Nordic Network for Research on Refugee Children

Notes from the meeting in Copenhagen on 3-4 June 2010

Theme: Follow-up studies

Thursday, June 3th

Visit at the Rehabilitation and Research Centre for Torture Victims (RCT)

Before the meeting, RCT invited the participants to a guided tour at the centre. Edith Montgomery, research director, introduced us to RCT. Ala Elczewska, clinical psychologist, described the family oriented rehabilitation model at RCT. Finally, head librarian Sven-Erik Baun Christensen showed us the Documentation centre, which possesses a comprehensive collection of literature about torture and organized violence.

Opening of the meeting

Professor Allan Krasnik, greeted all welcome to Copenhagen and the University, Department of Public Health, where the meeting was held. He introduced the Danish Research Centre for Migration, Ethnicity and Health (MESU), which was established on 1 January 2010 based on an appropriation from TrygFonden. Its vision is to improve endeavours directed towards refugees and immigrants' health by strengthening interdisciplinary research, teaching, and communication of information regarding health and also by strengthening both research into disease causes and the health service's efforts among migrants and ethnic minorities. More information about MESU on the website http://mesu.ku.dk.

Before the presentation of the participants, there was a short information about the situation of Henry Ascher, who could not attend the meeting due to the ongoing conflict between Ship to Gaza and Israel. Henry Ascher was one of all the persons onboard who was arrested. According to reliable sources he was now on his way back home to Sweden.

Unfortunately, Charles Watters could not attend the meeting, but Cécile Rosseau, Associate Professor, Division of Social and Cultural Psychiatry, Université McGill University, Montreal, Canada, was greeted warmly welcome.

Presentation

Participants introduced themselves.

Follow-up studies of refugee children children – state of the art by Edith Montgomery

(See pdf).

Edith Montgomery presented a literature review of 8 follow-up studies of refugee children. An interesting observation – responsible for half of these studies attended the present meeting; Anders Hjern, Kjerstin Almqvist, Cécile Rosseau and Edith Montgomery herself!

A concluding remark after the presentation and discussion was that it is of outmost importance what happens in the life of refugee children AFTER the arrival in the receiving countries – in other words how the children and their families are received and treated in the new society.

Edith Montgomery told us more about her own study and raised an interesting aspect: the impact of communication in the family – do children who often speak with their mothers about problems have less problems? This is an aspect that may be studied more.

Anyone who knows about other follow-up studies, please contact Edith Montgomery, e-mail: EM@rct.dk. There may be interesting facts also in the so-called grey literature, ie reports that are not published in scientific journals or books that can be traced in research databases.

Note! The study by Aina Vaage is not included in Edith Montgomery's literature review. Aina Vaage, who attended the meeting, has made a 23 years long follow-up study of mental health of Vietnamese refugees in the aftermath of trauma. (Reference: Long-term mental health of Vietnamese refugees in the aftermath of trauma. Vaage et al. The British Journal of Psychiatry.2010; 196: 122-125). For more information, contact Aina Vaage, Centre for Child and Adolescent Mental Health, University of Bergen, and Department of Child and Adolescent Psychiatry, Stavanger University Hospital, Stavanger, Norway. E-mail: aina.b.vaage@lyse.net

Different approaches to follow-up studies, by Cécile Rosseau

(See pdf).

Cécile Rosseau talked about her experience and knowledge of longitudinal research with refugees and emphasized especially the understanding of the complex effects of time. Longitudinal research is built on a linear concept of time, whereas time is a concept constructed of culture and different cultures have different concepts. The Maya-culture, for instance, has a more circular/spireal concept. It is important to be aware of that it, in health sciences, is framed in terms of individual changes, but there are a lot of aspects in the environment interacting and affecting the individual, in the family, the society etc. A blind spot, that seldom is talked about, pointed out by Cécile Rosseau, is for instance the impact of changes in the social environment and in policies.

In her concluding remarks, Cécile Rosseau, highlighted some challenges for longitudinal research:

- How to document the shifts in local-global context during the course of longitudinal research?
- How to identify key variables at T1 (not subsequently) without overburdening the subjects?
- How to integrate a family rather than an individual perspective (Montgomery-Hauff)?
- How to increase cultural validity through the complementary use of methods which go beyond the discursive strategies?

Discussion: Cécile Rosseau's presentation raised many ideas that were vividly discussed. One important theme is research about the good with questioning and talking about traumatic experiences. Western therapy considers disclosure as good, but you cannot be confident that it always is good for everyone to talk about the trauma. Sometimes it may even be harmful for children to continue talking about traumatic experiences. And even if we, in our cultures, have a common opinion that we should talk about difficult things with our children, we do not always do it ourselves. So we should perhaps be cautious about applying something on migrant children that we do not apply ourselves. Probably it is not the questioning or talking itself that may be good, rather the narration as a mean to find a way making meaning of what has happened. There is a greet need of more knowledge about this subject among researchers. Also, researchers must learn to see more and other aspects than just symptoms.

