refugee, mental health, intellectual disability...

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Research suggests that people from refugee backgrounds experience higher rates of post-traumatic stress disorder, depression and anxiety disorders than the general population (see Davidson et. al., 2008).

Australian findings indicate that mental health and wellbeing outcomes for refugee populations are influenced by a number of factors, such as the complexity of pre-displacement, displacement and resettlement experiences (APS Paper – Review of refugee mental health and wellbeing: Australian perspectives, 2008).

It is common for refugees from war torn countries to have suffered physical abuse, violence, injury, loss of limb or torture. Many refugees have also witnessed similar mistreatment of others, including family members (Department of Education and Communities, 2009).

Refugees who have not been exposed to physical torture or trauma may have experienced trauma in emotional and psychological forms. Individuals may be affected even though they themselves were not directly involved in fighting or did not suffer the direct violence or abuse (Department of Education and Communities, 2009).

People who have experienced trauma may experience the following behaviours:

- Persistent memories and nightmares, disturbed sleep
- Difficulty thinking, concentrating, remembering
- Distrust and fear of strangers
- Emotional distancing or numbing, lack of trust
- Fear of being alone or of dark places
- Being constantly 'on guard' for danger
- Overreacting to situations
- Inability to manage anger or stress
- Lack of control over violent or impulsive behaviour, tantrums
- Physical symptoms such as headaches, loss of appetite
- Emptiness, apathy, despair
- Increased anxiety about relationships
- Fierce self-sufficiency or clinging dependency
- Over-protectiveness and suspicion of danger
- Self-harm, self-degradation, self-blame, hopelessness, suicidal thoughts (http://www.strongbonds.jss.org.au/workers/cultures/migration.html accessed on 18/8/2011)

Impact on Physical and Mental Health

Many refugees arrive in Australia in need of treatment for unmet medical and dental needs. The health, mental health and physical condition of refugees may manifest in a number of ways, including sensory problems, anxiety, depression and Post Traumatic Stress Disorder (Department of Education and Communities, 2009).

Benson (2005) proposes a "culturally sensitive consultation model", a practical approach when working with refugees. The Strengths and Difficulties Questionnaire (SDQ), which is available in many different languages, may be used as a brief behavioural screening tool.

Counselling and psychotherapeutic approaches such as Cognitive Behavioural Therapy (CBT) and Interpersonal Psychotherapy (IPT) are effective when working with refugee students. CBT challenges thoughts and behaviours that may be causing or maintaining inappropriate behaviours or emotions. This intervention includes problem solving, relaxation training, cognitive restructuring etc (for more information see Cardemil, 2010; Bernal et al, 2009)

In addition narrative and art therapies are effective. These therapies allow for understanding a person's story, expression of emotions and identifying the person's strengths to help with difficult situations/emotions. These therapies can help raise a young person's self esteem, acquire new skills and insights and reduce anxiety (for more information see Ncube, 2006).

Strong community support networks assist in the settlement process and support recovery from trauma. Professionals are encouraged to work collaboratively with refugee communities to optimise mental health and wellbeing, and to ensure the breadth of the human experience (particularly strengths) is utilised in resettlement. (Australian Psychological Society, 2011)

Medical, dental, general health and mental health needs can consistently or intermittently disrupt the learning of refugee students at school.

Disrupted Previous Education

Depending on the conditions in their country of origin or in the refugee camps they come from, many refugee students may have been unable to attend school for some time. Some students may never have been to school. Few refugee students will have had recent experience with classrooms, schools or formal learning environments similar to those in Australian schools (Department of Education and Communities, 2009).

It is important to note that disruption to education or no western-style education does not necessarily suggest the student has an intellectual disability. As a result of serious disruption to education, refugee students may have significant gaps in their literacy and numeracy development, or limited skills in expressing academic concepts in their first language (Department of Education and Communities, 2009). No experience with western-style education poses its own problems for refugee students when experiencing school for the first time.

Some behaviours and learning characteristics observed in students from a refugee background may be similar to students with learning difficulties. For example, inattention/off task behaviours may result from the young person not understanding what is being communicated and thus not understanding when or what to do.

In addition, refugee students may need to develop their fine and gross motor skills and their social and emotional skills. However, many refugee students are making a successful transition to school, having experienced limited disruption to their schooling (Department of Education and Communities, 2009).

Psychological Testing and Intellectual Disability

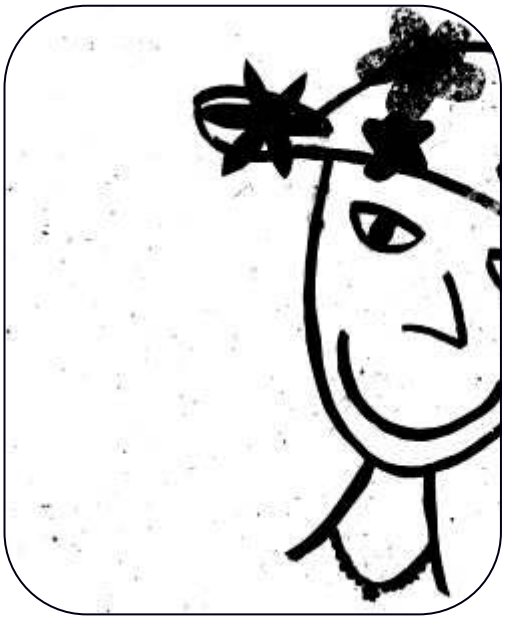
It is important to consider the cultural appropriateness of psychological tests when assessing a young person from a refugee background.

