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Mental health care for children with and seeking refugee protection: Service delivery

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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 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 – **Service delivery** – is the first in a series of three. It 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 as well as training and guidance for mental health service providers.

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

- **Assessment** describes key considerations for conducting mental health assessments for children with and seeking refugee protection.
- **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.

Understanding the mental health of children with and seeking refugee protection

Somatic distress is when a person has physical or bodily symptoms like pain, headaches, burning sensations, feelings of suffocation, blurred vision, hearing impairments, dizziness, heart palpitations and gastrointestinal issues that cause major stress and impair daily functioning (American Psychological Association [APA], 2023a; McGrath et al., 2020; Nesterko et al., 2020; Rometsch et al., 2020). The person may be excessively worried about these symptoms, with or without a medical condition that explains them (APA, 2023a).

Children with and seeking refugee protection have a high level of mental health needs (Blackmore et al., 2020), and a higher prevalence of many mental health disorders than their peers who have not been forcibly displaced (Beiser & Hou, 2016; Blackmore et al., 2020). Prevalent mental health concerns among children with and seeking refugee protection include post-traumatic stress disorder, anxiety, depression, and somatic distress (Blackmore et al., 2020; McGrath et al., 2020; Nesterko et al., 2020). Experiences of psychological distress in mid-to-late life are also a more prevalent mental health outcome as compared to their Canadian-born and immigrant peers (Tong et al., 2021).

Nevertheless, there is limited evidence on effective mental health treatments for children with and seeking refugee protection (Tyrer & Fazel, 2014; Uphoff et al., 2020). The evidence that does exist accentuates barriers to providing, accessing, and using high-quality, appropriate, and evidence-informed treatment and care (Ng & Zhang, 2021; Satinsky et al., 2019).

There is a high level of diversity among children with and seeking refugee protection: they have a vast array of characteristics, capabilities, experiences, and backgrounds.

Those in Canada come from over 180 countries of origin and speak over 58 first languages (Schutte & Milley, 2023) and tend to experience changing and complex needs in various areas. For example, many have needs related to acculturation, education, food security, housing, legal proceedings, physical health, and social inclusion and connectedness (Hynie, 2018; Khan et al., 2022; United Nations Refugee Agency [UNHCR], 2022a/b).

The diversity and complexity of strengths, needs, and circumstances of children with and seeking refugee protection emphasize the importance of ensuring they have access to high-quality and equitable services that address their unique needs.

To better understand the mental health of children with and seeking refugee protection, it is useful to consider three complementary frameworks: the stages of refugee journeys, a socioecological model, and a resilience lens.

Stages of refugee journeys

When considering the mental health of children with and seeking refugee protection, it is important to consider factors across all stages of refugee experiences (Scharpf et al., 2021). Professionals often talk about refugee journeys in three different stages.

1. **Before displacement:** The time before a child fled their country of origin.
2. **During displacement:** The time when a child travels from their country of origin to another country. This could be Canada or another country. Some children travel through, or live in, multiple countries before arriving in Canada. For those who are resettled to Canada, this includes the time when they are preparing for resettlement and being resettled in Canada.
3. **After displacement:** This is the time when a child arrives in Canada and lives here (Frounfelker et al., 2020; Sangalang & Vang, 2017).

Each refugee journey is unique, complex, and dynamic. Children may understand their lives in different ways and may not necessarily think about or describe their experiences using these stages.

