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# A moment of change: Facilitating refugee children's mental health in UK schools

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ABSTRACT

This paper describes the role of schools in supporting the overall development of refugee children and the importance of peer interactions. It argues that the UK school into which a refugee child arrives can be considered an extreme setting. Refugee and asylum-seeking adolescents were interviewed following their contact with a school-based mental health service. The social recognition granted to them by peers in 'moments of change' gave them the motivation to change, the confidence to seek psychological help, to study harder and make more friends. It concludes that schools in extreme settings are often the best placed institution to address the psychosocial needs of children and should therefore adopt this enhanced role.



## 1. Introduction

Migration remains a cornerstone of global social development with increasing numbers of the world's population moving either out of choice to seek better employment and life prospects or forced to move because of natural disasters, economic difficulties or ethnic, religious and political persecution (Castles, 2013; Goldin et al., 2012). Refugees and asylum seekers are a specific subgroup of those forced to flee due to persecution and are of particular interest because of the number of past, present and future difficulties they have and are likely to experience.

This paper will explore the role of schools in supporting the overall development of refugee and asylum seeking children in the UK. It will address the issues from the perspective of refugee children, and from the question of whether and how schools can address the mental health needs of their students. It will consider the role of social recognition in well-being. It will argue that the UK school into which a refugee child arrives can be considered an extreme setting and that social recognition by peers plays a key role in their well-being through accepting and appreciating their individuality. It concludes by recommending that schools in such settings are often the best placed institution to address the psychosocial needs of children and should therefore adopt this enhanced role.

It is important to consider a number of spheres of influence on a refugee or asylum seeking child arriving in the UK or other high income country. They might have experienced potentially traumatic events in their country of origin (pre-migration), in their journeys to a new place of residence (peri-migration) and then in the manifold hurdles they might need to tackle in managing the educational and sociocultural changes in their new home (post migration). These influences can also been seen to exert their influence on a number of levels: as individuals; as family members; and members of a school or wider community (Reed et al., 2012).

Certain factors, such as exposure to violence, have been identified as increasing the likelihood of developing psychological problems, whilst others, such as social support in the country of resettlement enhance the individual's capacity in their new context (Fazel et al., 2012). These children often encounter a stubbornly held collective representation of asylum seekers that is unwelcoming, fuelled by negative portrayal of asylum seekers in the popular press, which can further exacerbate difficulties assimilating into a new country (Gabrielatos and Baker, 2008; Klocker and Dunn, 2003). Many will have an uncertain future awaiting the immigration determination procedure of their new country with the resulting negative impact this lack of stability and security will have on the their ability to settle and invest in a new environment. For example, in 2012, over 23,000 applications for asylum were made in the UK (this figure does not include dependants) of which over half were rejected (Home-Office, 2013). There were over 1100 unaccompanied minors arriving in 2012 – being under 18 and without any primary caregiver

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accompanying them. These children can experience a range of different environments when they arrive, and can be very socially isolated within and outside of school (Fazel et al., 2009). Some will be placed in foster care, either with local families or with other asylum seeking families. Many live in supported accommodation and frequent house moves and lack of clarity about the time it might take for their asylum decision to be taken are common. Some are placed in schools with existing language support structures but others can find it difficult to access mainstream education, often exacerbated for unaccompanied minors, by the lack of a parental advocate. Some young refugees might wait months or even years before they can access mainstream education (Bourgonje, 2010; Elwyn et al., 2012). Therefore, a refugee child might have been born in an area of instability and never experienced consistent schooling in their home country, they might have had a dangerous and long journey to a country of refuge and then on arrival to their host country might experience financial insecurity, racism and the perils of the immigration determination process.

The arrival of a refugee or asylum seeking child or young person into a new school in the UK can be seen as an extreme school context. The system of education is likely to be very different to the one previously experienced by the child, if school education has been experienced at all. Many children are placed in an age-appropriate class yet their needs are likely to be highly complex and not easy to address by schools that might have a handful of arrivals from different countries in each academic year (McBrien, 2005). Refugee and asylum seeking children often arrive at non-traditional points of entry and so the opportunities to take part in class bonding activities and the exercises to help new students interact will have been missed. The schools are likely to be linguistically and culturally unfamiliar, have a Eurocentric focus to the material and symbolic curricula taught, further exacerbating any marginalisation the students might be feeling (Blair, 2001; Howarth, 2004).

