

# SYRIAN YOUTH: A FOCUS ON SETTLEMENT, EDUCATION, AND MENTAL HEALTH



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JAN STEWART, UNIVERSITY OF WINNIPEG

DANIA EL CHAAR, UNIVERSITY OF CALGARY



1.5  
Billion



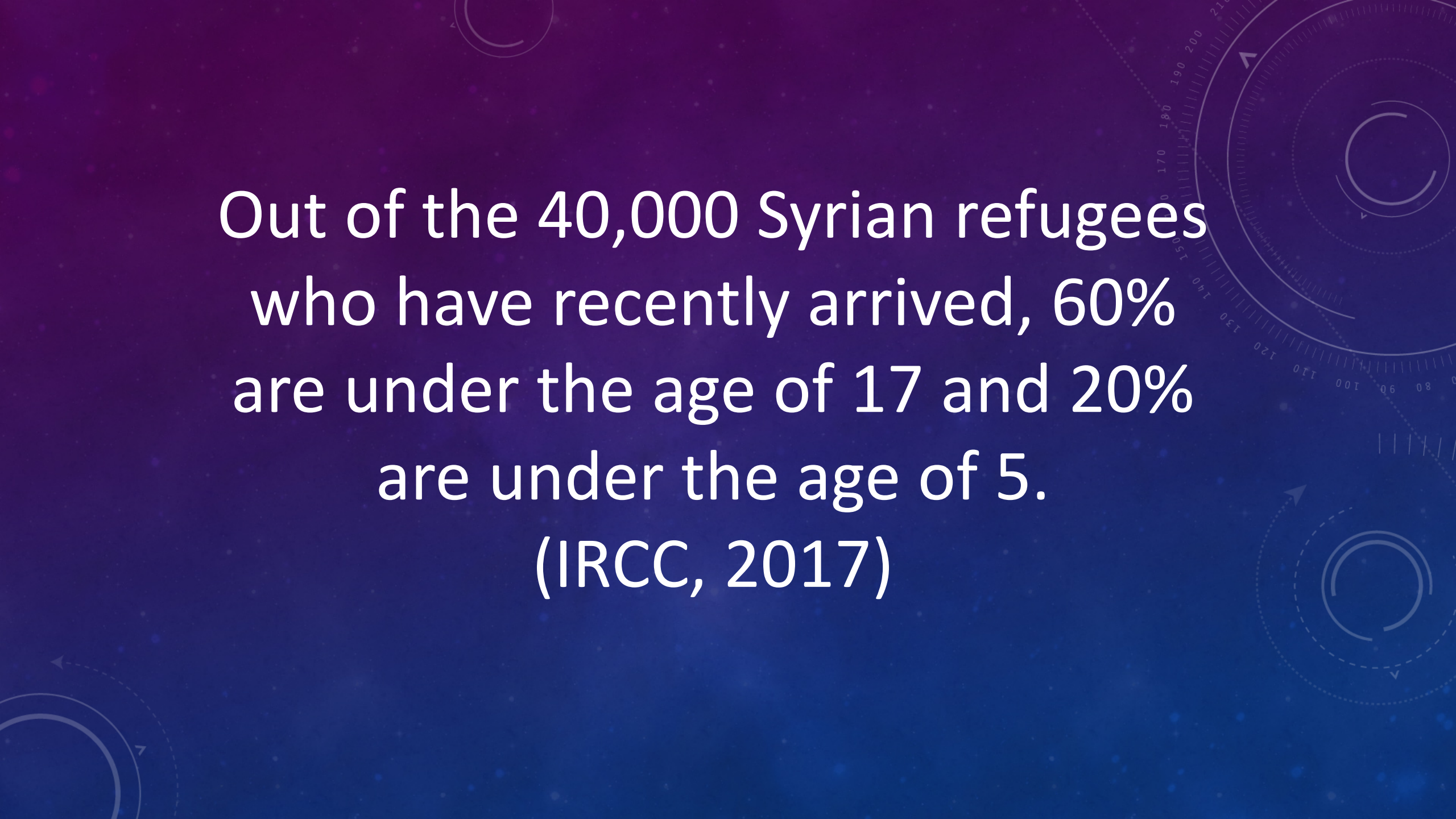


21.3  
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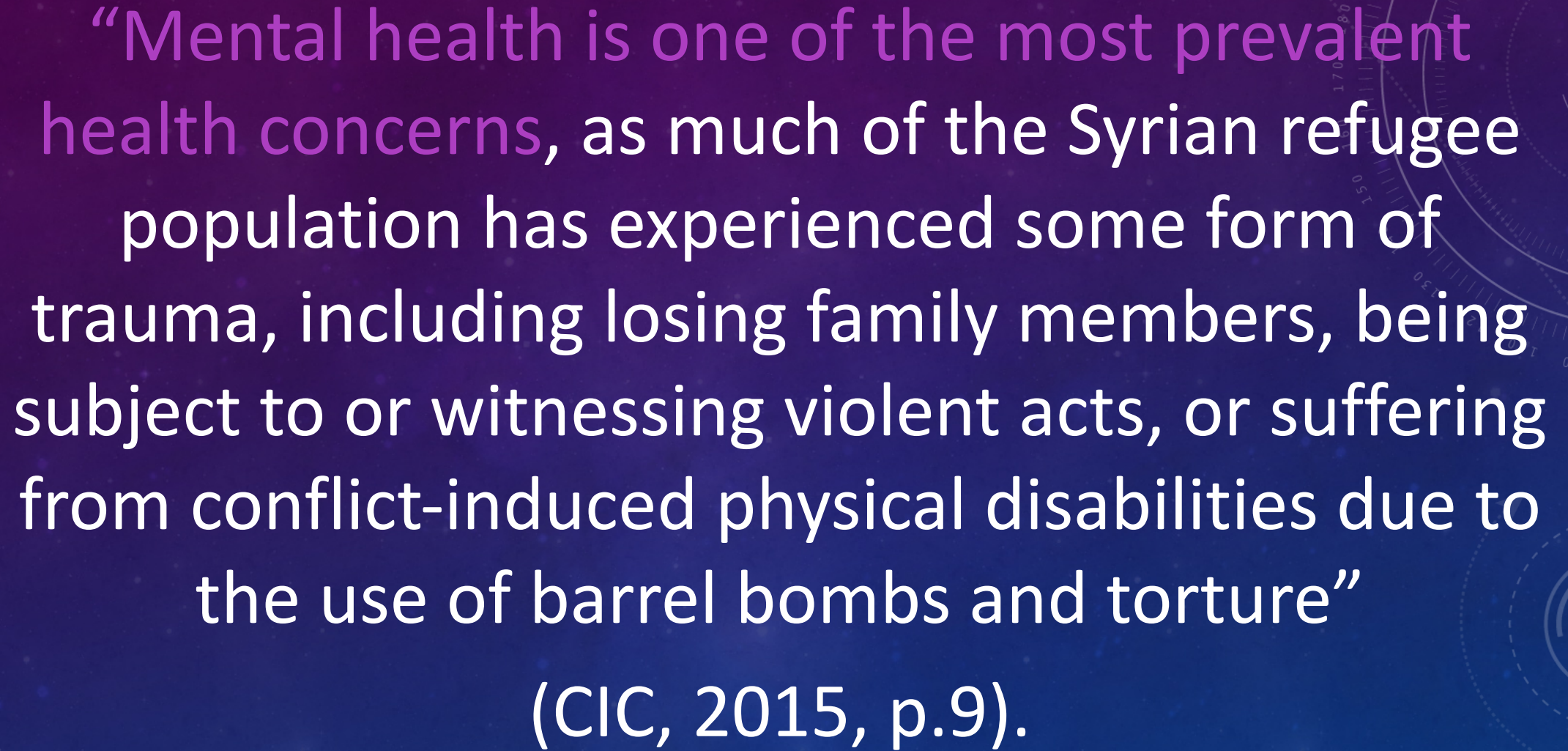


40,081






Out of the 40,000 Syrian refugees  
who have recently arrived, 60%  
are under the age of 17 and 20%  
are under the age of 5.  
(IRCC, 2017)



“Mental health is one of the most prevalent health concerns, as much of the Syrian refugee population has experienced some form of trauma, including losing family members, being subject to or witnessing violent acts, or suffering from conflict-induced physical disabilities due to the use of barrel bombs and torture”  
(CIC, 2015, p.9).