Socioecological model

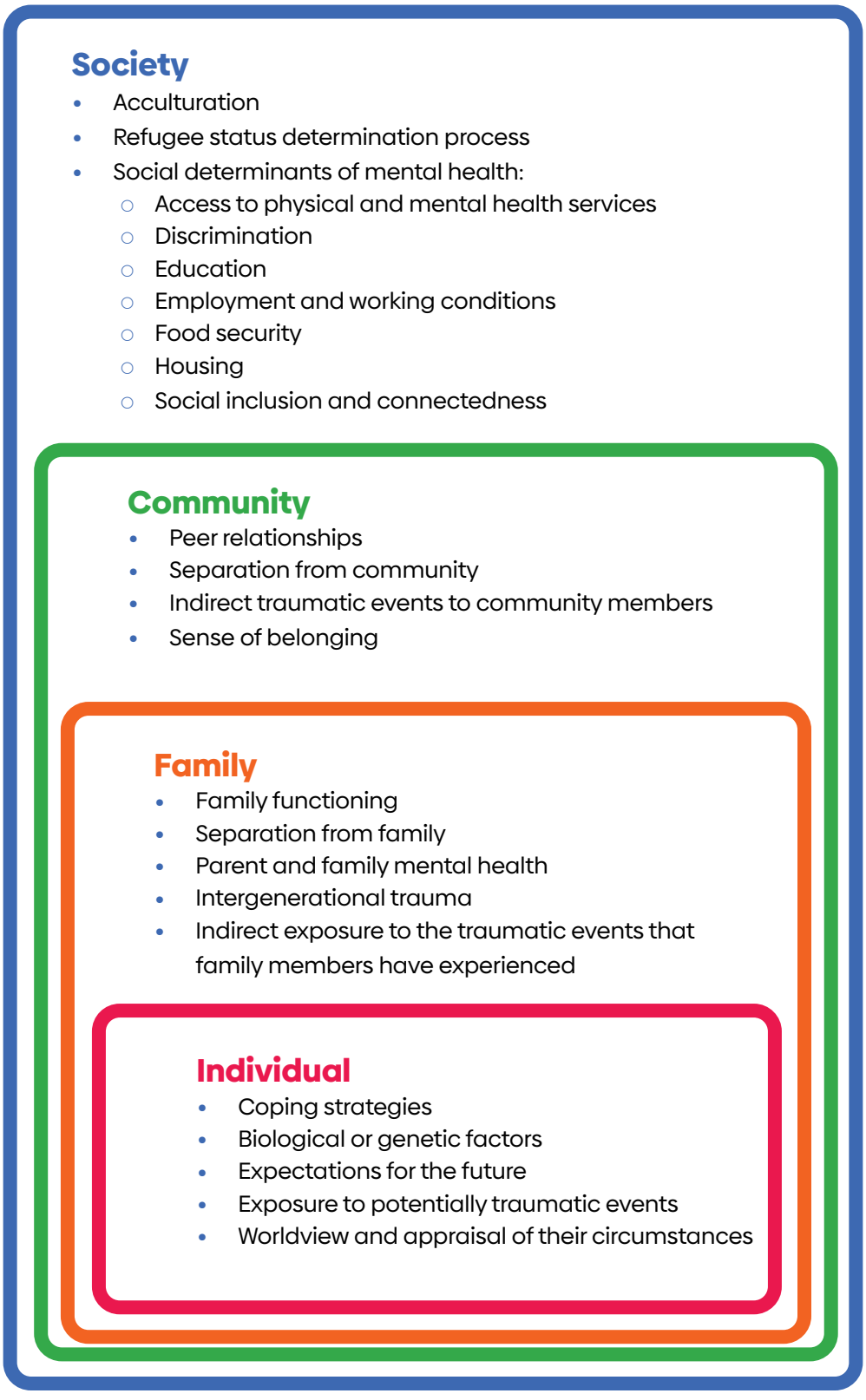
It is also helpful to use a socioecological model to illustrate the multidimensional factors that influence the mental health of children with and seeking refugee protection (Bronfenbrenner, 1979; Michaels et al., 2022). All factors at all levels of this model must be considered in addressing and supporting a young person's healthy development (Bronfenbrenner, 1979), alongside all stages of their refugee experiences.

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" (APA, 2023b).

Social determinants of mental health are non-medical factors that influence mental health (World Health Organization, 2021). They account for approximately 30% to 55% of mental health outcomes (World Health Organization, 2021).

Food insecurity occurs when people do not have secure access to enough safe and nutritious food for normal growth and development and an active and healthy life (Food and Agriculture Organization of the United Nations, 2024).

A socioecological model of factors influencing the mental health of children with and seeking refugee protection.



Resilience lens

A resilience lens recognizes that children with and seeking refugee protection adapt to difficult or challenging experiences in their life to sustain their well-being (APA, 2018). Resilience is defined by Ungar (2008) as "both the capacity of individuals to navigate their way to the psychological, social, cultural and physical resources that sustain their wellbeing, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways" (p. 225) in the context of significant adversity. By the definition of who a refugee is, all children with and seeking refugee protection have responded resiliently to a high level of fear for their life by moving to another country. Many repeatedly adapt, cope, and grow as they face their previous experiences, ongoing stressors, unexpected changes, and uncertainties in their present and about their future (Posselt et al., 2019).

