

***Addressing the Intergenerational
Mental Health Needs of Refugee
Families with Young Children***

Webinar

September 13, 2018



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Presenters



Maki Park, Senior Policy Analyst, Migration Policy Institute



Heather Kathrens, Refugee Mental Health Coordinator, Office of Immigrant Health, Maryland Department of Health



Brijan Fellows, Program Director, Taghi Modarressi Center for Infant Study, University of Maryland School of Medicine



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 - *K-16*
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Related Report



**RESPONDING TO THE ECEC NEEDS OF
CHILDREN OF REFUGEES AND
ASYLUM SEEKERS IN EUROPE AND
NORTH AMERICA**



By Maki Park, Caitlin Katsiaficas, and Margie McHugh



TRANSATLANTIC FORUM ON INCLUSIVE EARLY YEARS
INVESTING IN THE DEVELOPMENT OF YOUNG CHILDREN FROM MIGRANT AND LOW-INCOME FAMILIES

Responding to the ECEC Needs of Children of Refugees and Asylum Seekers in Europe and North America

By Maki Park, Caitlin Katsiaficas, and Margie McHugh

This report explores the findings of a nine-country study of ECEC policies and practices designed to serve young children of refugees and asylum seekers. It draws on fieldwork conducted in Belgium, Canada, Germany, Greece, Italy, the Netherlands, Sweden, Turkey, and the United States—major host countries with varied refugee and asylum-seeker populations, migration-management policies, and ECEC systems—to highlights both common challenges and promising practices.

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Heather Kathrens



Heather Kathrens is a Licensed Certified Clinical Social Worker and the Refugee Mental Health Coordinator for the Office of Immigrant Health at the Maryland Department of Health.

Ms. Kathrens has extensive experience working with diverse populations, including over 10 years of work with refugees and survivors of torture and trauma. Her journey in refugee and immigrant services began as an intern at the Florida Center for Survivors of Torture (FCST), where she was later hired to implement a volunteer program linking community members to newly resettled refugees in the Tampa Bay area. She later served FCST as Program Manager, responsible for the Survivors of Torture and Refugee Youth and Family Programs in the Tampa Bay area.

She also served in the US Peace Corps in Cameroon from 2010-2012, as a non-profit development volunteer. In this role, she coached small non-governmental organizations to streamline operations and carried out advocacy and empowerment projects for Survivors of Female Genital Cutting, Impoverished Widows, and PLWHA (people living with HIV/AIDS.)

Upon returning to the United States, Ms. Kathrens completed a Masters in Clinical Social Work and moved into the direct services field, working for three years at a local health center, providing direct mental health services to refugees, immigrants and US born clients who have been impacted by torture and trauma. Ms. Kathrens is a Certified Clinical Trauma Professional, a certified QPR Suicide Prevention Trainer and a Certified Laughter Yoga Leader. She also provides pro-bono therapy to torture survivors in her spare time.

Supporting the Mental Health Needs of Refugee Families in Maryland

Heather Kathrens, LCSW-C

Refugee Mental Health Coordinator

Prevention and Health Promotion Administration

Office of Immigrant Health

September 13, 2018

MISSION AND VISION

MISSION

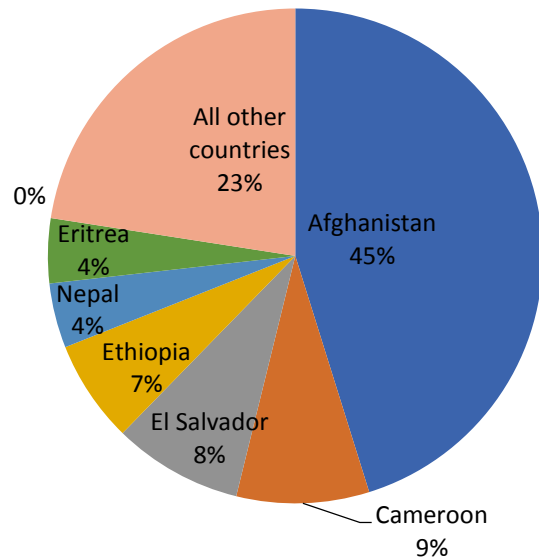
The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION

