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Adolescent and Young Refugee Perspectives on Psychosocial Well-being

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Abstract: Today's migration patterns have shifted in ways that bring new challenges to the field of refugee mental health. New refugee arrivals in developed countries are an extremely diverse group. As a result, multiple treatment approaches must be developed addressing the needs of diverse, multicultural and multilingual populations (U.S. Department of Health and Human Services, 2003). There is now clearer recognition that, in a country as culturally and linguistically diverse as Australia, specific attention must be paid to the cultural dimensions of mental disorder and mental health service design and the specific needs of Indigenous people, immigrants and refugees (Minas et al, 1996). It has been clearly demonstrated that refugee children and adolescents are vulnerable to the effects of pre-migration, most notably exposure to trauma. Refugee children are often torn between their homeland culture, the culture of the new country and the culture of refugee resettlement (Hyman, Vu & Beiser, 2000). This research study interwove migration, resettlement and identity formation into an understanding of psychosocial wellbeing of adolescent refugee children. The conceptual framework used for this qualitative study viewed psychosocial well-being of an individual with respect to three core domains: human capacity (mental health and well being); social ecology (relationships linking individuals within and between communities); and culture and values (the value and meaning given to behaviour and experience)(Psychosocial Working Group, 2003). The research used a case study approach within a qualitative framework (Merriam, 1998). The qualitative approach, more sensitive to the context included in-depth interviews, focus group interviews, school visits, accumulation of documentary data and reflective narratives. This study provided recommendations, strategies and a framework for further research and interventions into school psychosocial health promotion and intervention for adolescent refugee children.

Keywords: Adolescent Refugee Children, Resettlement and Acculturation, Psychosocial Well-being, Identity Formation

United Nations High Commissioner for Refugees (UNHCR) Basic Facts

UNHCR'S FOUNDING MANDATE defines refugees as persons who are outside their country and cannot return owing to a well-founded fear of persecution because of their race, religion, nationality, political opinion or membership of a particular social group. At the start of 2004, the number of people 'of concern' to UNHCR stood at just over 17 million, down from more than 20 million the year before – the lowest total in at least a decade. They included asylum seekers, refugees, internally displaced people, returned refugees, and stateless persons (UNHCR, 2004). The significantly lower figures were seen as a sign of increased international efforts to find solutions for millions of uprooted people (UNHCR, 2004).

Australia and Psychosocial Health

Australia has a strong record of meeting the health care needs of its young people. In recent years, there has been an increasing focus on the mental health of children and adolescents in Australia (Minas & Sawyer, 2002). The reform of Australian mental health services now emphasises mental health pro-

motion, the development of preventive approaches, early detection of mental disorders and early treatment interventions (Raphael, 2000). The importance of mental health to normal development and well-being has been recognised increasingly over recent decades, together with a growing understanding of the profound effects of social and family change (Raphael, 2000). There is now clearer recognition that, in a country as culturally and linguistically diverse as Australia, specific attention must be paid to the cultural dimensions of mental disorder and mental health service design and the specific needs of Indigenous people, immigrants and refugees (Minas, Lambart, Boranga & Kostov, 1996). Today's migration patterns have shifted in ways that bring new challenges to the field of refugee mental health. New refugee arrivals are extremely diverse. As a result multiple treatment approaches must be developed addressing the needs of diverse, multicultural and multi-lingual populations (US DOHHS, 2003).

Theoretical Underpinnings

Theory and Refugee Children

Erikson's **developmental theory** has been applied to understanding vulnerability among refugee chil-



dren (Eisenbruch, 1988) whose wartime experiences of mistrust, self doubt and inferiority exacerbate the psychological crises that occur during normal development. A critique of developmental theories is their cultural relativism and reliance upon western constructions of childhood and cross-cultural generalizability. Thus assessments of war-affected youth measure loss and adversity and downplay refugee children and adolescent's resilience and innate strengths (Papadopoulos 2001, Watters 2001).

The **ecological systems theory** (Belsky 1980, Bronfenbrenner 1979) posits development occurring within interactions between individuals and their environment at four nested levels: the macrosystem (societal and cultural belief system), exosystem (community and neighbourhood factors), microsystem (family factors) and the ontogenic level (individual factors). Refugee children's native cultures also influence multiple aspects of their psychosocial wellbeing. Cultural explanations for symptoms and etiology of illness may be very disparate from western views. It is important to be familiar with a child's culture and how those cultures associate stressful events relevant to the refugee experience (Morris & Silove, 1992).

