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Mental health care for children with and seeking refugee protection: Assessment

Knowledge Institute
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About this resource

Children with and seeking refugee protection have a high level of mental health needs, yet they are less likely to access and use mental health services. The resource series — Mental health care for children with and seeking refugee protection — provides evidence-informed guidance and key considerations to leaders and service providers, so they can responsively adapt the services that they provide and better support children with and seeking refugee protection to access the services they need. The resource series may also be helpful for others interested in learning more about the evidence behind mental health service delivery for children with and seeking refugee protection, such as young people, families, and partners from other sectors.

This resource – **Assessment** – is the second in a series of three. It describes key considerations for conducting mental health assessments for children with and seeking refugee protection.

Check out the other two resources in the Mental health care for children with and seeking refugee protection series.

- **Service delivery** provides an overview of foundational information to better understand the mental health needs of children with and seeking refugee protection, and key considerations for enhancing their access to and experiences of mental health care. It recommends additional resources, including services for children and families with and seeking refugee protection and training and guidance for mental health service providers.
- **Treatment** describes key considerations for selecting and providing evidence-informed mental health treatment to meet the needs of children with and seeking refugee protection.

The resource series was created by conducting a rapid, non-systematic review of peer-reviewed and grey literature using various keywords and keyword combinations relating to children with and seeking refugee protection and mental health. We also incorporated relevant findings from consultations with experts in mental health services for children with and seeking refugee protection in Canada.

Children with and seeking refugee protection

In Canada, refugees are people who either have a well-founded fear of being persecuted in their country of origin because of their race, religion, nationality, political opinion, or membership in a particular social group (e.g., a group defined by gender or ethnicity), or who are at risk of torture, cruel, or unusual treatment or punishment (Government of Canada, 2001; Immigration and Refugee Board of Canada, 2021).

This resource focuses on children between the ages of seven and 17 because this is the age range of most of the research evidence on supporting the mental health of children with and seeking refugee protection (school-aged children). There is a lack of research on the mental health of children with and seeking refugee protection in early childhood, from birth to age six.

The term "children with and seeking refugee protection" emphasizes the right to protection and reflects how Canada's refugee system works. This term is rooted in the understanding that children with and seeking refugee protection have an active right to protection in Canada and the sector has an active role to play in helping ensure their protection (Schutte, 2023).

- **Children with refugee protection** have been determined to be refugees and have been granted protection.
- **Children seeking refugee protection** are in Canada or trying to enter Canada to seek safety because it is not safe for them in the country where they usually live. They may have asked the Canadian government to recognize them as refugees, but the Canadian government has not determined whether they are refugees.

Conducting assessment

A family is a circle of care and support that offers enduring commitment to care for one another and is made up of individuals related biologically, emotionally, culturally or legally (Knowledge Institute, 2021). This includes those who the child or young person identifies as significant to their well-being (Knowledge Institute, 2021).

When conducting intake interviews and comprehensive assessments with children with and seeking refugee protection, view the child holistically (Song & Oakley, 2020). This involves seeing them as an individual who is at a developmental stage, part of a family and community, shaped by one or more cultures, and in a social and environmental context (Song & Oakley, 2020; Vindevogel & Verelst, 2020). Their asylum-seeking and refugee context is an important part of their context (Vindevogel & Verelst, 2020).

Some children with and seeking refugee protection are unaccompanied and separated children. Unaccompanied minors are children who are under the age of 18, not accompanied by a parent or legal guardian when they entered Canada, and do not have a parent or legal guardian in Canada (Immigration, Refugees and Citizenship Canada, 2023). Separated children are those separated from their parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives or a new legal guardian (International Committee of the Red Cross, 2004).

Children with and seeking refugee protection may benefit from extended consultation times and additional consultations during intake and assessment. This lengthier process is because they tend to:

- Have complex needs.
- Be asked to communicate through an interpreter and need to learn how to do so (Kuo et al., 2020; Song & Ventevogel, 2020).
- Require more time to establish a trusting therapeutic alliance (Fazel et al., 2020; Hanft-Robert et al., 2023).
- Need support to understand mental health services in Canada (United Nations Refugee Agency, 2023).