Enhancing access to and experiences of mental health care

Children with and seeking refugee protection can experience a range of barriers to using mental health services (Satinsky et al., 2019), such as:

- Financial barriers.
- Language and communication barriers (e.g., a lack of services provided in their preferred language and interpreters; children, families, and practitioners having difficulties communicating with the help of interpreters).
- Navigation and access barriers (i.e., not being aware of the services that exist or how to access them).
- Barriers to trust and rapport building (i.e., lack of culturally specific care; challenges trusting mental health professionals; experiences of stigma towards mental illness and help-seeking).

Children with and seeking refugee protection who recently arrived in Canada are less likely to access mental health services than those who have been in Canada longer (Ng & Zhang, 2021). The longer that children and families spend in Canada, the more likely they are to know about the mental health system and services, adapt to attitudes towards mental health care and help-seeking, and become comfortable using services in English and French (Satinsky et al., 2019).

When children with and seeking refugee protection are looking for mental health support, they are more likely to access physical health services – mainly emergency services – than mental health services (Satinsky et al., 2019). This may be due to somatic distress and non-specific pain, personal or cultural preferences to receive care in hospitals, a lack of awareness of mental health services outside of hospitals, and a lack of referrals to mental health care from physical health services. Also, delays in help-seeking and delays in access to services can result in more severe symptoms that require immediate acute care and emergency services (Satinsky et al., 2019). Children with and seeking refugee protection who experience somatic distress and non-specific pain from mental health concerns may be misdiagnosed with physical health concerns and experience delays in referral to mental health services (Satinsky et al., 2019).

The following are some suggested strategies for child and youth mental health agencies to support access to care for children with and seeking refugee protection:

- **Host an open house at your organization** that children and families can attend to learn about your organization and explore the mental health programs and services available to them.
- **Offer mental health care access workshops** to explain how the mental health care system works, what intake for services may involve (e.g., filling out forms, information that may be requested), and what system navigation resources are available in the area.
- **Partner with organizations serving children and families** such as settlement agencies, schools, newcomer services, physical health services, and religious organizations. It is especially important to create partnerships and pathways with primary health care services (Satinsky et al., 2019). Provide the partner organizations with marketing and outreach materials they can use to offer information and suggestions to children and their families. Use integrated approaches to service provision, such as wraparound approaches, warm transfers, and case management.
- **Determine the eligibility criteria for your services.** Children with and seeking refugee protection may have additional considerations and sensitivities related to their eligibility for services. These might be related to legal status, health insurance, age, documentation, and other factors. For example, some services require that a child has an Ontario Health Card or a specific type of health insurance, and children with and seeking refugee protection may or may not have a health card or that type of health insurance. Also, some services have age requirements, and some children seeking refugee protection may not have identification documents showing their age.

See the Government of Ontario's website for more information about eligibility for Ontario Health Cards and Ontario Health Insurance Plan (OHIP) coverage.

See the Government of Canada's website for more information about the Interim Federal Health Program that provides limited temporary coverage of health-care benefits to people in the following groups who are not eligible for provincial health insurance: protected persons, including resettled refugee; refugee claimants; and certain other groups.

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

- **Communicate essential information** to children and families in accessible ways. It may be relevant to consider whether children and family have stable mailing addresses, the print and digital literacy skills required by the communications format, access to the required technology and connectivity, and the ability to communicate using an interpreter. In marketing and outreach materials, communicate what information children and families must provide and what information they are not required to provide (e.g., proof of legal status in Canada, health card, health insurance, a referral from a physician). Provide instructions and support for getting to in-person appointments at your agency and how to arrange transportation (e.g., vouchers for public transportation and maps with directions to the agency using public transportation).
- **Use community outreach programs** or partner with these programs to connect with children and their families. These programs can create cross-cultural connections, enhance awareness of mental health services, and address stigma that may exist around mental health and service use (Satinsky et al., 2019).
- **Accept self-referrals.** Children and families with and seeking refugee protection may be more likely to access mental health services that do not require a referral from another service provider (Satinsky et al., 2019).
- **Identify who the child considers to be their family or circle of care.** Speak with a child to learn about who they consider to be their family and, in accordance with applicable consent laws, who the child consents to having access to their information and engaging in their care. Some children with and seeking refugee protection are separated from their parents or their previous legal or customary primary caregiver during their journeys (UNHCR, 2025). As such, their current caregiver may not have certain information about them (Song & Oakley, 2020). Some are unaccompanied minors and do not have a parent or legal guardians in Canada.

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).