Schools are complex, dynamic and highly interactive institutions with constantly changing students and curricula. Schools can therefore play an important role: they can potentially mirror many wider societal issues for the newly arrived refugee children such as racism, which can manifest as bullying, and feeling different and unwelcome but schools also provide a key point in managing their assimilation into their new communities through a sense of school belonging (Almqvist and Broberg, 1999; Kia-Keating and Ellis, 2007; Montgomery and Foldspang, 2008). This might be particularly pertinent for those arriving without parental figures amidst limited community protection, hence the school can offer an opportunity for them to develop and potentially reconstitute their family. This might thus heighten the role of peers within the school setting as the internal world of the refugee might, by virtue of previous experiences in their original countries, be more reluctant to accept figures of authority or those that traditionally 'hold the power' such as teachers (Raghallaigh, 2014). A key component of psychological health is in cognitions, or the manner in which young people interpret the world around them. The important triad of cognitions about 'the self, the world and the future' are all potentially challenged by the experiences of being an asylum seeker arriving in a new country and school, leading to a toxic triad of negative thoughts likely to impact on their interpretation of what is happening to them with potentially harmful consequences for their psychological health (Cole et al., 2014).

Access to mental health services can be particularly difficult for those from more vulnerable and deprived contexts (Hughes, 2014; Scheppers et al., 2006). The barriers that exist in accessing services include linguistic difficulties and a lack of understanding about mental health services – what they do, how they might be affected, what their families will consent to, whether they might be admitted to hospital. Few will have knowledge of local services and how to access them or know which problems might best be addressed by such services (Dura-Vila et al., 2013; Hughes, 2014). Mental health services can seem particularly remote as similar services often do not exist in their countries of origin or exist in a very different service model – for example one that emphasizes treatment in large hospitals with little community care or mainly confined to traditional healers.

For refugee populations, these barriers to services can be exacerbated by the fact that children and families are often overwhelmed by numerous social, physical and educational difficulties, as highlighted above, which can overshadow psychological difficulties (de Wal Pastoor, 2015). Insecure asylum status can prevent services being accessed in a timely manner, either because families might be concerned that treatment by services might negatively impact on their asylum claim or parenting rights. Furthermore, the temporary nature of their status might inhibit seeking care for longer-term problems. Unaccompanied minors might have limited capacity or awareness to seek care from services, especially if they are currently suffering from mental health problems.

Mental health teams working within schools have a number of advantages especially as children and families access schools more successfully than they access most other organisations (Fazel et al., 2014). Teachers have regular contact with children and they are in an environment where they can develop not only academically, but also in social, peer and emotional arenas. School-based mental health services can potentially address some of the barriers to accessing mental health services, especially for the more vulnerable populations, and mental health professionals can work closely with school staff in an environment where the children often feel more comfortable.

This study is based on a school-based mental health service set up in eight centres across the UK for refugee and asylum seeking children. Earlier research raised the importance of working in the school environment as a higher proportion of refugee and asylum-seeking children had clinically significant mental health problems as compared to ethnic minority and indigenous white children (27% vs 9% and 11%) (Fazel and Stein, 2003). An evaluation of the first year of the service in three Oxford schools compared 47 refugee and asylum seeking children to the same control groups. Of these children, those that were directly seen by the mental health service had significantly improved peer problems scores (including bullying, interactions with classmates and attitudes towards others who are upset or unwell) (Fazel et al., 2009). This raises the interesting question as to whether working within the school context can specifically assist in peer-related psychological difficulties. A systematic review of studies of school-based interventions for refugee children has highlighted the broad range of different mental health interventions that have been used with varying impact on quantitative measures of mental health (Tyrer and Fazel, 2014). The interventions included individual, group and multimodal (those intervening in a number of areas relevant to the children – such as school, family and individual) interventions, although those with the greatest evidence-base were those that treated post-traumatic stress disorder with verbal exposure to the previous events by utilising either cognitive behavioural therapy (CBT) or narrative exposure therapy (NET).

## 2. Method

Forty refugee and asylum seeking young adults (over 16 years) who had been seen and discharged from a school-based mental health service set up specifically for refugee children were interviewed about their experience of accessing the mental health service. The children interviewed were from three different centres: Glasgow, Cardiff and Oxford and had been recently