

Refugee Mental Health and Addictions Fact Sheet for Service Providers



Optimizing Well-being and Responding to Emotional Distress of CHILDREN AND YOUTH

General Guidelines and Considerations for Service Providers:

Refugee families will be affected by their trauma related experiences, and by losses and adaptations related to settlement. Overall, these children and families are resilient. However, it is expected that children might exhibit a range of behavioural signs of distress ranging from mild to, in a few circumstances, severe.

The following information should be considered in supporting refugee children and youth who are refugees:

- A period of at least 3 to 6 months for 'adaptation' and stabilization to new circumstances is expected.
- Parents will generally know if their child's behaviour is unusual or concerning.
- First and foremost, children who are experiencing distress should be cared for by parents and natural community supports.
- Involvement of formal mental health services should occur when levels of distress are extreme, prolonged, significantly interfering, and/or resulting in a concern of harm to self or others. Services should occur in a consultative, collaborative, culturally informed, and where possible, family-focused manner.
- Safety, a sense of security, and trust are the most important goals for children and their families.
- Provide consistent, predictable pattern of activities for the day. Explain planned activities that are to come in a calm and organized fashion.
- Be nurturing and comforting – take cues from the child with regard to physical displays of affection.
- Listen to what children and their parents tell you they need. If children want to talk about their past experiences don't be afraid to listen, provide comfort and support, and answer questions as best as you can.
- Let children know what you expect from them and what they can expect from you.
- Talk and provide information in an age-appropriate way. Unpredictability and the "unknown" are likely to increase anxiety and fearfulness.
- Provide age appropriate choice and control.
- Certain ethnocultural groups may use indirect expressions of distress when asked about well-being. Often body related metaphors are used. In language translation, these may be communicated as follows:
 - A range of emotional symptoms or relationship problems may be expressed as being "tired" or having a "tired psyche".
 - Fear and anxiety may be expressed as "falling or crumbling of the heart", or "my heart is squeezing".
 - Helplessness, hopelessness or depression may be described as "the world is closing in front of my face", "my breath is short", "the world became dark in front of me".
- Suicidality may be a source of stigma, shame and social exclusion. Disclosure regarding suicidal thoughts is more likely to be indirect, for example, wishing for sleep and not to wake up.

Children and Youth: Signs of Distress and Ways to Respond

When the following symptoms and behaviours are ongoing and severe enough that they cause significant impact on the child's or youth's functioning, mental health and/or addictions service should be sought.

BIRTH TO FIVE YEARS OF AGE

| Some common things you may see or hear | Some ways of responding |
|---|--|
| <ul style="list-style-type: none"> • Clinging to parent/care provider • Unusual crying or tantrums • Thumb sucking or nail-biting • Bedwetting not previously present • Fear of dark or sleeping alone • Hitting or biting • Unable to sit still • Passiveness, withdrawn or silent for long periods • Play containing war/danger themes and symbols | <ul style="list-style-type: none"> • Provide comfort and predictability • Avoid long separations • Put names to feelings • Be patient and understanding • Redirect from inappropriate behaviours to acceptable ones in a calm accepting way • Create calming bedtime routines and plans for sleep disruption • Reassurance of safety • Help name feelings and communicate acceptance of difficult feelings |

SIX TO TWELVE YEARS OF AGE

| Some common things you may see or hear | Some ways of responding |
|---|---|
| <ul style="list-style-type: none"> • Sleep disturbance – nightmares and/or fear of dark • Repeated storytelling and play related to trauma • Angry and aggressive outbursts • Loss of interest in activities • School refusal • Difficulties with concentration and social relations • Regression to behaviours common in younger ages • Physical symptoms such as vomiting, stomach aches and/or headaches | <ul style="list-style-type: none"> • Create calming activities before bed • Limit exposure to television and games that may trigger fear and anxiety • Let child talk about bad dreams and, when appropriate, redirect to more pleasant and calming thoughts so s/he can more easily fall asleep • Allow child to talk about and act out reactions to trauma • Normalize reactions • Create opportunities to talk about school and relationships • Ensure no medical basis to physical symptoms • Provide healthy food options • Ensure adequate eating and sleeping |

THIRTEEN TO SEVENTEEN YEARS OF AGE

| Some common things you may see or hear | Some ways of responding |
|--|---|
| <ul style="list-style-type: none"> • Conflict at home and/or at school • Sleep and eating problems • Deterioration in school performance • Rapidly changing relationships • Heightened sibling aggression or protectiveness • Extreme risk taking • Significant substance abuse • Social withdrawal or withdrawal from family • Suicidal/homicidal thoughts | <ul style="list-style-type: none"> • Spend time talking about stresses on relationships and stresses of the transitions and changes • Normalize and validate feelings • Discuss dangers of high risk behaviours • Increase contact and knowledge of youth's activities • Provide opportunity for family activity and positive community activity • Monitor suicidal thoughts (ex: frequency, intensity, intent, plan, means) • Referral to appropriate addiction agency or treatment |

Children and Youth: EMERGENCY Immediate intervention is required

These signs may mean there is imminent risk of harm to self or others.

| Some common things you may see or hear | Action |
|--|---|
| <ul style="list-style-type: none"> • Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself • Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means • Talking or writing about death, dying or suicide, when these actions are out of the ordinary • Disorientation (not knowing their name, where they are from, not making sense) | <ul style="list-style-type: none"> • USE EMERGENCY RESOURCES: <ul style="list-style-type: none"> – Call 911 for immediate mental health and/or addictions help or transport to nearest hospital emergency department for medical intervention – Contact local youth mental health mobile crisis team (if available) http://www.gov.mb.ca/healthyliving/mh/crisis.html – Call the Manitoba Suicide Line 1-877-435-7170 |

The following are additional Refugee Mental Health and Addictions Fact Sheets for Service Providers that complement this resource:

- Refugee Mental Health and Addictions Fact Sheet for Service Providers: Optimizing Well-being and Responding to Emotional Distress of Adults
- Refugee Mental Health and Addictions Fact Sheet for Service Providers: Mental Health and Addictions Services for Refugees

For more information visit:

manitoba.ca/health/primarycare/providers/srh.html#mh