- **Facilitate English and/or French language training sessions** focused on mental health and mental health care to support children and families with beginner proficiency in English or French to communicate about mental health in these languages (UNHCR, 2023).
- **Offer interpretation and advertise that interpreters are available** (Hanft-Robert et al., 2023; Song & Ventevogel, 2020). Provide guidance on how to communicate using an interpreter. For more information, see the Knowledge Institute's resource Understanding across languages: Working with interpreters in mental health and substance use health settings.
- **Provide or support access to technology** to complete digital intake forms, participate in virtual appointments, and retrieve online mental health resources. For example, provide cell phones with data or data cards, and create a space where children and families can use laptops available to clients to access virtual mental health resources and have a staff member available to assist them.
- **Together, complete appropriate intake forms.** During intake, we often ask children and their families to fill out forms, but this can be a barrier for those with varying levels of print and digital literacy. To support this process, explore strategies that are appropriate to a child and family's abilities and preferences. For example, schedule an interpreter-supported intake appointment between you, the child and their family, and a professional interpreter, so you can fill out the form for them using the information they provide. You might also provide a translation of the intake form in the preferred language of the child and their family and, once the form is complete, have a professional translate the information into your agency's working language.

- **Provide support and information on your organization's processes.** Clearly explain the intake processes at your agency to the child and their family. Explain your role as a clinician and the goal of the service you provide in clear and simple terms (Hanft-Robert et al., 2023; Song & Oakley, 2020). Distinguish your role at your agency from other institutions or authorities (Hanft-Robert et al., 2023; Song & Ventevogel, 2020).

- **Gather and review required documentation.** With the child's and their family's permission, collect information by reviewing available documents (Song & Oakley, 2020). These documents may be from caretakers and family members or other agencies and organizations working with them, such as other mental health agencies, physical health services, education services, and settlement services (Song & Ventevogel, 2020). Keep in mind that documentation may be unavailable, incomplete, or in language(s) other than French or English (Manby, 2016; UNHCR, 2014, 2019). Documentation may include estimates (UNHCR, 2014), such as when a child's birth certificate is left in their country of origin, they are separated from family members, and a government estimates their age (Manby, 2016).

- **Respect concerns about personal data, information, and records.** Many children and families with and seeking refugee protection have been persecuted. Those who have been persecuted or whose family and community members have been persecuted may be reluctant or unwilling to have their personal data, information, and records collected and used (Schutte et al., 2022; UNHCR, 2015). With informed consent, collect only necessary personal information in ways that are sensitive, confidential, and secure (UNHCR, 2022c).

Coping with Flight and Trauma is a 10-minute psychoeducation film that can decrease self-stigma and increase openness to accessing mental health services among people with and seeking refugee protection who are experiencing post-traumatic stress disorder, depression, and anxiety (Denkinger et al., 2022). In this animated YouTube video, characters with and seeking refugee protection share their experiences. Psychotherapists provide psychoeducational information about post-traumatic stress symptoms and introduce the concept of group and individual psychotherapy with the aim of reducing self-stigma in seeking mental health support. The film is available in Arabic, English, and German.

Additional resources

Services for children and families with and seeking refugee protection

- Refugee HealthLine is a free, multilingual service in Ontario that connects people with and seeking refugee protection as well as people arriving through other exceptional humanitarian authorizations to health care services, such as refugee health clinics, mental health service providers, psychiatric services, paediatric services, optometrists, family health clinics, community health centres, nurse practitioner-led clinics, physician practices, and walk-in clinics. It is part of Health811's service offerings and can be accessed by calling 811 (TTY: 1-866-797-0007). All calls are confidential, and an Ontario Health Insurance Plan (OHIP) card is not required.
- Kids Help Phone offers a phone counselling service to all children and young people in Canada (regardless of legal status). This includes refugees, asylum seekers, newcomers, and temporary and permanent residents. By calling 1-800-668-6868, children and young people can speak directly to a professional counsellor in English or French, or they connect with a professional counsellor in over 100 languages with the help of trained interpreters. It is free, confidential, and available 24/7/365. No ID is required.

Training and guidance for mental health service providers

- The Immigrant and Refugee Mental Health Project is an evidence-based, capacity-building initiative designed to enhance the skills of settlement, social, and health service providers to appropriately respond to the unique mental health needs of new immigrants and refugees and to foster inter-sector and inter-professional collaboration. Through interactive online training, resources, and activities, the project offers current research evidence, practical information on promising and innovative practices, and video demonstrations on how to use specific tools and strategies.