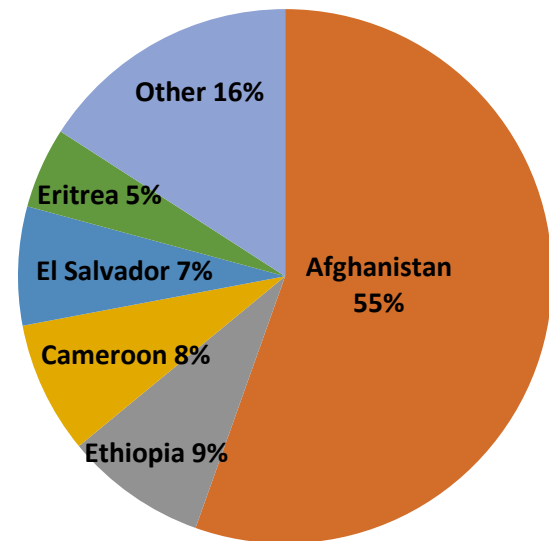
The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.

Maryland Arrivals

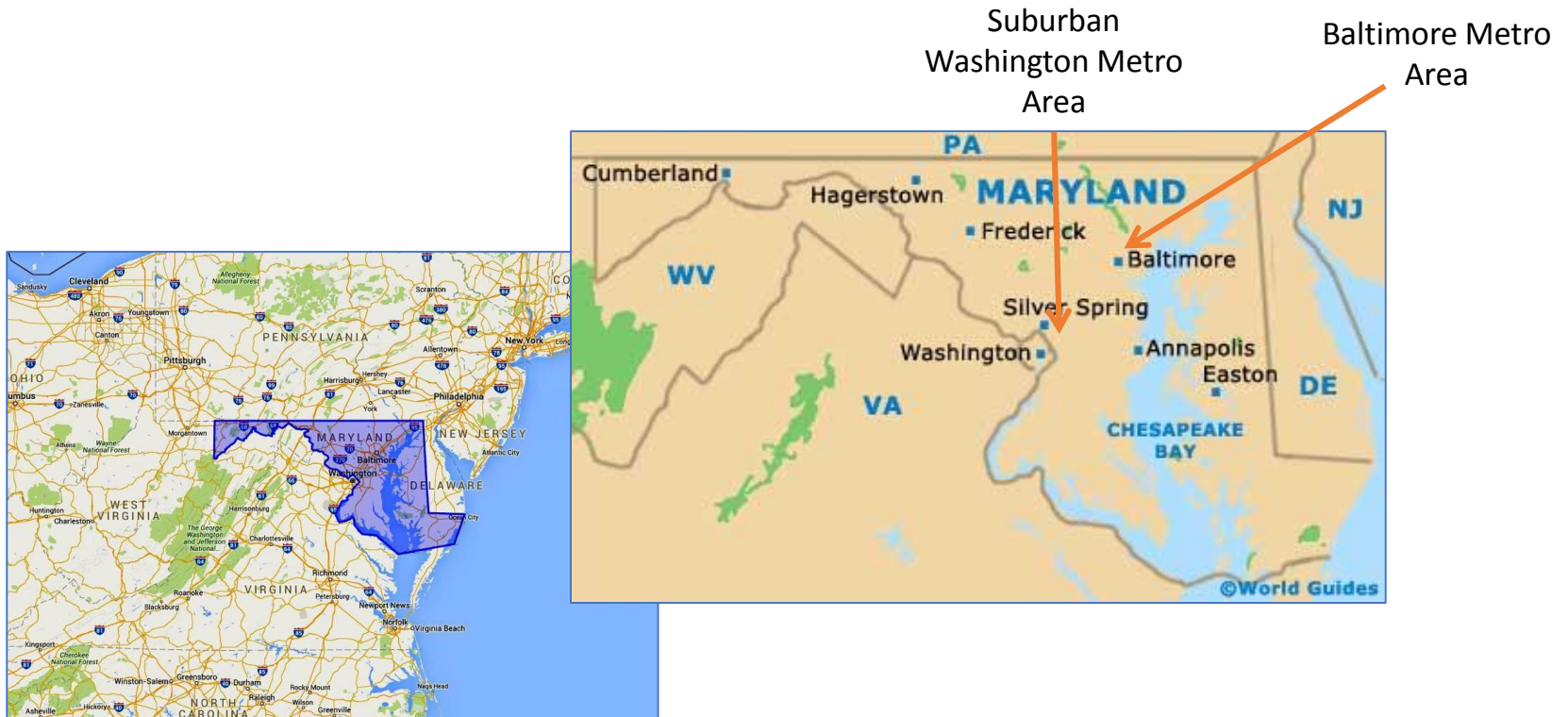
Humanitarian Immigrants by Country of Birth FY 18 (n=1419)



