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The Mental Health of Refugee Children in Ontario

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Abstract

The province of Ontario, Canada becomes home to a number of refugee children and their families each year. Some of these children will grow and flourish in their new home while others will face many challenges. Through a review of the literature, this paper will examine the pre- and post-migration stressors faced by refugee children and their families, and the factors that protect some children from being impacted by adverse circumstances. It will provide information on the success of refugee children in the school system. Finally, recommendations will be offered on how different levels of government can best support refugee children and their families.

Our interest in the mental health of refugee children developed based on our professional backgrounds. Working in public health provided Nicole with the opportunity to work with refugee children and their families. The challenges facing these children and families were evident as well as the strengths and remarkable resiliency of some children and their families. As a kindergarten teacher in a culturally diverse school in Toronto, Charlotte has had the opportunity to be one of the first professionals in the education system to recognize and support some of the unique challenges facing refugee children and their families. We both have a commitment to providing children with the best start possible in order to meet their full developmental potential and lifelong success. Through our discussions and research, we came to the realization that there are significant gaps in the available supports and resources uniquely designed to meet the needs of refugee children and their families.

Introduction

In 2012, 23,094 refugees came to Canada; 6,481 of them (28%) were 14 years of age or under. Approximately 57% of all refugees end up residing in Ontario and the vast majority of these live in the greater Toronto area. Today most refugees come from Africa and the Middle East, followed by Asia and the Pacific, and South and Central America. Refugees leave their country of origin for a variety of reasons including religious persecution, war, gender, and cultural discrimination (Government of Canada, 2012).

Before coming to Canada, most refugees have had experiences that most of us would struggle to understand. Many were forced to flee with just what they could carry in order to ensure their future survival. Some refugees had to leave family behind, resulting in the guilt of abandoning loved ones and increasing their sense of isolation. Prior to leaving, many have experienced acts of violence, terror, and persecution. Many had to live in refugee camps for extended periods of time before being approved to come to Canada. Others decide to seek asylum in Canada without prior government approval resulting in an uncertain future while waiting to find out if they can call Canada home. Once in Canada, refugees deal with economic uncertainty, becoming familiar with a new and very different culture, and in many cases, learning a new language.

From this, it could be inferred that most refugees will struggle with their mental health. Interestingly, many refugee children and their families come to Canada and experience success. What accounts for the differences among these children? In a 2005 article about the New Canadian Children and Youth Study (NCCYS), prominent immigration researcher Morton Beiser and colleagues reflected on this very question:

Refugee children, many of whom witnessed violence in their homelands, are at high risk for developing post-traumatic stress disorder (PTSD). Although reported rates for PTSD are startling – some as high as 50% – they raise a provocative question for future research. Assuming that all refugee children have been exposed to horror, why are the rates for PTSD always less than 100%? (Beiser, Anneke, Armstrong, & Oxman-Martinez, 2005, p. 23)

What puts some children at risk of developing PTSD and other mental health issues? What protects other children? More importantly, what can be done to help those children at risk overcome the barriers that they encounter? These are the issues that will be explored in this paper. For the purpose of this paper, children are considered to be younger than 18 years old.

Finally, based on research and interviews with key experts and refugee children and their families, we will provide policy and program recommendations for the Canadian government, the Ontario provincial government, municipalities, and school boards regarding their respective roles in enabling an effective, healthy refugee transition approach for children and their families.

Types of Refugees

It is important to note that there is no common definition of “refugee.” Some researchers refer to refugees as individuals who come to Canada without prior approval, whereas those with prior approval are described as immigrants. Within research literature, there are different titles used to describe these individuals (Hyndman, 2014). For the purposes of this paper, refugees are defined as individuals who have left their home country because of religious persecution, war, gender, or cultural discrimination. To better understand the situation of refugees in Ontario, it is necessary to understand the different types of refugees arriving here.