Refugee Resettlement

The transition from one country to another for refugees often encompasses changes in every aspect of daily life from the language one speaks to the ways in which groups and individuals interact. It includes loss of work status, communicating in a new language and encountering discrimination. This process of cultural transition has been defined as acculturation and the stresses associated with it acculturative stress (Berry, Kim, Minde & Mok, 1987; Williams and Berry, 1991). Once refugees resettle in a host country, new belief systems, values and mores challenge their adjustment. During acculturation four broad phases take place: contact, conflict, crisis and eventual adaptation (Papadopoulos 2001, Williams and Berry 1991).

During the resettlement phase many refugee children and families re-establish their lives and encounter western mental health services for the first time (Rousseau, Drapeau, & Corin, 1995). The legacy of trauma is superimposed on the already complex acculturation and adjustment process. Numerous studies and literature suggests that multiple stressors impact refugee children in resettlement: migration and loss of the familiar, acculturation, ensuing difficulties between generations and trauma (Angel, Hjern & Ingleby (2001), Howard & Hodes 2000).

Refugee children are often torn between culture of their homeland in their or their parents' memories, the culture of the new country as well as the culture

of refugee resettlement (Tobin & Friedman, 1984). Children and adolescents struggling with identity formation may experience psychological difficulties in the context of dual cultural membership (Phinney, 1990). It has been clearly demonstrated that refugee children and adolescents are vulnerable to the effects of pre-migration, most notably exposure to trauma. Certain risk and protective factors that temper or aggravate poor psychological health, include family cohesion, parental psychological health, individual dispositional factors and environmental factors such as peer and community support. Many refugee children have encountered violent death of a parent, injury/torture towards a family member(s), witness of murder/massacre, terrorist attack(s), child-soldier activity, bombardments and shelling, detention, beatings and/or physical injury, disability inflicted by violence, sexual assault, disappearance of family members/friends, witness of parental fear and panic, famine, forcible eviction, separation and forced migration (Burnett & Peel, 2001; Davies & Webb, 2000).

Psychosocial Well-being of Adolescent Refugee Children

While there is considerable and growing literature about the mental health of adult refugee/asylum seekers, current research acknowledges a lack of understanding in the mental health of child and adolescent refugee/asylum seekers (Dybdahl, 2001; Hicks, Lalonde & Pepler, 1993; Hyman, Vu & Beiser, 2000). Previous reviews of child refugee mental health include Keyes (2000), Rousseau (1995), Jensen and Shaw (1993) and the US Dept of Health and Human Services (2003). Sourander (1998) also found that in addition to Post Traumatic Stress Disorders (PTSD), depression and anxiety were most common among refugee children. While the presence of anxiety is not surprising given its overlap with Post Traumatic Stress Disorders, Clarke et al. (1993, cited in Hodes, 2000) note that depression may commonly occur due to ongoing adversity following resettlement.

In their study of problems such as minor affective disorders, anxiety, conduct, eating and sleep in three groups of refugee, immigrant and British children, Howard and Hodes (2000) note that refugee children received more diagnoses of a psychosocial nature than the other two groups of participants. While similar social impairment was observed across comparative groups, refugee children were more isolated and disadvantaged. This tendency to manifest disorders of a psychosocial nature is consistent with the findings of Rousseau, Drapeau and Corin (1996). These differential findings across cultures reflect the need to investigate systematically cultural

influences on child and adolescent mental health among the refugee and asylum seeking populations (Thomas & Lau, 2004).

Acculturative Stress and Inter-Generational Stress

Acculturative stress (that is stress due to difficulties associated with adapting to a new culture) also places refugee/asylum seeking children and adolescents at greater psychological risk. For example, difficulties at school and in language acquisition have been shown to predict poor adaptation (Rousseau, 1995). There are two important factors in the adaptation to a new culture that either increase or decrease susceptibility to poor mental health. First, conflict in the development of identity among adolescents has consistently been related to poor psychological adjustment (Rousseau, 1995). Second, even though the adaptive process to a new culture can make provision for good outcomes, it can also increase psychological vulnerability through the creation of inter-generational stress.

Intergenerational conflict arises when children and adolescents, particularly adolescents, adapt much faster than their parents. As such, the authority of parents is often compromised by virtue of their dependence on children for language and cultural access to the host society (Hyman, Vu & Beiser, 2000). Other factors to have a negative influence on the mental health in refugee children and adolescents include low socio-economic status (Howard & Hodes, 2000); long-term unemployment in parents, particularly fathers; school problems, language problems; and discrimination (Hyman et al, 2000).