Tips for conducting assessment

- Select and use validated and appropriate assessment tools. Assess whether the tools are appropriate given the child's preferred language, culture, and developmental stage (Song & Oakley, 2020; Ventevogel & de Jong, 2020).
- Use tools that situate the child within their family and social context (Ventevogel & de Jong, 2020).
- Assess the social determinants of health and the child's social context.
- Ask about the supports that a child and family currently use and have previously used to address their concerns. Keep in mind that some children and families may have different beliefs and views about mental health than the views that underscore some mental health treatments. Some may access and use traditional and religious healers (Frounfelker et al., 2020). Ask about physical and mental health services, community supports as well as traditional and religious healers.
- Spend extra time developing a trusting therapeutic alliance with children and families with and seeking refugee protection (Fazel et al., 2020; Hanft-Robert et al., 2023). Keep in mind that many children with and seeking refugee protection experience greater levels of trauma than children who have not been forcibly displaced.
- Seek to understand the difference between anticipated adaptive behaviours and behaviours resulting from trauma and complex trauma.
- Interview other key informants, as relevant, such as cultural brokers and other professionals working with the young person/family, such as community supports and staff from other mental health agencies, physical health services, education services, or settlement services (Frounfelker et al., 2020; Liu & Chowdhary, 2020).

Those who have experienced trauma may have developed a high level of general distrust as a survival strategy and coping mechanism (Hanft-Robert et al., 2023). Some may have experienced breaches of trust, including from mental health professionals (Fazel et al., 2020; Hanft-Robert et al., 2023). Mental health professionals and mental health systems, more broadly, may have been complicit or collaborators in their persecution, including torture (Lewis-Fernández et al., 2016).

If a child or family has a history of trauma, acknowledge and validate that there have been times when they could not trust people and when they were not safe (Cohen et al., 2017).

Cultural assessment

Culture refers to "systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations" (American Psychological Association, 2013, p. 749). It includes language, customs, family structures, religion and spirituality, life-cycle stages, ceremonial rituals, and moral and legal systems (American Psychological Association, 2013).

Gather information about the child's cultural background to inform culturally affirming assessment and treatment practices (Liu & Chowdry, 2020; Song & Ventevogel, 2020). It is important to understand the following.

- **Cultural etiquette** that may influence the order in which service providers should address the child and their family members and how they should be addressed (Song & Oakley, 2020).
- **Cultural norms** about how a child is expected to behave or express their emotions (Ventevogel & de Jong, 2020).
- **Cultural idioms of distress**, or "common ways of expressing distress within a particular culture" (Ventevogel & de Jong, 2020, p. 169). For example, people from many cultural groups describe their symptoms using the idiom of "thinking too much." People seeking refugee protection from Cambodia may refer to this as *kut caraeun*, Mandarin-speaking Chinese people may mention *xiang tai duo*, Latinx people may speak of *pensar mucho*, and Zimbabwean people may speak of *kufungisisa* (Lewis-Fernández et al., 2016).
- **The terms used in a young person's preferred language(s)** to talk about emotions, mental health, and mental health conditions (Cavallera et al., 2016; Hassan et al., 2015; Tay et al., 2018). Different languages and dialects have different vocabularies about emotions and mental health, so terms used can cause confusion and miscommunications if service providers and interpreters speak a different language or dialect or have a different cultural background than service users (Ventevogel & de Jong, 2020). For example, the English terms for "anxiety," "fear," and "panic" cannot be easily translated and differentiated in Kirundi (Ventevogel & de Jong, 2020).
- **Cultural factors** that may influence symptoms and help-seeking behaviours as well as reactions to mental health assessment and diagnosis (Vindevogel & Verelst, 2020).