There are two categories of refugees. The first is comprised of individuals who have been preapproved by the Canadian government to come to Canada. These individuals have applied from the country where they are living, which in many cases is the first country they fled to and where they have been granted permanent resident status. Within this group there are several subcategories, including: (a) government-assisted refugees (GARs); (b) privately sponsored refugees (PSRs); and (c) visa-office referred or blended visa-office referred (VORs/BVORs). When they arrive in Canada, these refugees are considered to be permanent residents. Financial support may be provided by the federal government, their private sponsor, or a combination of both (Hyndman, 2014).

The second category of refugees concerns individuals who have come to Canada without having obtained the approval of the Canadian government. These individuals arrive in Canada and then make a claim for protection through international refugee laws. There are a number of different titles given to these individuals, including refugees landed in Canada and asylum seekers. For the purposes of this paper, these individuals will be referred to as refugees landed in Canada (RLCs) (Hyndman, 2014). RLCs face a very different beginning to their new life in Canada than GARs, PSRs or VORs/BVORs. First, they must go through the process of having their refugee claim adjudicated by the federal government. During this time, they are not eligible to work and are not eligible for provincial social assistance until they have had a determination made by an officer that their claim is eligible to be heard by the Refugee Protection Division of the Immigration Review Board. Their access to health care and other social services such as childcare is limited. Obviously, this places a great deal of stress on these individuals as they try to build a new life in Canada (Bernhard, Goldring, Young, Berinstein, & Wilson, 2007; Lacroix & Sabbah, 2001).

Current Situation and Research

While research about refugees and refugee children is still a relatively new area of study, it is gaining more attention possibly due to the number of refugees living in Canada and the number that are expected in the future. An example of the increasing interest in the growth and development of refugee children is the New Canadian Children and Youth Study (NCCYS). The NCCYS is a longitudinal study of refugee children and youth residing in six cities in Canada: Montreal, Toronto, Winnipeg, Calgary, Edmonton, and Vancouver. The NCCYS stemmed from the work of Statistics Canada in the National Longitudinal Study of Children and Youth

(NLSCY), another longitudinal study examining the growth and development of both immigrant and refugee children. NCCYS researchers wanted to look specifically at the health and development of immigrant and refugee children. The study followed approximately 4,500 immigrant and refugee children and compared their development to that of Canadian-born children. The NCCYS sample included Chinese, Hong Kong Chinese, Filipino, Haitian, Ethiopian, Somali, Jamaican, Serbian, Vietnamese, Lebanese, Salvadorian, Guatemalan, Nicaraguan, Colombian, Kurdish, Iranian, Punjabi, Tamil, and Afghani children (Beiser et al., 2005).

In 2010, the first NCCYS results were shared, “The Mental Health of Immigrant and Refugee Children in Canada: A Description and Selected Findings from the New Canadian Children and Youth Study (NCCYS).” This paper compared the mental health of immigrant children from Hong Kong, the People’s Republic of China, and the Philippines. The researchers found that the mental health of these children was impacted by many of the same factors that affect all children. Boys and younger children showed more aggression than girls and older children. Maternal depression increased the risk of emotional problems in the child (Beiser, 2010). However, they also found that immigrant children were impacted by factors unique to the immigrant and refugee situation. These factors included parents who did not speak English or French, the level of stress parents experienced during the resettlement process, and the discrimination that parents experienced prior to and after coming to Canada (Beiser, 2010).

Another key finding was that children from the Philippines experienced challenges related to the separation of the family. Unlike immigrants from the People’s Republic of China and Hong Kong, Filipino mothers are usually the first ones to come to Canada and then after a few years, they sponsor the rest of their family to come. The years without the maternal presence in the house create a set of unique issues when the family is once again together (Beiser, 2010). Initial results from the NCCYS data also indicated that immigrant children in Toronto have poorer mental health than children living in the other five cities, possibly due to the different levels of support provided to immigrants and refugees across the country. For a period of time, Ontario was spending much less on services for immigrants and refugees including language classes, childcare, housing, and employment training (Beiser, 2010).