School Psychosocial Health Promotion

Psychosocial Health promotion is the framework within which effective prevention and early intervention can be accomplished. It is relevant to the whole community as it is applicable regardless of current mental health status and across mental health intervention spectrums. Psychosocial Health promotion is a process that is concerned with enabling people to maximise their well being through influencing the environmental determinants of mental health. School Psychosocial Health promotion as a process aims at giving power, knowledge, skills and necessary resources to individuals, families and the whole communities (EC, 1999). Layne et al in 2001 used focus group discussions, stress management, psychoeducation, relaxation skills and practical problem solving skills with high school Bosnian students and had significant reduction in PTSDs.

School Psychosocial Health promotion can provide a comprehensive range of services that both address individual needs and impact the school and classroom

environment depending on the needs of the teacher classroom and child. Atkins, M., Frazier, Adil, & Talbot (2003) used a similar School Psychosocial Health promotion and intervention approach in Chicago with low-income African American populations. School Psychosocial Health promotion takes place outside of clinical settings and thus reduces power disparities. It thus has the potential to become an important modality to overcome barriers to access services as well as ways of effectively intervening with refugee children. Schools also provide a potential avenue to engage parents and create a bridge between the worlds of family and school. Schools provide an orientation and education about the larger culture and lives of their children and can help in reducing the acculturative gap between parents and children (Delgado-Galtan, 1991).

Research Design

The Approach

This study like research of all kinds had a conceptual structure organized around a small number of research aims that seek information and revolve around themes (Merriam, 1998). The research used a case study approach within a qualitative framework and made use of interpretive ethnographic analysis (Denzin & Lincoln, 2000). The study also involved an interpretative approach that included the combination of multiple research methods including the constructive perspective and critical theory. The critical theory perspective implied that reality is shaped over time by social, political, cultural, ethnic and gender factors (Guba & Lincoln, 1994). This study also drew on a constructive perspective, which assumed that there are multiple realities in which the researchers and their subjects create their own understanding (von Glasersfeld, 1993). According to Gergen (1995, p. 25), meaning is achieved through dialogue and communication between two or more persons, and is concerned with “negotiation, co-operation, conflict, rhetoric, rituals, roles and social scenarios....”

This research study was designed to interweave history, migration, resettlement and identity formation into an understanding of psychosocial well being of adolescent refugee children. In summary the aims of the project were to:

1. Investigate and explore ways in which refugee adolescent youth perceive their experience about escape, flight, and resettlement;
2. Examine how adolescent refugee children perceive the process of migration, loss, resettlement and consequent acculturation;
3. Discuss refugee adolescent views of their personal, economic and social environment, the

nature of everyday experiences at school, struggles over language acquisition, and formation of emerging identities;

4. Identify the multiple stressors that refugee adolescents and youth have to cope with during the process of acculturation.

The Conceptual Framework

The conceptual framework used for this study rested on the assumption that psychosocial well-being of an individual is defined with respect to three core domains: human capacity, social ecology and culture and values. These domains map in turn the human social and cultural capital available to people responding to the challenges of prevailing events and conditions (Psychosocial Working Group, 2003).

Broad topics and themes raised for discussion explored: the political, socio-cultural contexts of the lives of the adolescents; the sense of belonging, rootedness, security and community cohesion experienced as they resettle in Australia; cultural and social identities and how these link to perceptions and anxieties about the future; and the mediating influence of the community and school (Curry & Koczbarski, 1999). In interviews specific issues relating to their ties with the 'homeland' they had to flee, perceptions of their future security in their country of resettlement and changing access to resources were explored.

Methods of Data Collection

An approach, sensitive to the context of the lives of the young refugee adolescents included in-depth interviews, focus group interviews, school visits, and accumulation of documentary data took into account social action that was locally distinct (Punch, 1998, Erickson, 1998).

The data for this research was obtained from 45 secondary school students from 3 government secondary schools in Perth, Western Australia. Permission was sought from the Project Officer (Intensive English Program for Refugee and Migrant Children) of the Department of Education in Western Australia, the Principals of the Intensive English Centres (IECs) in the 3 Government Schools and the Senior Policy Officer for Culturally and Linguistically Diverse (CALD) of the Department of Community Development in Western Australia. The adolescent and young refugee students were in the age group of 13 to 19 years. Focus group discussions (FGDs) were conducted with students in two different age groups: 13-16 years and 17-20 years. In all 9 FGDs were conducted with refugee students (5 FGDs with students in the age group of 17 to 20 years & 4 FGDs with students in the age group of 13-16 years)

