MENTAL HEALTH COUNSELLING FOR REFUGEE YOUTH: ISSUES AND GOOD PRACTICES

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Experiences of loss, trauma, uncertainty, and upheaval during pre-migration and migration journeys often place refugee youth at risk for mental health problems. Mental health professionals need particular knowledge and skills to help these youth identify positive connections, address mental health difficulties, and establish new relationships in their host communities.

Les expériences de perte, de traumatisme, d'incertitude et de bouleversement pendant les voyages de pré-migration et de migration placent souvent les jeunes réfugiés à risque de problèmes de santé mentale. Les professionnels de la santé mentale ont besoin de connaissances et de compétences particulières pour aider ces jeunes à identifier des liens positifs, à résoudre les problèmes de santé mentale et à établir de nouvelles relations dans leurs communautés d'accueil.

Refugees experience many difficulties and barriers in transit and after arriving in their new host country. Even with support available from governments and private sponsors, many refugee youth and their families experience challenges in language learning, housing, employment, education, social relationships, and health, including mental health. Many experience adversity pre-migration, during migration, and after resettlement; it is not surprising that they exhibit symptoms of mental health disorders, including post-traumatic stress disorder (PTSD). Yet, despite challenging circumstances, young refugees also demonstrate adaptability, perseverance, and resilience; they possess strengths and attributes that will help them adjust positively to a new home. It is vital that mental health practitioners remember to acknowledge and build upon the assets and potential that refugee youth possess.

UNDERSTANDING MENTAL HEALTH CHALLENGES FOR REFUGEE YOUTH

Understanding the mental health challenges young refugees face requires consideration of the multiple losses associated with being forced to leave one's home, compounded with the stress and trauma encountered pre-migration or during their journey to a settlement or host country. Experiences of trauma can include loss of family members or friends through death, disappearance, or displacement; witnessing or experiencing emotional or physical torture and other forms of violence; fear for safety; hunger; homelessness; and loss of property. Unaccompanied youth are most at risk for mental health challenges; they are more likely to be exposed to pre-migration trauma and also to show more depressive symptoms upon resettlement. Other mental health issues among refugee youth include depression, low self-esteem, stress, anxiety, and con-

duct disorders. Many refugee youth experience symptoms of post traumatic stress disorder such as emotional numbness, disturbed sleep patterns, and flashbacks.

Because of multiple losses, many refugees experience grief during migration and resettlement. Some experience prolonged or complicated grief, in which maladaptive responses to the losses persist. Counsellors consistently identify themes of loss of home, belonging, and culture that emerge in therapy sessions with migrants. At a key developmental period, refugee youth also experience a disrupted sense of self or identity that can erode self-esteem and coping. Forced migration can lead to a deep sense of isolation or lack of identification with a home, which negatively impacts sense of self. Mental health professionals can assist refugee youth by engaging them in discussions about loss, transitions, identity development, and cultural conflicts affecting them and their families and by helping them to address and resolve these tensions.

Although stress is experienced differently by young men and women, gender is an often-overlooked factor with respect to mental health. Refugee girls and young women have distinct needs, barriers, and strengths that can go unrecognized within the context of male-centered settlement policies. Mental health programming that accommodates girls' and young women's home and family responsibilities can promote greater access to services. A further key factor is increasing accessibility of services for young women who have experienced sexual and physical violence. Gender-focused support can pose some challenges, however, because of the need to balance recognition of refugees' cultural roles while addressing structural barriers that may segregate and devalue young women.

FACTORS INFLUENCING MENTAL HEALTH OUTCOMES FOR YOUNG REFUGEES

Migration does not in itself cause mental health problems; rather, a multitude of factors interact to influence individuals and families. Direct and indirect exposure to violence is associated with increased mental health problems. However, so is injury sustained during pre-migration. Pre-migration mental health difficulties such as anxiety, depression, and exposure to stressful life events also impact refugees' post-migration mental health.