A subsequent NCCYS paper, “Immigrant Parents’ Perceptions of School Environment and Children’s Mental Health and Behavior” (Hamilton, Marshall, Rummens, Fenta, & Simich, 2011), analyzed the relationship between parents’ perceptions of their children’s school and the child’s mental health. Schools that received the most negative ratings from parents were also schools where the immigrant children showed the highest levels of physical aggression. In schools with higher parental ratings, children demonstrated less emotional distress even when there was family dysfunction and parental depression in the home (Hamilton et al., 2011). The authors concluded:

Immigrant parents’ perceptions of their children’s school environment is a significant component in the school-home dynamic that may influence aspects of child emotional health and behavior. This suggests a need to develop or improve initiatives for the newest immigrant parents with children in schools. (p. 318)

Other pertinent findings about the wellbeing of immigrant and refugee children come from research conducted by the Toronto District School Board (TDSB) in 2008 looking at academic achievement in the major subjects for students in Grades 7, 8 and 9 and the results on the Grade 10 provincial literacy test administered by the Education Quality and Accountability Office

(EQAQO). The research looked at academic achievement based on the child's home language and the country of origin. Although the research does not specifically identify immigrant and refugee children within the report, it can be concluded from the data on the home country and home language that a number of students in the study are immigrants and refugees (Brown & Sinay, 2008). The researchers found that in Grades 7, 8, 9 and 10, students who were born in Eastern Asia, South Asia, Southeast Asia, the U.S., Canada, and Europe tended to achieve or exceed the provincial standards in the four subject areas measured, while students from English-speaking Caribbean, Central and South America, Eastern Africa, Western Africa, and Western Asia were less likely to meet the provincial standards. Racial background also had an impact, as East Asian students comprised the highest proportion of students at or above the provincial standard in reading and writing. This was followed by White, Southeast Asian, South Asian, Mixed Middle Eastern, Latin and Black students. Finally, the researchers found that a student's first language impacted achievement, with Romanian, Korean, Hindi, Chinese, Bengali, and Serbian language speakers being more likely to be at or above the provincial standards (Brown & Sinay, 2008). Additional factors impacting student achievement included: (a) parental presence in the home (children with two parents in the home were more likely to meet or achieve provincial standards); (b) parental education (students with one or more parents having a post-secondary education were more likely to meet provincial standards) and; (c) family socio-economic status (students coming from higher SES were more likely to meet or exceed provincial standards) (Brown & Sinay, 2008).

In another TDSB report, "An Examination of TDSB Post-Secondary Patterns: 17 Year Old Students, 2007" researchers found similar results related to applications for post-secondary education. Region of birth continued to be a factor in post-secondary admissions with students born in the Caribbean, Central and South America including Mexico, and Eastern Africa being those least likely to apply to post-secondary schools and least likely to be accepted (Brown, 2009). Race also played a role, with self-described Latin and Black students born in Canada, the Caribbean, or Africa having much lower rates of application and acceptance than the TDSB average (Brown, 2009). Taken together, this research clearly identifies academic differences related to location of birth, racial background, and first language. It can be concluded that some immigrant and refugee children face a number of challenges in their new life in Canada, particularly in the school system. Based on this, there is still a need to continue to find ways to support immigrant and refugee children and their families so that they have a successful future in Canada.

Children's Mental Health

The mental health of refugee children is unique for each child depending on his or her individual, family, and community circumstances. In their article "Hope Lives in the Heart: Refugee and Immigrant Children's Perceptions of Hope and Hope-Engendering Sources During the Early Years of Adjustment" Yohani and Larsen (2009) suggested that while some research on the effects of war on young children is posttraumatic stress, studies that look at the impact of war through an ecological context find differences in response to war based on personal factors.