Simultaneously in-depth key interviews were held with 12 key informants: the 3 principals of the IECs, 3 ethnic assistants working at the school, 2 ESL psychologists from the senior campuses, the project manager of the IECs with the Department of Education (DOE) in Western Australia, the senior policy officer for culturally and linguistically diverse (CALD) youth in the Department of Community Development (DCD), one local staff from two non-government organisations; Case for Refugees and ASeTTS (Association for Services to Torture and Trauma Survivors) in Western Australia. The semi-structured interviews explored the issues of community support, acculturation, identity formation and services provided to refugee children. A systematic in-depth review of documents, articles and literature pertaining to wellbeing of refugee children in Australia was carried out.

Rigour in the Study

Steps were taken throughout the data collection and analysis to establish trustworthiness of the method and findings. Multiple methods provided varying perspectives on the subject enabling the development of a more holistic and contextual portrayal of real-life situations (Denzin & Lincoln, 2000). Multiple research methods also served to 'triangulate' resulting themes as they evolved during analysis (Lincoln & Guba, 2000). Verification strategies such as systematic checking of data to eliminate errors and ongoing monitoring and interpretation of data to modify direction of research were used to achieve reliability and validity. Constant analysis of incoming data guided future sampling and questioning strategies to ensure confirmation of newly formed conjectures. An audit trail, as discussed by Lincoln and Guba (2000), was also established, ensuring methods and data were documented so that the analysis of the data could be confirmed and replicated by other researchers. It is widely accepted that multiple methods in any study are useful in achieving greater understanding (Keeves & Adams, 1994; Tobin & Fraser, 1998).

Ethical Considerations of the Project

This research is being carried out in accordance with the Australian National Health and Medical Research Council guidelines. The project has been approved by the Human Research Ethics Committee of the Office of Research and Development of Curtin University of Technology.

All interview participants especially the refugee adolescents and their parents were required to read a one-page information sheet outlining the objectives of the study and the requirements associated with participation. All participants were made aware that

participation was voluntary and that consent may be withdrawn at any time. This study required the participation of adolescents and youth between the ages of 13-19 years of age and hence had a small group of minors. Appropriate permission was sought from parents with letters of consent being sent out from the school to the children's homes.

Every care was taken in the selection of participants. Any student who was deemed to be potentially at any risk of experiencing discomfort or distress was excluded. Selection involved consultation with the Principal of the Intensive English Centres (IECs) in the 3 Government schools.

A protocol for responding to any participant experiencing discomfort or distress was put in place after discussions with the Principals of the IELs. Each of the Principals at the IELs was also the Case Manager for the refugee students. They also have a register of those students who use the services of ASeTTS (Association for Services to Torture and Trauma Survivors) in Western Australia and were familiar with the case history of students who participated in the study. All data collection occurred during school time to ensure the presence of the appropriate school staff. If there is sign of visible distress, the student had immediate access to the school psychologist and support services. All three government schools were very well resourced to meet this need.

Analysis & Discussion

Focus group questions were categorised under the following themes: life in transition, flight and resettlement, first impressions of Australia, family adjustment and challenges, friendships formed, school/education/language acquisition, identity formation and enculturation, support structures and thoughts about the future.

Responses were conceptualized within the larger framework of viewing psychosocial well-being within three domains; human capacity (mental health and well being); social ecology (relationships linking individuals within and between communities); and culture and values (the value and meaning given to behaviour and experience). The strands and themes generated from the focus group discussions and interviews analysed four common commitments; they examined student interpretations and perceptions, brought researcher knowledge to bear upon those interpretations, studied relevant documentary and literature data, and probed the degree to which the findings had implications to the promotion of psychosocial wellbeing.

The 45 adolescent refugees represented 10 different countries from Africa (Liberia, Congo, Sudan, Uganda, Kenya, Ethiopia, Rwanda); Asia (Myanmar) and the Middle East (Afghanistan). Interview ana-

lyses and subsequent quotes from the adolescent refugee children gave a human dimension to the complexity of resettlement and enculturation in Australia. Indeed, it was found from initial interview analysis that refugee adolescent youth were in a constant process of co-operation, negotiation, acculturation and reconciliation especially in the transitional period of resettlement and identity formation in Australia. All the adolescents were assisted to settle in the country by resource personnel from the migrant offices or by their sponsors. The resource personnel assisted in the initial weeks to find an apartment, to complete Centrelink and bank formalities and make contact with the schools in the area that had the IECs. Most of the adolescent refugees had started school within a month or less of arriving in Australia.