Humanitarian Immigrants by Country of Birth FY 17 (n=2122)



Health Screening Sites



Maryland Refugee Health Program



The Office of Immigrant Health collaborates with state and local health departments, FQHCs and resettlement agencies

- Ensures newly arrived refugees, asylees, parolees, and other humanitarian immigrants receive a timely, high-quality, comprehensive, culturally informed health exam
- Prevent and control the spread of infectious disease
- Data collection and analysis
- Provider outreach and education
- *Utilizes the Medical Home Model to streamline and simplify access to care, follow-up, and appropriate referrals*
- **Added Mental Health Screening in 2012**

Maryland Refugee Mental Health Program

*“My country has been at war longer than I’ve been alive. My first memory is the roof of my family’s house being set on fire. When I got older, I learned that men from another village had done this in retaliation to my sister running away from them.” (after she had been kidnapped)
–Afghan client*



Provide Mental Health screenings at initial Health Exams and make appropriate referrals



Increase capacity of existing providers

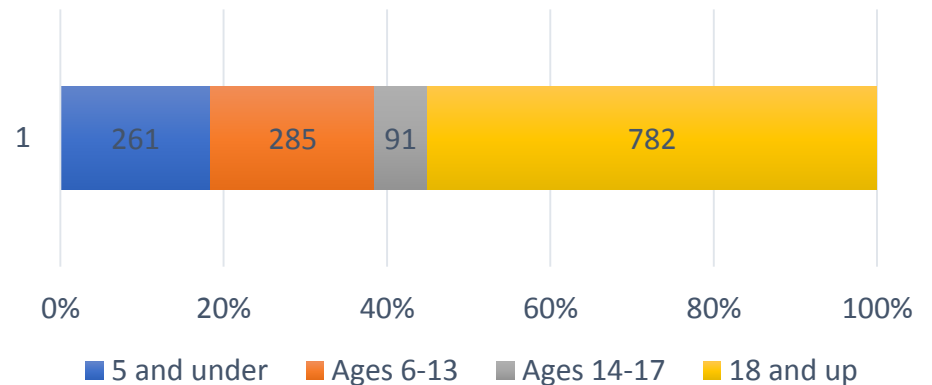


Increase the number of access points for mental health in refugee communities

Arrivals by Age

- RHS-15 is culturally and linguistically validated for several languages and cultures, ages 14 and up
- No standardized or regular screening for younger people, especially for the youngest
- Many providers using many tools
- Maryland hopes to expand screening
- Seeking feedback

**FY18 Arrivals by Age Group
(n=1419)**




RMHP Objective One



Provide Mental Health screenings at initial Health Exams and make appropriate referrals

- Surmounting our own stigma
- Normalize the conversation
- With kids, engaging the parents is most important
- Screening only occurs when there are appropriate referral sources

RMHP Objective Two



Increase
capacity
of existing
providers

- Again: Our own stigma
- Often a matter of language access
- Providers include interpreters
- The ‘refugee experience’
- Identifying existing strengths

RMHP Objective Three



Increase the number of access points for mental health in refugee communities

- Difficult to get people to come to a ‘mental health’ group!
- Helpful if an organic group is already in place
- Cultural liaisons are key
- Translated materials a must
- Initiatives for adults vs. children

Challenges and Considerations

- Is screening at arrival the best time?
- Need for a culturally and linguistically validated tool for people 13 and under.
- What is or could be the role of schools or pre-K organizations in mental health service provision?
- Encourage parent engagement in the conversation of mental health.
- Naturally occurring groups which empower parents but allow for a check in on their own mental health.