Bronfenbrenner's Ecological Systems Theory provides a context for understanding the individual differences in wellbeing between refugee children. Bronfenbrenner proposed that a child's world is organized into a number of systems: (a) the microsystem, (b) the mesosystem, (c) the exosystem, and (d) the macrosystem. Each of these systems impacts a child's development, from the interactions the child has with others who are part of the microsystem to

the values and standards of a particular culture that make up the macrosystem. Finally, the chronosystem, which is the term Bronfenbrenner used for the time-based dimension of his model, can alter the operation of all ecological levels. Over time, both the child and her or his environment undergo change which can originate within the individual (e.g., severe injury or illness, puberty) or in the external world (e.g., birth of a sibling, starting at a childcare centre, parental divorce, unemployment). Bronfenbrenner pointed out that both kinds of changes need to be taken into consideration to understand how the other components of his model shift and, in turn, how all these changes affect development. (SECD, 2008a).

Over time, Bronfenbrenner looked more at the interactions between children and the important adults in their lives. He examined how a child's unique biological and psychological makeup influenced how s/he responded to his or her environment. Bronfenbrenner believed that just as the child is influenced by his or her environment, the environment is influenced by the child. This is the basis for the expansion of his original theory, which he later called a bioecological system (SECD, 2008a). Bronfenbrenner's theories may provide an explanation for why some refugee children seem to settle relatively easily into their new life while others experience many challenges. The framework for the NCCYS also suggests that the wellbeing of refugee children results from the child's individual characteristics, pre- and post-migration stressors, and the resources children have to cope with stress (Beiser et al., 2005). Examining the pre- and post-migration stressors which refugee children and their families experience and the factors that protect children from developmental challenges provides more information on why some children succeed.

Family and Child Stressors

Some of the stressors experienced by refugee children are the same as those that can impact the wellbeing of a child born in Canada. These include family income, parental education, maternal mental health, and inadequate housing. As identified earlier, however, refugee children often experience additional stressors before and after their arrival in Canada. The stresses that are experienced by refugees can be divided into two categories: pre-migration stressors and post-migration stressors. As demonstrated by Bronfenbrenner's Ecological Systems Theory, refugee children are impacted not only by individual stress but also by the stress that their parents experience.

Pre-migration Stressors

While not all refugee children and their families experience all of these stressors and how they react to them depends on the individual child and his or her environment, research (Beiser, 2010; Beiser, Simich, Pandalangat, Nowakowski, & Tian, 2011; Lacroix, 2004; Lacroix & Sabbah, 2001; Rousseau, Meashan, & Pacione, 2013; Werner, 2012) suggests that refugees may be exposed to the following stressors:

Family stressors.

- Conflict in country of origin – this could include war, religious persecution, and cultural persecution.
- Socioeconomic status.
- Length of time in refugee camps – families who spend a longer period of time in a refugee camp experience greater levels of stress.

- Parental level of education – parental education has a direct relationship to the ability to find work and the ability to support the family.
- Exposure to violence – individuals who have been directly exposed to forms of violence including sexual assault, personal harm, or witnessing harmful acts experience greater levels of stress.

Individual child stressors.

- Gender.
- Separation from caregivers – children who are separated from one or both of their parents experience a greater level of stress than those who remain with their parents.
- Exposure to violence.
- Victim of violence.
- Insufficient nutrition – lack of food and inadequate diet put stress on a child.
- Maternal mental health – when mothers experience mental health issues, this can impact their ability to nurture and care for their child, which may have an impact on the child's wellbeing.
- Disruption in education.
- Displacement.

Post-migration Stressors

Refugee families continue to experience stress when they arrive in Canada. The level and types of stress depend on individual circumstances, with GARs worrying about how they will repay the federal government for the cost of their travel and RLCs worrying about having their asylum claim accepted. Stressors that impact children can be divided into family and individual child stressors. The following stressors have been identified from research on refugees (Beiser, 2010; Beiser et al., 2005; Beiser et al., 2011; Bernhard et al., 2007; Hyndman, 2014; Lacroix, 2004; Lacroix & Sabbah, 2001; Rousseau et al., 2013; Walsh, Krieg, Giurgiu, & Este, 2011; Werner, 2012), although not all refugees experience all stressors.

Family stressors.