Interview quotes reveal a sense of loneliness and a loss of friendships in the transient country the refugee adolescents had lived in before being resettled in Australia. A young adolescent from Afghanistan who had spent many years in Pakistan mentions:

I miss my friends. It is very different here. I only have friends at school. I have no Australian white friends and I often stay in my room at home

A nineteen year old from Sudan was emotional and evocative whilst narrating his experience:

I left Sudan and went to Lebanon. From Lebanon, I arrived in Egypt and spent some years in Egypt. I have come to Australia with my mother having lost my father and siblings in the war in Sudan. I miss all my friends in Egypt; they did not want me to come to Australia. It is really hard at times. I feel bad leaving all my friends.

Most of the adolescents felt that their parents had a difficult time adjusting to Australia, learning the systems and language. They comment:

We are unsure about doing the TEE and have only a choice of 4 schools as young adults because of our age. We want to speak English well.

Parents often depend on their adolescent children because of their lack of language skills. Female children and sometimes male children provide emotional and practical support to parent and/or siblings. One adolescent was caring for an older brother and younger sister with no parent in Australia. Many of the refugee children mentioned that they had little time for study and had often had to assist at home

doing chores or assisting their mothers. Some had to accompany parents to the doctors, Centrelink or the bank.

All refugee students were full of praise of the education system in Australia. The libraries, the internet access, the material resources and the IT facilities. Many refugees had disrupted schooling and were marginalised in the countries they lived in. For example: Afghan refugees in Iran were not allowed to complete high school and Liberian refugees in Ghana found it difficult to complete their education. Almost all of them expressed a deep desire to continue their studies and a need to have more career counselling. The adolescents comment:

We need more information about the process of going to university. It seems difficult and we need encouragement and counselling. We do not know about university costs and have problems meeting the requirements. Maybe we may have to borrow money or take a loan for our studies

Asked about their current worries and thoughts about the future, the young adolescents revealed that they were worried about the future. Most were worried about completing their studies, gaining competency in English and finding employment. They wanted to learn driving and obtain a driving license but found the process difficult, expensive and cumbersome. All of them wanted part-time and vacation jobs so that they could help their extended families back home. They also want to bring other members of their family to Australia. All the FGDs revealed a sense of hope and a desire to obtain skills and qualifications.

Implications

As mentioned, the study is ongoing and has explored adolescent refugee views of their personal, economic and social environment in their resettled country, the nature of their everyday experiences at school, struggles over language and skill acquisition, and the formation of emerging identities.

Discussions with key informants indicate that schools and teachers need more support to help adolescent refugee children as they settle into and ad-

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just to new life in Australia. The needs of adolescents from each country are different and more awareness is required by the community at large and other students in schools about the situation of refugees internationally.

The study has attempted to argue that government departments (health, education and community development), need to work together to create a supportive and enabling environment to improve the wellbeing of refugee children. The focus group discussions are demonstrating that government departments need to develop stronger links, strategies and interventions.

This ongoing study has also revealed that schools represent the setting where many of the hopes of refugee children materialise. The adolescents find school a safe environment and where friendships are established. They like school and learning and the routine that school provides.

Initial analysis is indicating that alternative frameworks may be needed for older adolescents who have never been to school or who have had disrupted school years. The intensive English offered to refugee adolescents may at times need to be extended to meet individual needs.

As a result of informing the Department of Health, Department of Community Development and the Department of Education of outcomes, the study hopes that new policies and interventions will assist and support young adolescent refugees in the enculturation process. The results can be used to re-align objectives of curriculum, teacher education and possibly resettlement programs to ones that are more relevant and suited to the needs of adolescent refugee children taking into consideration the country they have come from. Further research is required to explore cultural, family and support dimensions of resettlement and enculturation.

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About the Author

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Dr Jaya Earnest has more than seventeen years experience working in universities and schools in India, Kenya, Uganda, Rwanda, East Timor and Australia as a teacher, teacher educator, school principal and researcher. Jaya was educated in India and England and in 2003 completed her PhD at Curtin University where she is currently a Lecturer at the Centre for International Health and in the Research Unit for the Study of Societies in Change. She is involved in research projects in India and East Timor. As part of her research, she uses multiple research methods, within an interpretative participatory framework using case study methodology. Dr Earnest's research has strong international, developing world and cross-cultural links. Dr Earnest currently teaches postgraduate courses in international health and human rights in education and undergraduate development studies. She involves students in strategies that encourage collaboration, active learning and critical thinking.

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