The prevalence of mental health conditions are particularly high among children and adolescents and the UNHCR (2013) reports that mental health conditions are the most prevalent health concern for children ages 5 to 17 who have come from Lebanon and Jordan.



**Although we know that human suffering is a universal human experience, the modern world still does not know how to speak about and understand the terrible experiences that human beings inflict on each other every day (Mollica, 2006).**





# REFUGEE STUDENT INTEGRATION: A FOCUS ON SETTLEMENT, EDUCATION, AND PSYCHOSOCIAL SUPPORT

- (1) How can the school and community best support the integration of Syrian refugees?
- (2) What are the unique educational and psychosocial needs of children and youth who have recently arrived from Syria?
- (3) How do schools support reciprocal learning between refugee, immigrant and Canadian-born students?





# IF ONLY YOU KNEW

- I worry about my brother a lot. He is back home. I worry that I may never see him again; the war is very violent.
- I wake up 2-3 times a night and my heart is racing....I remember the sounds...they are so frightening....
- The picture on the wall...it scares me...it is an iceberg with water... Many people drowned.I don't like to look at this picture.
- When I hear loud noises at school... I worry that people are coming to hurt me.
- The fireworks sound like bombs... It makes my head hurt and I feel scared.
- Police are not safe in my country—they are to be feared. If I see them on the street, I go another way.
- It think a lot about my parents and how much I miss them. I am the only one left in my family.



- My colleague has a seven year old child who is hearing voices and disturbing voices and they are very concerned about this
- She said it's just the issue of trust and that she was sure there would be a **fear** that if they even dealt with a mental health organizations that their child could be apprehended or would be hospitalized and so it was just something that really highlighted the issues around how this work that we're trying to work to bridge the gaps with organizations like that where that fear just exists.

- Often at the two month period or the three month period, reality starts to sink in and, you know, and they start missing people, you know, family and friends and stuff like that.... the health care system is set up to respond to a need, like to an emergency today, we're not set up to respond to possible situations or **we're not set up to deal with helping people before they reach a crisis.**



- For the trauma...because you know there are situations, a good example, we're driving home from the airport a couple weeks ago after picking up the last family of Syrian refugees. I've got the first family that we picked up in the van with me and one of the guys is this little two year old boy and all of a sudden I hear him saying, "papa, papa, daddy, daddy," you know, he's talking in this really concerned voice and the translator says look out your window. So I look and there's this plane that's taking off into the sky and so, the question this little guy has is **daddy, daddy, are they gonna drop the bombs right here? or are they going someplace else to drop the bombs?** You know, he's two years old and I'm thinking, oh my goodness, my grandkids see a plane and they think they are all going to Disney. Yah, they think they think about their cousins from BC must be coming, they think about someplace fun. And this little two year old sees an airplane and all he can think about is the bombs. Well, we should help him deal with that somehow.

- We don't have anything in place to help him process that. So all we can do is explain to him that you know what, airplanes have never, ever dropped bombs in Manitoba, never in the couple of hundred of years that Manitoba has been around as a province, never had a bomb dropped, you know. I can tell him that, but it's not dealing with the situation. He's got some trauma obviously around airplanes and bombs, you know, and so we're not equipped to deal with that.



- And it can come out in different ways, right, like there may be something upsetting that you think well why was that upsetting to them? And it may have nothing to do with what just happened. It **may have triggered something**, right? But, it's still very, very early and sometimes we say that this is kind of a honeymoon period, you know, so I think probably very shortly, it'll come down.

# TRIPLE TRAUMA

Triple Trauma, so with the focus on trauma but especially refugees, they will have a unique experience where they might have a traumatic experience in their home country through violence or war or persecution and then the second part of the trauma will be living in say a refugee camp the whole process of immigrating to Canada that may take years and very challenging and the third part is settling into a new country.



