

Mental Health in a Migrant Crisis: Through the Eyes of a Refugee

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I still remember the night we left. How could I forget it? It was my birthday, and while I didn't know what was going on, I had my suspicions that things were different. Like any other day, I had spent the afternoon with my grandmother, but when my parents came to pick me up, she began to cry and wouldn't let go of me. There was hardly a day that went by that I didn't see my grandmother, and I had never seen her cry before that moment. As I stood by her front door confused, I tried my best to console her. I told her not to worry and that I would be back tomorrow. It would be nearly fifteen years before I would see her again. That night we had a birthday party, but I didn't think it was just for me. It was too big and had too many people. No one told me it was actually our going away party. I went to bed thinking everything was fine, but when I woke up later that night startled, I found myself in my mother's arms in a car I had never seen before. We were finally leaving Iraq. In a country torn by continuous conflict, my parents decided to leave everything they had built behind, in order to make sure that I wouldn't have to endure another war. It was a long and dangerous drive to Jordan, with the constant fear of knowing that if we were caught, it could possibly mean death. Today, it's a journey millions of others are making in hopes of a brighter future and a safer home for their families.

When my family arrived in Jordan, I still remember the shock of losing everything that I had known. My friends, my extended family, our home, and practically every possession that we had. Even at a young age, I worried about what would happen to me and my parents, and where we would go from here. Due to our refugee status, it was difficult for us to attain many basic rights, such as employment and education. Multiple schools rejected my parents' attempts to enroll me, as they did not want an Iraqi refugee as their student. Thankfully, one local

principal decided to accept me as a student, so long as we agreed to keep my background a secret. Unfortunately, the other students soon found out who I was, and consequently, I became a target for daily beatings. This is the kind of stigma that many refugees carry when they leave their native countries. You're constantly worried that someone will find out who you are, and you deflect anyone's attempts to delve into your past. You feel that the only people you can trust are your family, and that is where your support comes from. Being stuck in virtual limbo, my parents and I held onto the hope that we would soon be accepted to a nation that would give us the opportunities that we dreamed of when we left Iraq. Thankfully, we were accepted into the United States for asylum, but for many of today's refugees, a new homeland continues to remain out of reach.

Due to the masses currently fleeing Iraq and Syria, there is a renewed focus on the plight of refugees, but unfortunately their mental health needs continue to be overlooked, particularly for children. Their vulnerability leaves them susceptible to multiple forms of abuse, both physical and mental, and their situation is complicated by the fact that the sheer number of people often means that individual stories and struggles get lost in the crowd. Child psychiatry, though, can provide the interventions necessary for many of these young refugees who struggle with mental illness as a result of the trauma that they have endured. In order to do so, however, child and adolescent psychiatrists must better understand the unique plights that many young refugees experience and how to address certain nuisances within their own culture. What I hope to highlight are certain tips and approaches that can help mental health professionals better understand these unique experiences, and how to deal with certain obstacles to treatment, such as stigma.

Pre-Flight Experience: A Child's Perspective

Firstly, an understanding of a young refugee's trauma must begin with the initial portion of their journey, the pre-flight experience. In addition to warfare and loss of home, children must also deal with additional distress that is unique to them during this time period. Within middle eastern culture, especially in Syria, the extended family carries a special role as the primary social support for all the members within it. When anyone is in need, it is considered the duty of the extended family to provide care for these individuals. For young children, it also provides the primary social network in which they have been raised. Their friends, neighbors, and additional caretakers are usually just members of the extended family. During times of war, however, the extended family begins to break apart, as members leave sporadically for different locations. For children, this means the breakdown of the only social support that they have known, usually with no alternatives and without any clear understanding of why. Additionally, what can make a child refugee's journey so difficult is the suddenness of it all. While the parents and other adults are consulted and aware of what is planned, children usually are not. They are given no chance to say goodbye to their loved ones or even an explanation as to what is happening. Subsequently, many children can find it hard to trust in their new home, as they are not sure when they might have to leave again.

Encampment

Due to the sheer number of families fleeing their homelands today, countries have set up encampments in an attempt to contain them until they can be resettled in more permanent locations. While these camps are designed to be temporary, millions end up spending years there. Unfortunately, a general lack of resources and abuse tends to define the experiences within them. In fact, data suggest that up to 82% of young girls within these camps face some form of abuse.¹ Due to the lack of authority, however, many parents feel that there is no means to seek out justice for their children. Instead, they look to an early marriage to protect their daughters' chastity and honor, as a quarter of all marriages within

these camps involve girls younger than 18, with half marrying men 10 years their senior or older. The uncertainty of life within these camps can take a tremendous toll on the adults, as well. After escaping their native country, nearly a quarter of all parents feel that they have become too distressed to care for their own children.² In order to avoid adding to that stress, many young refugees will avoid disclosing their own concerns and worries to their parents, choosing to internalize them, instead. These examples help highlight that while it may be tempting to focus on what drove a refugee to leave his or her homeland, mental health professionals must remember that much of the trauma that the refugee faces occurs after the escape, especially in these camps, and treatment plans must address this trauma early on.