- Refugee determination process for RLCs – families who come to Canada without permission experience additional stress while they wait to find out whether their claim will be approved.
- Learning a new language – individuals who speak neither of Canada's official languages experience greater levels of stress.
- Lack of employment.
- Insufficient income.
- Inadequate housing – without sufficient income, it is difficult to secure appropriate housing. Additionally, some refugee families are larger than the average Canadian family, so finding adequately large housing can be an additional stress.
- Discrimination.
- Acculturation – adapting to a new culture creates stress for refugees especially when they are also learning a new language.
- Social support network.
- Availability of a like-ethnic community.
- Receiving society attitudes.

Individual child stressors.

- New educational system – the school system in Ontario may be very different from what refugee children have experienced in the past. This creates stress for them as they learn to adapt to the differences.
- Acculturation.
- Gender role conflicts – there can be significant differences in gender expectations from the home country to Canada. This creates stress for children and can create conflict within the family.
- Intergenerational conflict – the culture and values in Canada can be very different from the home country. Children and parents may come into conflict over what is acceptable.
- Discrimination and social exclusion – refugees from Africa have reported feeling more discrimination than refugees from other countries.
- Age at arrival in Canada – children who arrive in Canada at a younger age (under 10) experience less stress than those who are older when they arrive.

Not all children will experience all these stressors and some children who experience a large number of them may fare well while others will not. Why is it that some children are seemingly immune to adversity and other children are not? The answer may lie in the individual resiliency of each child.

Resiliency

The issue of why some children seem to succeed against all odds began being researched in the 1970s. Children who thrive in the face of adversity have been labeled as resilient. Ann Masten, one of the leading experts in the area of resiliency, defines resiliency as “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability or development” (Masten, 2011, p. 494). There are two components to resiliency. First, the child must be facing or have experienced a risk or threat, and second, the child must have continued to develop normally despite the adverse situation (Masten, 2011). Research on resiliency has identified a number of factors that seem to provide a child with greater protection against adverse situations. Researchers (Masten, 2001, 2011; Rousseau et al., 2013; SECD, 2008b; Werner, 2012; Yohani & Larsen, 2009) have identified the following protective factors that promote resiliency:

- consistent and positive relationships with caring adults,
- effective care giving and parenting,
- well developed cognitive and problem-solving skills,
- self-regulation skills,
- perceived efficacy and control,
- achievement motivation,
- positive peer and romantic relationships,
- cultural and religious supports,
- held belief that life has meaning and purpose,
- effective and positive teachers and schools,
- assumption of responsibility for protection and welfare of others, and
- use of humor and altruism as defense mechanisms.

Refugee children who benefit from a number of these protective factors are more likely to experience success in their new life in Canada while other refugee children experience a number of challenges. What can be done to help all refugee children experience success? One answer may lie in Refugee Community Organizations.

Refugee Community Organizations

As the research demonstrates, refugee adults and children face multiple challenges when they first arrive in Canada and for subsequent years. In response to these challenges, some refugee populations have established Refugee Community Organizations (RCOs), such as the Sierra Leone National Association of Manitoba, the All Liberian Association of Manitoba, and Tamil Community Services. In a study of RCOs in Winnipeg and Montreal, Lacroix, Baffoe and Liguori (2015) identified a number of roles for RCOs from their research, including: (a) supporting the retention of language and culture and assisting with integration into a new society; (b) providing a forum for individuals to come together to discuss common issues; (c) assisting refugees in working with service providers; (d) supporting individual families with intergenerational issues; (e) building community networks; and (f) filling gaps in service. Another study found that Somali and Sudanese refugees who were provided with social support from members of the same ethnic background experienced positive outcomes and reductions in stress (Stewart et al., 2011). The authors suggested that “the experiential knowledge and credibility of ethnic peers can supplement and interpret the professional knowledge of service providers in health and social services” (p. 197). While it appears that RCOs could play a valuable role in supporting refugees, these organizations face a number of challenges. They struggle to obtain government funding while others survive by funding themselves. Without stable funding, they are unable to hire staff and expand their services to meet the needs of the community. Indeed, many get by through the goodwill of volunteer staff and fundraising initiatives (Lacroix et al., 2015).