# YOU CAN'T TEACH AWAY TRAUMA



Jan Stewart, University of Winnipeg

# PTSD

In a meta-analysis review of PTSD and Depression prevalence in refugee and post-conflict populations, consisting of 81,866 participants:

**The prevalence of PTSD was 30.6%**

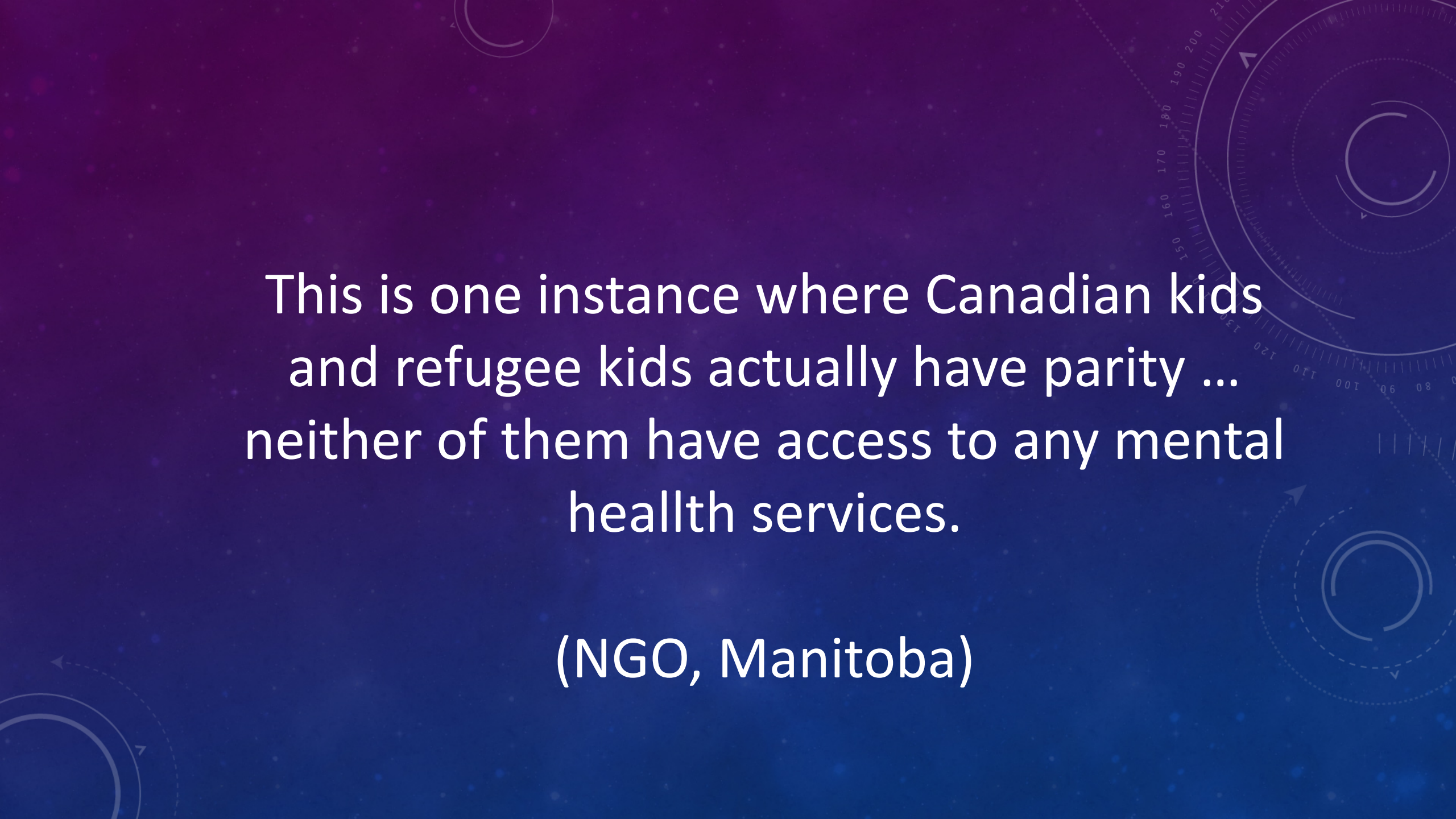
**The prevalence of Depression was 30.8%**

Torture was strongest predictive factor for PTSD and exposure to traumatic events was the strongest factor related to depression



# CANADIAN CONTEXT

- Little is being done to support the psychosocial and adjustment issues affecting newcomer youth
- There has been an abundance of talking about “refugee issues” and a lack of action that directly supports the long-term adjustment of newcomers.
- Many programs rely heavily on literacy, numeracy and language development
- Paucity of resources to foster psychological and social development
- A piecemeal approach to providing newcomers the appropriate programs and services
- Canada needs a long-term strategy



This is one instance where Canadian kids  
and refugee kids actually have parity ...  
neither of them have access to any mental  
health services.