Resources

- Maryland Office of Immigrant Health
heather.kathrens@maryland.gov
- Pathways to Wellness RHS15 Screener
http://refugeehealthta.org/wp-content/uploads/2012/09/RHS15_Packet_PathwaysToWellness-1.pdf
- Health Reach
<https://healthreach.nlm.nih.gov/>
- National Partnership for Community Training
<https://gulfcoastjewishfamilyandcommunityservices.org/refugee-services/national-partnership-for-community-training/>

Thank you! Please keep in touch!



Maryland Department of Health Prevention and Health Promotion Administration

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Brijan Fellows



Brijan Fellows is currently the program director at the Taghi Modarressi Center for Infant Study at the University of Maryland, Baltimore's School of Medicine, which is a community based outpatient mental health clinic serving children aged 0-5 years and their caregivers.

In her previous roles at the Center, Ms. Fellows has provided early childhood mental health consultation services to Early Head Starts, Head Starts, and Judy Center programs in Baltimore City.

Ms. Fellows is a licensed clinical social worker in Baltimore, Maryland. She has been working in the field of early childhood mental health for 13 years.



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Infant and Early Childhood Mental Health Consultation with Refugee Children in Baltimore City

Brijan Fellows LCSW-C

Program Director
Department of Psychiatry
University of Maryland School of Medicine
Taghi Modarressi Center for Infant Study

September 13, 2018



The Center of Excellence definition of IECMHC

➔ It is a **multi-level, preventive** intervention

➔ that **teams** mental health professionals and early care and education staff to increase **their capacity**

➔ to support children's **social, emotional, and behavioral** health





Benefits of IECMHC

IECHMC is an approach that is backed by evidence for:

- Improving children's social skills
- Reducing challenging behaviors
- Preventing preschool suspension and expulsion
- Improving child-adult relationships
- Reducing provider stress, burnout, and turnover





State of Maryland Consultation Strategy

- Integrate mental health consultation into all existing early childhood programs in Maryland to support promotion, prevention and triage for mental health needs
- Consultation included in home visiting programs, child care, Head Start, Early Head Start, Infants and Toddlers Programs, special education programs, **Judith Hoyer Centers**