As outlined, refugee children and their families experience challenges before and after coming to Canada. Nevertheless, many flourish and grow and give much back to their new country. If this is to be the reality of all refugee children, they need support. The following is a set of recommendations for the federal government, the Ontario provincial government, municipalities, and school boards in the Greater Toronto Area.

Recommendations

The recommendations that are provided consider the child and family in the context of an ecological model. Ensuring the wellbeing and health of the parents is crucial to the wellbeing and health of the child. Some recommendations are more focused on the wellbeing and health of the parents and family as a whole and some are more child-focused. These recommendations are based on a review of the literature and interviews with key experts.

Federal Government

- Continue to develop and grow the federal reunification program, as children’s wellbeing is potentially impacted by separation from one or both parents. “Since family separation is, to a certain extent, amenable to changes in policy, these results cast a potentially important light on the importance of speeding up family reunification” (Beiser, 2010, p. 106).

- Continue to address lack of employment for refugees, as this issue creates enormous stress, by working with professional associations to improve the process for reviewing credentials (M. Lacroix, University of Montreal, personal communication, March 19, 2015).

Ontario Provincial Government

- Ensure that training on child development, working with families from a variety of backgrounds and cross-cultural issues, is provided at the college and university levels for teachers and other professionals who work with children, since teachers' understanding of these issues is important to the success of children at school (M. Lacroix, personal communication, March 19, 2015).
- Continue to stress the importance of the role of the school in supporting children from a wide range of religious and cultural backgrounds to ensure student success within schools.
- In its role as the funder for transfer payment agencies, ensure that traditional transfer payment agencies link with refugee support organizations within specific communities to support the planning and development of culturally sensitive, appropriate services within local communities.

Municipalities

- Partner with refugee support organizations and community leaders in the planning and delivery of services.
- Improve refugee access to shelters and transitional housing.
- Employ staff who can assist refugees living in shelters and transitional housing with employment, medical needs, transit, and accessing the school system (N. Sherise, Rawandan refugee, personal communication, March 14, 2015).
- Ensure a stock of affordable housing is available to refugees.
- Provide annual assessment appointments with a healthcare professional for the completion of developmental assessments, including socio-emotional development screening, using tools such as the Ages and Stages Questionnaire. For more information on the Ages and Stages Questionnaire refer to <http://agesandstages.com/>.
- Provide programming designed to address the specific needs of adolescent refugee children.

Boards of Education

- Identify community leaders and refugee support organizations to provide input and support for planning community initiatives.
- At the individual school level, ensure that families are involved in the planning and decision-making process related to individual children. This is particularly important in the case of refugee children since understanding family traditions and processes can help in the planning of interventions.
- Use data from the Early Development Instrument to identify whether children whose first language is not English are vulnerable in any of the five domains and develop appropriate individual and school initiatives to address these vulnerabilities. For more information on the EDI refer to <http://www.offordcentre.com/readiness/>.
- Collect data to identify schools with children who speak a home language other than English and provide the data so schools can use it in planning.

- Provide in-service training on the challenges facing refugee children and their families.
- Ensure local schools use data collected at the school board level regarding EQAO results for different languages to plan interventions for children at risk. This would include not just refugee children but any population of children who are at greater risk of not meeting provincial standards and not graduating from high school.
- Reach out to immigrant and refugee parents, as increasing their understanding of the new education system can help allay tensions at home and between teachers and parents, which may impact student success.

Conclusion

Many refugee children and their families, like many children and their families born in Canada, will contribute greatly to this country. Other refugee children and their families, similar to some children and their families born in Canada, will need extra support to meet their full potential. The recommendations that have been proposed here could support refugee children and their families flourish and grow in Canada. Additionally, increasing the knowledge of service providers and policymakers about the issues and concerns faced by refugee children and their families could help them better assist their successful transition to life in Canada. Hopefully, this article will contribute to the ongoing work of supporting all children in reaching their full potential and limit the need for intensive, costly interventions for those children who experience difficulties coping with past trauma(s) and acculturation as they mature into adulthood.

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