Family history and disruptions to the family unit have an impact on young refugees' mental health outcomes too. Children separated from their families pre- or post-migration are at increased risk of psychological problems. Family support and cohesion is related to better mental health for young refugees, as is parental mental health. Parental worries about financial problems, a common occurrence upon resettlement, can have an adverse effect on children's mental health. Mental health professionals need to have some understanding of family context and history in order to establish priorities in therapy.

Yet, too frequently, well-intentioned programs fail to recognize and build on refugees' strengths. Those who have encountered hardship and trauma may even exhibit Post Traumatic Growth (PTG), such as greater appreciation for life, enhanced spirituality, and increased personal strength. Instead a positive, holistic approach in mental health counselling that emphasizes abilities and coping.

Refugee youth need to find positive connections and develop relationships in school and in their host community (Marshall et al., 2016). The extent to which youth perceive themselves as accepted or discriminated against within host countries is related to mental wellbeing. Research has identified a relationship between peer discrimination and low self-esteem, depression, and PTSD among migrating youth. Perceived positive social support, in contrast, is related to improved psychological functioning. Therapists can help refugee youth establish relationships where they experience the sense of belonging that has been found to protect against anxiety and depression.

ADDRESSING BARRIERS TO ENGAGEMENT IN MENTAL HEALTH SERVICES

Despite experiencing disproportionately more mental health challenges, research shows that immigrant and refugee youth make significantly less use of mental health services; many who are in need go without support. Community and mental health referral contacts need to be aware of barriers to services; these include distrust of authority, stigma, language and cultural differences, and other priorities.

Many refugees develop distrust of authorities after negative experiences with government systems and other establishments. Sometimes the very organizations put in place to provide support and safety are, in fact, responsible for inflicting trauma. Some refugees might also feel hesitant with helping professionals due to perceived power imbalances. Hundley and Lambie (2007) recommended that therapists devote increased time and effort to develop rapport and a sense of safety with refugee clients. Ellis et al. (2011) suggest enlisting help from other refugee families and the broader community to develop and deliver appropriate mental health services can assist in establishing trust.

Refugee youth and their families may hesitate to seek counselling services because of the stigma surrounding mental illness and those who seek this form of help, which can exacerbate the negative impact of mental health problems. One strategy to diminish stigma is to embed mental health services in other acceptable forms of refugee support such

as counselling services that are available in secondary and post-secondary educational settings. Community cultural agencies, sports organizations, and other outreach programs are examples of refugee support services that can include mental health information and promotional activities in their programming.

Language differences can constitute a considerable barrier between refugees and host country mental health professionals and these also need to be considered. Assessment and therapy sessions are often one-on-one encounters that require good language skills. Using interpreters can address the need for both linguistic and cultural relevance in treatment, however, having an extra person present affects the therapeutic relationship and can compromise confidentiality. Moreover, given the wide diversity within and among refugees, it cannot be assumed that an interpreter will have a full cultural understanding of a client's background. Ellis and colleagues (2011) recommend including community voices and cultural experts in the development and delivery of refugee mental health services and training.

A significant barrier for young refugees is that other resettlement needs may be seen as more urgent and pressing than mental health concerns. Therapists can include attention to basic needs as part of their initial assessment and either take on an advocacy role themselves or refer clients to additional services. Having mental health services located with or close to other health, family, and community refugee services can facilitate a holistic approach to resettlement support. Another strategy is to spend a significant portion of counselling sessions on fostering client strength and agency rather than focusing solely on pre-migration or migration experiences and problems.

Refugee youth arrive in host countries with experiences and histories of loss, trauma, uncertainty, and upheaval. Although their pre-migration context and migration journeys may place them at greater risk for mental health problems, they also settle in their new homes with skills, abilities, and hope. Mental health professionals have a key role to play in assisting these young people to overcome mental health difficulties and realize their full potential in their new environments.

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