(NGO, Manitoba)



Schools have a unique and important role in directly impacting the future of these young people.



# SCHOOLS

“Schools may be the first and only point of contact between the refugee child and the host community.”

(Hamilton & Moore, 2004)



# Assisting Children and Youth Who Have Experienced Trauma and Violence: Mental Health Support Steps and Principles of Care to Promote Healing

Stewart, J. (2017) Adapted from the Mollica et al.  
PCP Toolkit Harvard Program in Refugee Trauma



## What You Can Do

1. **Ask** about the patient's "trauma story"
2. **Identify** concrete physical & mental effects
3. **Diagnose & Treat** generalized anxiety, depression, PTSD, grief, & chronic insomnia
4. **Refer** screened cases of serious mental illness
5. **Reinforce & Teach** positive coping behaviors
6. **Recommend** altruism, work & spiritual activities
7. **Reduce** high-risk behaviors
8. **Be Culturally Attuned** in communicating & prescribing
9. **Prescribe** psychotropic drugs if necessary
10. **Close & Schedule** follow-up visits
11. **Prevent Burnout** by discussing with colleagues





# STAGE 1: CREATING THE CLIMATE OF CARE

Stewart, J. (2017) Adapted from the  
Mollica et al. PCP Toolkit Harvard Program  
in Refugee Trauma

- **Self-Care and Connection** to Colleagues
- **Classroom/School Climate** of Acceptance and Cultural Receptiveness
- **Safety and Trust** (relationships, confidentiality, honesty and genuineness)
- **Recognize-** Be alert to students who are exhibiting warning signs of trauma, maladaptive behavior, excessive stress.



# STAGE 2-GATHERING FACTS

Stewart, J. (2017) Adapted from the  
Mollica et al. PCP Toolkit Harvard Program  
in Refugee Trauma

- **Approach and Explain-** You are there to help and protect the child
- **Assess-** Immediate needs/basic needs (food, water, safety, shelter, clothing) and long term needs
- **Ask-** talk to the student using age-appropriate language. I see that... Help me understand what it is like for you...Help me understand what happened to you... (do not coerce or pressure) if words are difficult suggest writing, drawing, acting or demonstrating the events and feelings (through toys, pictures or symbols)
- **Identify-** listen and Observe (triggers, tough spots, upsetting issues, challenges)
- **Refer** (know local laws and regulations and refer when next level of care is needed (professional counsellor, therapist, doctor, police, etc.)

# STAGE 3-HEALING AND SUPPORT

Stewart, J. (2017) Adapted from the  
Mollica et al. PCP Toolkit Harvard Program  
in Refugee Trauma

- **Reinforce and Teach**
- **Recommend** (sport, hobbies, volunteer work, spiritual work, nature, mindfulness, meditation, school work/projects)
- **Reduce Risk** (risky behaviours)
- **Homework** (Next steps, a challenge, goal to work on, understanding circles of support-people who can help them)
- **Close and Schedule**-Confirm plan and follow-up
- **Reflect and Review** your progress with the student, identify strengths of student, jot down your thoughts on situation, suggestions for future work, notes on what you need to understand more clearly. Identify what is not going well, what needs to change, what are your personal biases, who can you go to for more information? What do you need to change?



# DISCUSSION

- Implication in classrooms
- Implication for teachers/counsellors/caregivers burn out
- Practicality of the model
- Training for the teachers 'front line workers' with newcomer students



Jan Stewart

Professor, Faculty of Education

University of Winnipeg

[Ja.stewart@uwinnipeg.ca](mailto:Ja.stewart@uwinnipeg.ca)

Dania El Chaar

PhD Candidate, Werklund School of Education

University of Calgary

[delchaar@ucalgary.ca](mailto:delchaar@ucalgary.ca)