Presentation: Register-based follow-up studies of refugee children in Sweden, by Anders Hjern

(See attachment).

Anders Hjern presented facts from several follow-up studies of refugee children, made by Gustavsson & Lindkvist, Almqvist & Brandell and Hjern & Angel and others. The Stockholm study of 63 children from Chile and Middle East showed that they had a high symptom load 4-6 months after they arrived in Sweden. 40-50 % showed signs of poor mental health. 6-7 years later, the corresponding figure was 20 % of the 49 children in the follow-up study.

Anders Hjern has done another big follow-up study in national registers, including thousands of refugee children from Chile and Iran who were 2-16 years old when they settled in Sweden. The mean age at the follow-up varied between 27 and 31. He looked at university education and employment and found (after sex and age adjustment) that Iranians have the highest rate of university education, but the lowest level of employment, whereas chileans have a low rate of university education, but a higher level of employment. One concluding remark is whether there is a discrimination in hiring to qualified jobs!

In part 2 of the follow-up study in national registers he looked at the mental health perspective and factors as suicide attempts, psychotic disorder and illicit drug abuse. After adjustment to sex and age, he also adjusted the findings to three social-economic variables; disposable income, maternal receipt of social welfare and residency (rural, city, big city). Comparision groups were adopted children born in Latin America, children born in Sweden with a Latin American mother and Swedish-born with two Swedish-born parents

Conclusions:

- Adoptees from Latin America is a risk group for severe psychiatric and addictive problems.
- Refugee children from Chile and Iran also have elevated risks for severe psychiatric and addictive problems, but this is mainly because of relative poverty.
- Refugee children from Iranians have a higher risk of psychotic disorder even after adjustment for socio-economic confounders. Social defeat/discrimination?

- Advocacy to fight discrimination and inequalities is a very important preventive strategy for refugee children in the long run.

Discussion: It would be interesting to know more about what has happened on the way in the persons lives, for instance to do more research about the impact of family patterns. These children settled down in Sweden during a period when the labour market was quiet good. How did their parents succeed and what impact may that have had on the children's lives as well as changes of the social context? We also need more knowledge about the impact of separations, ongoing worries, the situation in the home country – peace or war – and whether the indivuals have had a freedom of choice in their lives. You could also study the impact of school results, i.e. grades, to know more about if the schooling has had any crucial role.

Friday, 4th June

Undocumented migrants' access to health care in Denmark, by Dan Biswas

(See pdf).

Dan Biswas presented his study of undocumented migrants' access to health care in Denmark where he has made semi-structured interviews both with migrants and with nurses. The objectives of his study were:

- Which formal and informal barriers do undocumented migrants face when trying to access the Danish healthcare system?
- Do possible barriers give rise to specific health and illness behaviours among undocumented migrants?
- Which experiences do nurses have with undocumented migrants in the hospital ER?

Preliminary conclusions

- Danish legislation ensures undocumented migrants access to healthcare on equal terms as asylum seekers. However, due to substantiated fear of being reported to the police undocumented migrants are reluctant to make use of this option.

- Formal and informal barriers may cause undocumented migrants to avoid or postpone contacting the healthcare system – or to make use of alternative treatment methods.

Discussion: It is important for researchers who enter this arena not to exclude the impact of policies. As long as we have these barriers and special rules for migrants, the asylum-seekers and undocumented migrants are left to individual nurses' and doctors' decisions. Sometimes it is not only possible but necessary for health workers to go against the law as medical ethical rules and law are not going hand in hand. When you study barriers to health care, you have to be aware that you are focusing on the right gatekeeper. In Sweden, for instance, it is not the nurses, but the reception staff who may scare away many patients.

Children and asylum-seeking children in Denmark and Norway, a discourse analysis, by Kathrine Vitus

(See pdf).

Katrine Vitus presented her study of the status of asylum-seeking children in Norway and Denmark in discourse, politics and practises. She talked about two main themes underlying the discourse; immigration control vs. protection and care, and she could see how the discourses/politics of asylum-seeking and of childhood differed beteen the two countries.

In comparing the asylum systems in Denmark and Norway, she found differences regarding the accomodation, time of application process, what happened with rejected families, daycare for young children and adult education and work.

The study focused on three areas concerning children: school, hearings and humanitarian residence permit. Asylum-seeking children in Norway go to folke school, have Norwegian lessons and education mother tongue,while in Denmark they have to go to special schools in asylum centres where they do not study as many subjects as other children in ordinary schools. They also have few lessons in mother tongue and will not have any credits or pass any exams. In the hearings there is more emphasis on the children's conversation in Norway, while it is the "family unit" that is focused upon in Denmark.

