



## Shelter from the storm – mental health and young refugees

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Depression – let's get talking

**Refugee children, for many reasons, can be particularly vulnerable to mental health problems. Schools can do a lot to help. Our CEO, Clare Stafford, spoke to Mina Fazel, Associate Professor in Child and Adolescent Psychiatry, University of Oxford.**

### **CS: What are the most important issues for refugee children and mental health?**

**MF:** The most important issues are the child's environment and background. These children have likely come from a difficult environment and may have had no experience of education, or a very disrupted experience. They might have been exposed to traumatic events and a whole range of losses.

There's also the journey to a place of safety: that could be a two hour flight or two years of horrific travelling. Then we need to think about their situation in a country of refuge. We can't modify what they've experienced before but we can do a lot to improve their current experience.

We did some interesting research where we asked refugee children, "What was the one most important thing that helped you?" They would often say that the things that helped most were when they went up in assembly and said something that made everyone laugh and felt accepted by their peer group – or another kid inviting them to join in football practice.

I'm a child psychiatrist and clinically I feel I have none of the most important therapeutic interventions available to me, because actually what these kids need most can be found in the school environment rather than in a clinical environment.

There are important things to think about if you're working with refugee children: what are you doing to prepare the other children at the school to ensure it's a welcoming environment? You could ask, "Who are the two or three kids who are most likely to be welcoming and kind to this child? Why don't we create natural ways that these young people can build their social network without thinking it's been engineered? Why don't we facilitate that in a way that makes them feel valued?"

### **CS: What signs might you notice if a refugee child is beginning to experience depression or anxiety?**

**MF:** It's about functioning, I suppose – if they're more withdrawn than you'd think, if they're not able to make friends, if they change their behaviour. Every child is going to be a bit withdrawn when they start in a new environment but if it's difficult to help them get beyond that, it's important maybe to ask teachers what they've seen, ask the family. Check these things before anyone needs to get too worried – this is normal, just normalising on some level is also important.

They want to make friends and learn the language, so facilitating that might be the most powerful intervention – if no one at school speaks to you, it's impossible to practise the language. If you're worried about the kids, do the basic things first: provide linguistic support; help them feel they can build a peer network; and be aware that the most common problems are low mood and anxiety.

If they've come with a family, try finding ways to welcome their family too, to help them all feel part of the school community.

### **CS: If a child is having problems, what support or interventions might be needed?**

**MF:** The big problem for refugee and asylum-seeking children – as with other vulnerable populations – is that services are quite difficult to access. It's useful to be aware of that. I think some families fear that if there is a

problem they're either going to be deported or their child will be taken away. You've also got to understand the ongoing fears and stigma that are quite prevalent.

We have very few resources available in their native languages so I think it's really important as a first step to explain a little bit about how we work in the UK. Schools often have someone in their pastoral team who is there to talk to them and advise that schools can sometimes help with referrals to mental health services.

More and more services are starting to look to schools and work in collaboration. It's good to explain what services are available and do what you can to facilitate that next step because if a child is traumatised, for example, a core symptom will be to avoid any reminder of the trauma. They know that if they get referred to services, they'll be asked about the one thing their body and mind tells them to avoid. So it's difficult to expect a family to just happily come to services they don't understand and talk about the last thing in the world they want to talk about.

**CS: So, as a non-specialist member of staff, it better not to talk about that trauma?**

**MF:** I think what happens is that everyone around them avoids it. If you've not been trained to deal with trauma the natural response is "I don't want to talk about it; I don't know what to do if they talk about it; I don't want to make it worse for that child". But then the subliminal message these kids get is that nobody in the world wants to talk to them about it and that it's potentially dangerous.

I think it's perfectly ok to say, "I don't really know how I can help but I will come with you to find out how I can get you help. So tell me, do you have things that are worrying you? I saw you in class – you jumped when the door slammed – is that because it reminded you of something bad that happened in the past? If it is, I'm going to help you, I'll come with you to your first appointment."

In Oxford we've placed mental health services in the school, so teachers can come for the first ten minutes of an appointment, if needed. The transition into mental health services is then much easier. We know it's not likely to make a child worse if we ask them about something that's affecting them.

**CS: In terms of the voices of young people, are there any key things from that lived experience you want to tell us about?**

**MF:** They all seem to want to be a normal kid in England! They want to be friends with kids in their classes and to be accepted. That's what every kid wants, isn't it?

Many say in the first few weeks or months it's useful to have friends who have gone through similar experiences but after a couple of months they just want to make friends with the host population. Schools can facilitate that better than anyone else. This is a really massive thing that can help.

There are a lot of projects within the community for refugee kids, but actually that's not what they want. Why not create a new football club for kids who've never been in a club before? Or cricket – for many kids from parts of Asia cricket is a massive sport, so that's an inroad. For girls, we've got to be more creative as refugee children do not seem to want to go to the sports clubs as much – dance clubs or sewing clubs have worked in other places. We need to think what they would like, and create those lunchtime clubs and make sure they're attractive to all the kids.

**CS: Any other practical strategies that staff might put in place to help learning and settling in?**

**MF:** If they've come with their family, the family is likely to have many complex needs, so perhaps write things down. Google Translate can translate into any language, so why not write a little note saying, "Dear parents, just to let you know she's doing really well, this homework's going to be quite difficult and this is what it's about," and get it translated?

There are lots of ways we can make it easier, without too much effort. Just go that little extra step because these kids are likely to have a lot of responsibility on their shoulders at home. If they're the only person who can speak the native language they're likely to be used by their family to translate legal documents. Anything to support the parent to maintain their parental role by giving them information would be really valuable.

**CS: What would be the one thing you would change for refugee children and their mental wellbeing?**

**MF:** To ensure all schools prepare themselves before any kids arrive. This is a whole school responsibility. What have you done to prepare your school in the most creative way, so that when these kids arrive, everyone is aware and prepared, and excited? A lot of thought has been put into what do we do for refugee kids but actually what do we do for the host population? No one seems to be doing that well, I think.

**CS: So are there some simple ideas you might do as a school or as a class?**

**MF:** I think talking about the good things in every culture: Syria, for example, is a beautiful, culturally stunning place. How can we help a child feel proud about where they come from as well as helping the community be aware of how hard it must be to be displaced? Schools need to help the kids in the class understand this without the refugee kid having to be the main educator. What do we think it might feel like to arrive new in a school at a non-traditional point of entry? They could prepare the kids for that without having to say "by the way, we've got one coming next week". If that work is done a fortnight before a new arrival, who knows what the shift might be?

Some schools do a lot around food. They invite families to bring in their national dish for everyone to try. There are very positive aspects about every culture and a lot of it is around food.

**CS: Is there anything we've missed that would be really useful key messages?**

**MF:** We need to be aware that global crises and forced migration of refugees is a massive problem. It affects 60 million people, of whom half are children; a large number of children are being forced to move because of organised violence.

The ones that come to high income countries like England are a very specific group; they are probably the most resilient and resourceful. They're not the weakest, the most desperate, the most deprived; they're probably the most capable people in their own individual societies. We need to ask what we can do to support them because they'll become incredible resources either for this nation or to build up their own nations if and when they choose to return.

*Adapted from a podcast recorded in October. This is the first in a series of interviews with experts on the mental health of children in vulnerable groups.*