In addition, child psychiatrists should be cognizant of the social environment for young refugees within these settings. While these countries have established schools in the camps, they have limited capacity, and up to half of all young refugees go without a formal education.³ Without school or their extended family, these children spend a crucial period of their young lives without a true social network. Consequently, when they arrive in their new western homelands, many suffer developmental delays and problems in school, such as disruptive behavior and a relatively high dropout rate.⁴ In order to treat the underlying cause of these issues, a great deal of trust must develop between these patients and their providers. Recently arrived refugees, however, can have a tough time trusting anyone in their new environment, including medical workers. To help overcome this barrier, mental health professionals should include the entire family in initial therapy, and as greater rapport is built, cater subsequent treatment to their young patients.

Stigma of Mental Care

A strong relationship will be instrumental in confronting the mental illness that many young refugees struggle with, in particular posttraumatic stress disorder (PTSD) and depression. About 45% arrive in the west with some PTSD symptoms, a condition that often presents with comorbid depression, especially in young girls.³

Unfortunately, families can go months before seeking any psychiatric assistance for their children, mainly due to a perceived stigma that comes with mental health treatment. Thankfully, there are a number of techniques that can be used to overcome this obstacle.⁵ Firstly, refugee patients are more likely to follow psychiatric recommendations if mental health treatment is incorporated into greater medical care. Additionally, by establishing care in settings that are greatly respected by refugee populations, such as schools, and framing treatment as a means to improve school performance, refugees will be more likely to follow treatment plans. In fact, by using multiple settings in conjunction, mental health professionals can better avoid losing contact with their refugee patients.

Sensitive Topics

Young refugees arriving in the West have to balance two different cultures in order to appease their parents while avoiding ostracizing themselves from their new friends. Mental health professionals cannot be afraid to touch on these differences, as they may be a source of a large amount of stress. Within the home, young refugees also take on a different role for the family. Typically, it is the adults that explain culture to their children, but due to a lack of familiarity with their new homeland, many parents aren't able to do this. Instead, by assimilating more quickly, the children essentially act as interpreters for the older members of their family. When something occurs that they don't understand, the parents often times rely on their young children to place things into context for them. This added responsibility can be a great burden for a young child, and helps highlight the added pressure that psychiatrists should be aware of when treating a refugee family. By being around new views on religion, many young refugees may also find themselves

questioning their faith for the first time. This can lead to friction with their parents or other young members of their family, and these patients may feel isolated as a result. By tackling these subjects early, individual or family therapy can be of great service to patients and help families better navigate their new surroundings. When taking a generally prophylactic approach, child psychiatrists can help prepare their patients for the likely challenges that they will face. For instance, even if a patient doesn't report being bullied now, he or she will likely become a target for it in the future, and by training youth in how to use coping skills or contacting their school and preparing them, as well, a large difference can be made in the lives of these children.

Hope for a Generation

The aforementioned hurdles are based on experiences of past and recently arrived refugees, but as millions more seek asylum, new obstacles will likely arise as resources become even more limited. Due to their position, psychiatrists are well equipped to become advocates for many within this vulnerable population. In order to be effective, however, there must be a sincere effort to understand not only what drove refugees to leave their homeland, but the struggles that they have endured on their journey, and the challenges they are likely to face in the future. As a refugee, I know many who were never able to overcome what they suffered, and it has continued to haunt them into adulthood. As awareness grows, I have hope that the next generation of refugees will feel more comfortable seeking help, not only from a physical perspective, but a mental one, as well. By doing so, they will be better able to embrace their new homelands and lead more fulfilling lives.

Take Home Summary

- Child refugees face unique challenges when leaving their homeland, including the sudden loss of their social network, a lack of education within refugee camps, and being targets of abuse.
- Within their new homelands, child refugees must balance two different cultures and act as interpreters of their new surroundings for the older members of their family.
- Sensitive topics that should be brought up during treatment include feelings of guilt, frequent relocation, religion as a coping strategy, disconnection from the extended family, and the child refugee's role in the family.
- Greater familial involvement can be encouraged through family therapy, the use of multiple settings such as school and medical clinics, and framing treatment as a means to improve school performance.

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About the Author

Ishaq Lachin, BA, is currently a fourth-year medical student at the Johns Hopkins University School of Medicine. He was raised in Chicago, IL, and graduated summa cum laude in political science with a minor in psychology from Loyola University Chicago. As a refugee from Iraq, Mr. Lachin strives to highlight the health challenges refugees face in their journey to a new homeland, especially in mental health.

Disclosure: Mr. Lachin reports no biomedical financial interests or potential conflicts of interest.



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