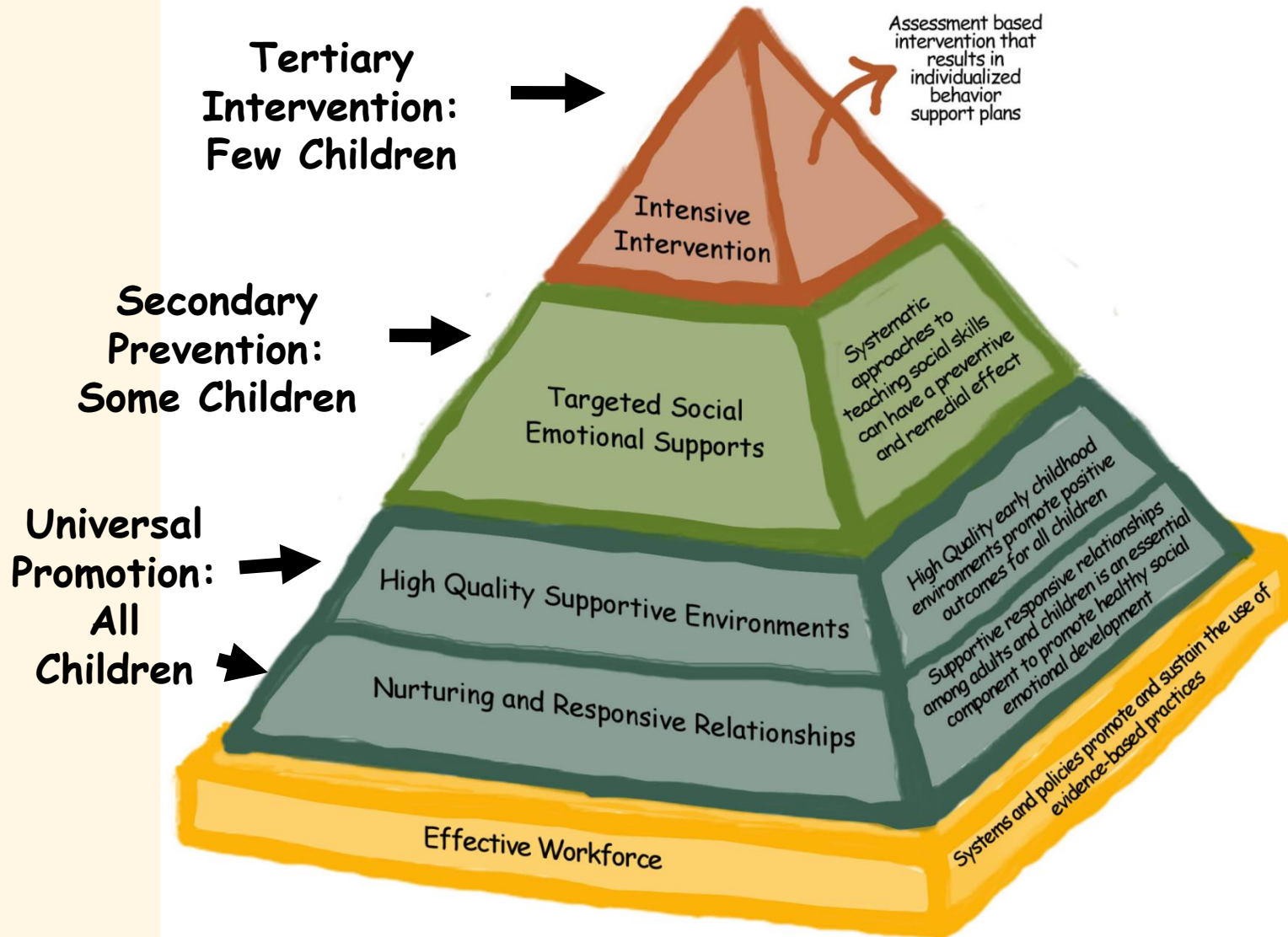
- Judith P. Hoyer Early Child Care and Family Education Centers, known as “Judy Centers,” offer a wide range of services for children age birth through Kindergarten and their low-income families. The goal of Judy Centers is [school readiness](#).
- What makes Judy Centers special is that their services are offered under one roof either at or very close to Title I schools. In addition to offering this convenience, Judy Centers use a “whole child” approach in addressing the many variables that can impact a young child’s readiness for Kindergarten





The Pyramid Model:

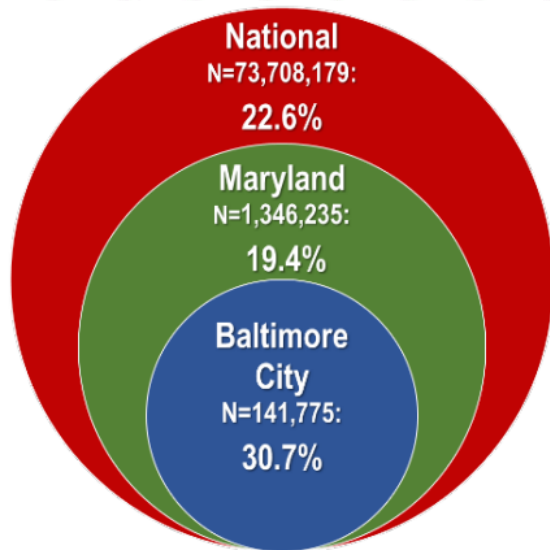
Promoting Social and Emotional Competence and Addressing Challenging Behavior