- Child, Adolescent and Family Refugee Mental Health: A Global Perspective is a practical guide for treating children and families with and seeking refugee protection globally (Song & Ventevogel, 2020). It provides an overview of the latest theoretical insights from research on sociocultural aspects of mental health and connects these with clinical insights from practical mental health care provision using strengths-based, resiliency-oriented, and family-centered approaches. The book's chapters are written by diverse authors using global, multi-disciplinary approaches and provide examples from various contexts including refugees who are displaced to neighboring countries, refugees 'on the move', and refugees and asylum seekers in resettlement settings.
- The United Nations Refugee Agency publishes desk reviews with additional information on cultural and contextual factors related to the mental health of specific groups of refugees. These resources provide a foundational understanding of the key sociocultural aspects of the mental health of a specific group of refugees to enable practitioners to provide culturally informed services to them. The reviews explain the context of forcible displacement and mental health needs, the epidemiology of mental health conditions, risk factors, protective factors, and the terms used in their languages to indicate mental health conditions. Reviews have been prepared for Rohingya refugees, Somali refugees, South Sudanese refugees, and Syrian refugees.
- The Alliance for Child Protection in Humanitarian Action provides guidance on working with unaccompanied and separated children. The Guiding Principles on Unaccompanied and Separated Children aim to ensure that actions and decisions relating to this population are anchored in relevant law and respect the principles of family unity and the best interests of the child. The Toolkit on Unaccompanied and Separated Children provides training materials to support professionals working with children and families.

References

American Psychological Association. (2018). APA dictionary of psychology: Resilience.

American Psychological Association. (2023a). APA dictionary of psychology: Somatic symptoms.

American Psychological Association. (2023b). APA dictionary of psychology: Acculturation.

Beiser, M., & Hou, F. (2016). Mental health effects of premigration trauma and postmigration discrimination on refugee youth in Canada. *The Journal of Nervous and Mental Disease, 204*(6), 464-470.

Blackmore, R., Gray, K. M., Boyle, J. A., Fazel, M., Ranasinha, S., Fitzgerald, G., Misso, M., & Gibson-Helm, M. (2020). Systematic review and meta-analysis: The prevalence of mental illness in child and adolescent refugees and asylum seekers. *Journal of the American Academy of Child & Adolescent Psychiatry, 59*(6), 705-714.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Denkinger, J. K., Rometsch, C., Murray, K., Schneck, U., Brißlinger, L. K., Rahmani Azad, Z., Windthorst, P., Graf, J., Hautzinger, M., Zipfel, S., & Junne, F. (2022). Addressing barriers to mental health services: Evaluation of a psychoeducational short film for forcibly displaced people. *European Journal of Psychotraumatology, 13*, 2066458.

Food and Agriculture Organization of the United Nations. (2024). Hunger and food insecurity.

Frounfelker, R. L., Mishra, T., Gautam, B., Berent, J. M., Abdi, A., & Betancourt, T. S. (2020). Engaging refugee families in a family-strengthening intervention to promote child mental health and family functioning. In S. J. Song & P. Ventevogel (Eds.), Child, adolescent and family refugee mental health: A global perspective (pp. 165-178). Springer.

Government of Canada. (2001). Immigration and Refugee Protection Act, S. C. 2001, c. 27.

Hanft-Robert, S., Glahder Lindberg, L., Mösko, M., & Carlsson, J. (2023). A balancing act: How interpreters affect the therapeutic alliance in psychotherapy with trauma-affected refugees – A qualitative study with therapists. *Frontiers in Psychology, 14*, 1175597.

Hynie, M. (2018). The social determinants of refugee mental health in the post-migration context: A critical review. *The Canadian Journal of Psychiatry, 63*(5), 297–303.

Immigration and Refugee Board of Canada. (2021). Chapter 4 – Grounds of persecution – Nexus. Government of Canada.

Immigration, Refugees and Citizenship Canada. (2023). Terms and definitions related to refugee protection: Unaccompanied minor. Government of Canada.

International Committee of the Red Cross. (2004). Inter-agency guiding principles on unaccompanied and separated children. International Committee of the Red Cross.

Khan, B. M., Waserman, J., & Patel, M. (2022). Perspectives of refugee youth experiencing homelessness: A qualitative study of factors impacting mental health and resilience. *Frontiers in Psychiatry, 13*, 917200.

Knowledge Institute on Child and Youth Mental Health and Addictions. (2021). Quality standards for family engagement. Knowledge Institute on Child and Youth Mental Health and Addictions.