- **Cultural explanatory models**, or "the ways that people explain and make sense of their symptoms or illness, in particular how they view causes, course, and potential outcomes of their problem" (Tay et al., 2018, p. 7). Common explanatory models for mental health symptoms and illness among people with and seeking refugee protection can include psychosocial factors, such as interpersonal stressors and excessive thinking; biological factors; and religious or supernatural reasons, such as demon possession, evil spirits, witchcraft, and jinn (Cavallera et al., 2016; Tay et al., 2018). People often have multiple and, at times, contradictory explanatory models of the same problem, and these models can change over time (Cavallera et al., 2016; Hassan et al., 2015). Explanatory models should not be used in overgeneralizing or restrictive ways, such as assuming all people from the same country of origin or community share the same explanatory models (Hassan et al., 2015).
- **Partnerships with community representatives and practitioners providing culturally affirming care.** When available, develop and leverage partnerships with community representatives and practitioners who can support or provide culturally affirming care.
- **Resources providing overviews of cultural and contextual factors** related to the mental health of a child's specific community (Song & Ventevogel, 2020; Ventevogel & de Jong, 2020). For example, the United Nations Refugee Agency publishes desk reviews on cultural and contextual factors related to the mental health of specific groups of refugees, such as Rohingya refugees, Somali refugees, South Sudanese refugees, and Syrian refugees. The Centre for Addiction and Mental Health's Immigrant and Refugee Mental Health Project offers a free course on supporting the mental health of Yazidi refugees.

As children develop and as they and their families experience acculturation, their values, ideas, beliefs, and behaviours may change. To support you in gathering information about a young person and to learn how to appropriately adapt treatment, use Cultural Formulation Interviews, leverage partnerships, and consult additional resources. If the young person is consenting in accordance with consent laws and has family members who could be engaged in their care, it may also be relevant to gather information about the family's cultural background.

Acculturation is the "processes by which individuals and groups adjust the social and cultural values, ideas, beliefs and behavioural patterns of their culture(s) of origin to those of a different culture" (American Psychological Association, 2023).

Cultural Formulation Interviews

Cultural Formulation Interviews explore a child and their family's cultural identity; cultural definitions of the presenting problem; cultural perceptions of its causes, context, and support; and the cultural factors affecting their past and current coping and help-seeking (Aggarwal et al., 2016). The interviews purposely use indirect questions to allow people to express their feelings and thoughts without labelling them with a specific cultural identity (Lewis-Fernández et al., 2016).

The American Psychiatric Association has three tools for Cultural Formulation Interviews.

1. The core Cultural Formulation Interview is used to interview clients. It is a 16-item questionnaire with prompts (Aggarwal et al., 2016).
2. The Cultural Formulation Interview – Informant Version is used with family members, caregivers, or other important sources of support (Aggarwal et al., 2016). It may also be relevant to speak with a cultural broker from the child's community (Frounfelker et al., 2020; Liu & Chowdhary, 2020).
3. The supplementary modules can be used in conjunction with the core Cultural Formulation Interview and the Cultural Formulation Interview — Informant Version to ask additional questions about certain cultural domains or topics relevant to certain populations (Aggarwal et al., 2016). There are 12 supplementary modules (Aggarwal et al., 2016). To interview children, consider using the core Cultural Formulation Interview, the School-Age Children and Adolescents module, and the Immigrant and Refugees module (Lewis-Fernández et al., 2016). The Cultural Formulation Interview's Patient-Client Relationship module provides guidance on developing a trusting therapeutic relationship (Lewis-Fernández et al., 2016). To interview their families, consider using the Cultural Formulation Interview – Informant Version, the Immigrant and Refugees module, and the Caregiver module (Lewis-Fernández et al., 2016). Other supplementary modules may also be relevant.

For more on information on Cultural Formulation Interviews, including the tools and guidance on how to implement them, see the Handbook on Cultural Formulation Interviews in the Diagnostic and Statistical Manual of Mental Disorders (Lewis-Fernández et al., 2016), the Knowledge Institute's measures database, and the Multicultural Mental Health Resource Centre.

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