Adverse Childhood Experiences Among Baltimore & Maryland's Children

Adverse childhood experiences (ACEs) have been found to have a direct and synergistic impact on the healthy development and lifelong health of individuals. ACEs evaluated in prominent studies include experiences ranging from extreme poverty, family problems, to experiencing violence, abuse, and discrimination Table 1.¹

Children & Youth with 2+ Adverse Childhood Experiences (ACEs)



Howard County: 16.3%; Baltimore County: 21.8%

Nearly one third of children in Baltimore City have 2 or more ACEs (n=~43,500)

Table 1. Local, State and National Level Prevalence of Adverse Childhood Experiences Items Among Children, Age 0-17 yrs.

Adverse Child or Family Experiences (ACEs) Items	Baltimore City	Maryland	National
Extreme economic hardship	34.2%	20.1%	25.7%
Family disorder leading to divorce/separation	22.1%	16.9%	20.1%
Has lived with someone who had an alcohol/drug problem	10.2%	8.3%	10.7%
Has been a victim/witness of neighborhood violence	13.2%	7.9%	8.6%
Has lived with someone who was mentally ill/suicidal	11.1%	7.2%	8.6%
Witnessed domestic violence in the home	8.6%	6.3%	7.3%
Parent served time in jail	9.9%	6.1%	6.9%
Treated or judged unfairly due to race/ethnicity	6.4%	3.9%	4.1%
Death of parent	5.4%	2.7%	3.1%
Child had ≥ 1 ACEs (1/more of above items)	56.3%	41.6%	47.9%



Refugee Families

ZERO TO THREE: “...common misperception that babies are too young to be affected by the events around them. In truth, at the very foundation of babies’ development, intense trauma almost inevitably creates physiological damage to their brains and emotional damage that they will carry into the future – particularly if their needs are not met appropriately and immediately.”

NCTSN: Cycle of trauma and grief starting in the country of origin, continuing during displacement, and unfortunately, “once resettled in the US, refugees may continue to face traumatic stress, as well as Acculturation Stress (e.g., new school environments), Resettlement Stress (e.g., financial hardship), and Isolation (e.g., discrimination).”



Refugee IECMH Services

- Intercultural Counseling Connection Training Series
 - Adult focused services
- Community Liaison Training
 - Trauma and early childhood
- Parent Workshops
 - Child protective services
- Teacher Workshops
 - Refugee Trauma
 - Recognizing special education needs
 - Cultural and refugee awareness



Refugee IECMH Services Cont'd

- ESL Classes offered onsite with childcare services
- New Mothers Group in collaboration with *Asylee Women's Enterprise*
- Syrian School Readiness Group in collaboration with *Maryland Department of Health*
- Parenting Young Children workshops in collaboration with *Asylee Women's Enterprise*



Strategies

- Work with cultural broker
- Special considerations around confidentiality
- Work with interpreters
- Collaborate with legal advocates
- Home visiting and special school accommodations
- Community participatory research
- Build Immunity (to psychosocial stress = Resilience + Healthy Coping)
- Work across a continuum of needs and services



Work to be Done

- Workforce Training in IECMH with refugees
 - Teachers, Mental Health Providers, interpreters
- Culturally relevant, developmentally appropriate and language accessible screening and assessment tools
- Improving access to care for refugees
- Diversity and cultural awareness



Resources

- [https://www.nctsn.org/sites/default/files/resources/tip-sheet/traumatic separation refugee immigrant children tips current caregivers.pdf](https://www.nctsn.org/sites/default/files/resources/tip-sheet/traumatic%20separation%20refugee%20immigrant%20children%20tips%20current%20caregivers.pdf)
- [https://www.nctsn.org/sites/default/files/resources//pfa parent tips for helping infants and toddlers after disasters.pdf](https://www.nctsn.org/sites/default/files/resources//pfa%20parent%20tips%20for%20helping%20infants%20and%20toddlers%20after%20disasters.pdf)
- <http://fittcenter.umaryland.edu/>
- <https://earlychildhood.marylandpublicschools.org/families/judy-centers>



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Thank You!

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Q & A

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