Manby, B. (2016). Identification in the context of forced displacement. World Bank.

McGrath, M., Acarturk, C., Roberts, B., Ilkkursun, Z., Sondorp, E., Sijbrandij, M., Cuijpers, P., Ventevogel, P., McKee, M., & Fuhr, D. C. (2020). Somatic distress among Syrian refugees in Istanbul, Turkey: A cross-sectional study. *Journal of Psychosomatic Research, 132,* 109993.

Michaels, C., Blake, L., Lynn, A., Greylord, T., & Benning, S. (2022). Mental health and well-being ecological model. University of Minnesota, Centre for Leadership in Maternal & Child Public Health.

Nesterko, Y., Jäckle, D., Friedrich, M., Holzapfel, L., & Glaesmer, H. (2020). Prevalence of post-traumatic stress disorder, depression and somatisation in recently arrived refugees in Germany: An epidemiological study. *Epidemiology and Psychiatric Sciences, 29*, e40.

Ng, E., & Zhang, H. (2021). Access to mental health consultations by immigrants and refugees in Canada. Statistics Canada.

Posselt, M., Eaton, H., Ferguson, M., Keegan, D., & Procter, N. (2019). Enablers of psychological well-being for refugees and asylum seekers living in transitional countries: A systematic review. *Health and Social Care in the Community, 27,* 808-823.

Rometsch, C., Denkinger, J. K., Engelhardt, M., Windthorst, P., Graf, J., Gibbons, N., Pham, P., Zipfel, S., & June, F. (2020). Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State" (IS). *Journal of Psychosomatic Research*, 130, 109931.

Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health, 19*(3), 745–754.

Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilization and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy, 123,* 851-863.

Scharpf, F., Kaltenbach, E., Nickerson, A., & Hecker, T. (2021). A systematic review of socio-ecological factors contributing to risk and protection of the mental health of refugee children and adolescents. *Clinical Psychology Review, 83*(101930), 1-15.

Schutte, V. (2023, November 16). Advancing equitable inclusion for refugees: What are the needs of students with and seeking refugee protection? [Colloquium]. Centre for Research on Educational and Community Services, Ottawa, Canada.

Schutte, V., Danseco, E., & Lucente, G. (2022). How to use race-based data to advance mental health equity. Knowledge Institute on Child and Youth Mental Health and Addictions.

Schutte, V., & Milley, P. (2023). Towards equitable inclusion for refugees: The needs of students with and seeking refugee protection. *Canadian Journal of Educational Administration and Policy, 202*, 21-41.

Song, S. J., & Oakley, J. (2020). Conducting the mental health assessment for child and adolescent refugees. In S. J. Song & P. Ventevogel (Eds.), Child, adolescent and family refugee mental health: A global perspective (pp. 81-99). Springer.

Song, S. J., & Ventevogel, P. (2020). Principles of the mental health assessment of refugee children and adolescents. In S. J. Song & P. Ventevogel (Eds.), Child, adolescent and family refugee mental health: A global perspective (pp. 69-80). Springer.

Tong, H., Lung, Y., Lin, S., Kobayashi, K. M., Davison, K. M., Agbeyaka, S., & Fuller-Thomson, E. (2021). Refugee status is associated with double the odds of psychological distress in mid-to-late life: Findings from the Canadian Longitudinal Study on Ageing. *International Journal of Social Psychiatry, 67*(6), 747-760.

Tyrer, R. A., & Fazel, M. (2014). School and community-based interventions for refugee and asylum seeking children: A systematic review. *PLoS One, 9*(2), e89359.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38,* 218-235.

United Nations Refugee Agency (UNHCR). (2014). UNHCR observations on the use of age assessments in the identification of separated or unaccompanied children seeking asylum. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2015). Policy on the protection of personal data of persons of concern to UNHCR. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2022a). UNHCR education report 2022 – All inclusive: The campaign for refugee education. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2022b). Shelter. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2022c). General policy on personal data protection and privacy. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2023). Integration handbook: Healthcare. United Nations Refugee Agency.

United Nations Refugee Agency (UNHCR). (2025). Resettlement handbook: Children and adolescents at risk. United Nations Refugee Agency.

Uphoff, E., Robertson, L., Cabieses, B., Villalón, F. J., Purgato, M., Churchill, R., & Barbui, C. (2020). An overview of systematic reviews of mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons. *Cochrane Database of Systematic Reviews, 9,* CD013458.

World Health Organization. (2021). Social determinants of health. World Health Organization.

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