Illness criterion was a reason for humanitarian residence permit in both countries. In Norway, attachment is also taken into account.

One of the findings was that the CRC has relatively high status in Norway both in law and practice, but that it has no relevance in Denmark where children are considered as parts of "family".

Discussion: The Norwegian participants stressed that there is a big difference between rules and the implication in practice, and that the children in Norway do not always get what they formally are entitled to. Discrimination of asylumseeking children may be more hidden in Norway than in Denmark, but you have to discuss what is best or worse. Hidden discrimination can have more power than the open one.

The emphasis on illness in the asylum system is a growing international trend. In many countries, there has been a shift from giving permit to stay on political grounds to humanitarian residence permits because of illness. But the illness criteria gives little possibility of agency and encourages deterioration of health when asylum-seekers have to remain and even get more ill to get a permit to stay. It has also led to big ethical problems for health care workers, asked to certificate the illness of asylum-seekers in the application process. The attachment criteria was discussed as a more constructive concept, unfortunately with less and less importance in the asylum process.

The development and evolution of school-based programs for refugee children, by Cécile Rosseau

(See pdf).

Cécile Rosseau described her passionate work with developing and evaluating preventive school-based programs for refugee and immigrant children. Schoolwork is her passion, she states, and she considers the work as a mean to strengthen the relations between parents, children, community and school.

She started 15 years ago, driven by the desire to equip teachers with tested tools so that they could support the children. What professionals in clinics can cover, is only the top of an iceberg, she arguments, while teachers meet the children in school every day and therefore have great opportunities to support them in their daily life environment. Clinics can in no way compete with all that schools can do (or reverse, do NOT do if they are not welcoming!).

The development of the programmes has been done together with school teachers and it has been a trial and error process, with many alternative ways. It has been very important to secure that the programmes are adapted to the needs of the school organisations and of the children. Cécile Rosseau stressed that this is not therapy. Tre programmes are led by school teachers, in the classroom, and they need support, training and supervision.

The programmes are based on creative expressions, such as sandplay, myths, roleplaying games, art (drawing, music, drama, film etc). Sport may also be a good tool of expression as not all children like to express themselves through art, if it is used as a mean for physical education strengthening the self esteem, sense of solidarity etc.

One goal is the reestablishment of continuity and to support the children's structure of meaning of the past and the present. Emphasis is also on the children's social needs, strenghtening the social links in a holding environment. Through transitional spaces (as defined by Winnicott) creativity is allowed which supports the reconstructive processes. As children in general do not like to be pointed out, the programmes have been implemented in general classes, as a whole class intervention.

Conclusions

- Art can be a mean to master and transform adversity.
- Schools have a key role to protect and support immigrant and refuge children mental health.
- To hold and contain the children experiences, teachers and school also need to be supported.
- Challenges of transferability of creative expression programs
- Parent work: Quebec blind spots (language), need of addressing power issues
- Policy issues:
- Place of arts in the curriculum – form of artistic activities. (Attempts are done to convince the Ministry of Education to change the way that art etc is taught).
- Teachers' training
- Revisiting language debate: Opening spaces for recognition of the other

Discussion: What about the parents' attitude – do they allow their children to participate in these interventions in school? As the programmes are not therapy, but part of ordinary school activities, they have not brought any resistance among parents. But parent work is a blind spot – how to bring parents and school toghether?!

What the programmes actually have done is to change the teachers' perception of their own pupils. Teachers have over and over again said that they know their pupils better thanks to the programmes – even the "bad" ones – and that is a kind of a bit of a shift!

Regarding the programmes' results for the children's health, a key issue is that we know that sometinhing works, but we do not know why – and that is probably the next challenge for researchers.

Presentation of the network's new web-site and closing remarks, by Anders Hjern

Anders Hjern presented the network's new website: www.nordicrefugeechildren.se. It is an important proof of the network's existence and a way of continuing the work even after the funding ends. It is an open website but it is possible to develop an application of a space open only for the members. Anders Hjern urge the network to help with suggestions on links and other ideas of how to develop the website. Note his new e-mail anders.hjern@chess.su.se at his new work Centre for Health Equity Studies, Stockholm University.

Other issues

Monica Brendler, Red Cross in Stockholm, informed about the 17th Nordic Conference for therapists working with traumatized refugees and the conference that is held at the 25th anniversary of the Red Cross centre for tortured refugees. When: September, 30, and October,1, in Stockholm. **More information:** www.redcross.se/rkcstockholm

Next meeting

Theme: Unaccompanied minors
Place: Nordic School of Public Health (NHV), Gothenburg
Date: 2-3 December, 2010

Secretary

Cajsa Malmström, Resursenheten för introduktion av nyanlända barn, RIB, Göteborg, Sweden