Cognitive Assessment

The use of non-verbal tests of intelligence (for example, the Universal Nonverbal Intelligence Test, Raven's Progressive Matrices, Wechsler Nonverbal Scale of Ability) can provide an indication of cognitive functioning. However, results must be interpreted with caution as the young person may be unfamiliar with the task or content, or the concepts tested are not directly transferrable across cultures. Other contributing factors such as hearing loss, vision impairment, poor nutritional diet etc. would also normally require consideration when undertaking an assessment.

Intellectual disability is a developmental disorder and identification should be motivated by the need for advocacy, flexibility and individualised support, and the provision of appropriate learning opportunities (Hudson, A. & Radler, G., 2005). Some refugee students may arrive with a diagnosis of an intellectual disability. In other cases family members may have some recognition of development delay in their child.

Refugee students need time to adjust to their new environment. Once the family has settled, issues of possible disability may be raised within the school context. However, if the school attempts to initiate diagnosis too quickly, the student may be misdiagnosed or the family may feel overwhelmed and become disengaged. It is important to initially develop a safe and trusting environment for the student and their family.



When considering a formal cognitive assessment care must be taken to compile a comprehensive picture of the students functioning using a number of sources of information. Assessment which may ultimately result in diagnosis ideally should include interviews, observations, informal assessment and formal norm referenced assessments across all domains.

In addition, there are some behaviours that overlap with learning difficulties, second language acquisitions and refugee experiences (for example, inattentiveness, withdrawal, poor concentration, anxiety/frustration). Tangen (2009) argues that overlapping behaviours compound the difficulty professionals have in determining the essential cause for concern with learning and behaviour and thus, the appropriate action to take.

Summary

In summary, refugees come from diverse cultures and backgrounds, but share common experiences of disadvantage that impact on their capacity and readiness to learn and express emotions.

Collaborating and consulting with students, their families and the community is an important first step in creating a safe and trusting environment in which to work.

Resources

- Australian Government: Department of Immigration and Citizenship http://www.immi.gov.au
- Foundation House www.fundationhouse.org.au
- NSW Refugee Health Service www.refugeehealth.org.au/clinics
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) http://www.startts.org.au
- Transcultural Mental Health www.dhi.gov.au
- Victorian Transcultural Psychiatry Unit (VTPU) www.vtpu.org.au

For information about psychological testing see:

Ardila, A. (2005). Cultural values underlying psychometric cognitive testing: Neuropsychology Review, 15(4), 185-195.

Australian Psychological Society (APS) *Guidelines for psychological assessment and the use of psychological tests*.

Garcia, S.B. & Ortiz, A.A. (2004). Preventing inappropriate referrals of language minority students to special education.

The National Clearing House for Bilingual Education: Occasional Papers on Bilingual Education. http://www.ncela.gwu.edu/pubs/classics/focus/05referral.htm Victorian Cross-Cultural Psychological Assessment Working Group

References

Australian Psychological Society (2008). Psychological Wellbeing of Refugees Resettling in Australia: A Literature Review prepared for The Australian Psychological Society.

Australian Psychological Society (2011). Psychological wellbeing of refugees and asylum seekers in Australia: A Position Statement prepared for The Australian Psychological Society.

Benson, J. (2005). A culturally sensitive consultation model. Medicine Today, 3(2), 84-89.

Bernal, G., Jimenez-Chafey, M.I., & Domenech Rodrequez, M.M. (2009) Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. Professional Psychology: Research and Practice, 40:361-368.

Cardemil, E.V., Kim, S., Davidson, T.M., Sarmiento, I., Shikawa, R., Sanchez, M., & Torres, S. (2010). Developing a culturally appropriate depression prevention program: Opportunities and challenges. Special issue of *Cognitive & Behavioral Practice, 17*, 188-197.

Davidson, G.R., Murray, K.E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian Perspectives. Australian Psychologist, 43, 167-174.

Department of Education and Communities (2009) "Promoting positive behaviour and learning: Assisting refugee students at school" https://detwww.det.nsw.edu.au/lists/directoratesaz/multicultural Hudson, A. & Radler, G. (2005). Psychologists and intellectual disability. InPsych.

Ncube, N. (2006). The Tree of Life Project: Using Narrative ideas in work with vulnerable children in Southern Africa. The International Journal of Narrative Therapy and Community Work.

Tangen, D. (2009). Identifying the Learning Development of Students Who Are Refugees. Australian Journal of Guidance and Counselling. 19(2).