). Logically, this situation leads to greater satisfaction with the family domain.

The second objective was to analyse the relationships between migratory stress and subjective well-being. The results of this study show a strong relationship between the two variables, in the sense that the greater the stress, the lower the subjective well-being of UMC. This is observed in all four BISS factors, which is consistent with the variables that previous research has pointed out as risk factors for the development of mental health problems: difficulty in obtaining legal immigrant status upon attaining the age of majority, language difficulties, culture shock, difficulties in accessing training and employment, feelings of isolation and marginalisation and separation from family (Devenney, 2020; Frounfelker *et al.*, 2020; Gladwell, 2021; Gullo *et al.*, 2021; Kauhanen *et al.*, 2022; Mateos-Rodríguez & Dobler, 2021; Zijlstra *et al.*, 2019).

The third and final objective was to check whether migratory stress and subjective well-being are related to the family situation, the length of stay in the CPS, the possession of documentation (residence and/or work permit) and training certificates. As far as the family situation is concerned, the better it is, the greater the well-being and the lower the stress. Although they are separated, the bond exists, and the family is an important reference, so it is advisable to maintain contact through the available means (Mateos-Rodríguez & Dobler, 2021; Ochoa de Alda *et al.*, 2009; Van Os *et al.*, 2016). When the family's situation is bad, UMC may feel pressured by the responsibility of finding work to help them, negatively impacting their well-being and increasing stress levels (Devenney, 2020). Concerning the length of stay, the longer they have been in the CPS, the greater their satisfaction with their safety, their security about the future and the centre. Logically, the processing of documentation, the search for training alternatives and establishing new social networks requires time, which would explain these results (Gullo *et al.*, 2021; Kauhanen *et al.*, 2022). In addition, this would also explain the decrease in perceived discrimination and general psychosocial stress. On the other hand, it has been found that the length of stay does not significantly reduce

intercultural contact stress and sickness, which seem to require more specific interventions. This has to do with acculturation processes, which entail both adaptation to the new culture and the maintenance of the culture of origin (Oppedal *et al.*, 2020). Obtaining the legal documentation and qualifications that facilitate their social and labour insertion has a positive impact on their well-being and on the reduction of migratory stress. This result is in line with the proposals of previous literature (Frounfelker *et al.*, 2020; Gladwell, 2020; Gullo *et al.*, 2021; UNICEF, 2021).

UMC arriving in Spain through the southern border suffer from migratory stress, which, recognising the link between stress and mental health, can negatively impact their mental health. These young people, who are cared for by the CPS until they reach the age of majority, experience a much more complex transition process to adult life than the rest of the youths who reach the age of majority while in residential care (UNICEF, 2021). The lack of training that hinders social and labour insertion (Martín, González-Navasa, Chirino *et al.*, 2020), the loss of attention to the emotional problems that they could receive in the CPS (Butterworth *et al.*, 2017), and the lack of adequate social support networks (Melkman, 2017) make them a group at high risk of suffering social exclusion (Inofuentes *et al.*, 2022; Ivert & Magnusson, 2020).

The results of this work, together with the previous scientific literature, highlight the need to address the well-being of UMC, which is also a right, by implementing interventions to reduce the factors identified as stressors. These interventions should continue after they leave the CPS, as stated in the legislation in force, accompanying them and providing them with knowledge about the social, labour and legal reality of the host country, reducing as much as possible all the bureaucratic obstacles they must face (Fernández-Simo *et al.*, 2023; Herrera-Pastor *et al.*, 2022).

We do not want to finish this work without commenting on some of its main limitations. Although this is a difficult population to access, the sample is nonetheless small, and works with larger samples are needed to confirm these results. On the other hand, the sample is geographically and chronologically located in a specific context, such as the Canary Islands, at a critical moment of the massive arrival of UMC, so the results must be interpreted within this framework. However, we think this work provides relevant information about the situation of UMC and, therefore, to implement interventions that help them in their complex process of transition to adult life and socio-labour integration in the host country.

Contributions

Contributions	Authors
Conception and design of work	Author 1 y 2
Documentary search	Author 1 y 2
Data collet	Author 1
Analysis and critical interpretation of data	Author 1 y 2
Review and approval of versions	Author 2

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Conflict interest

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