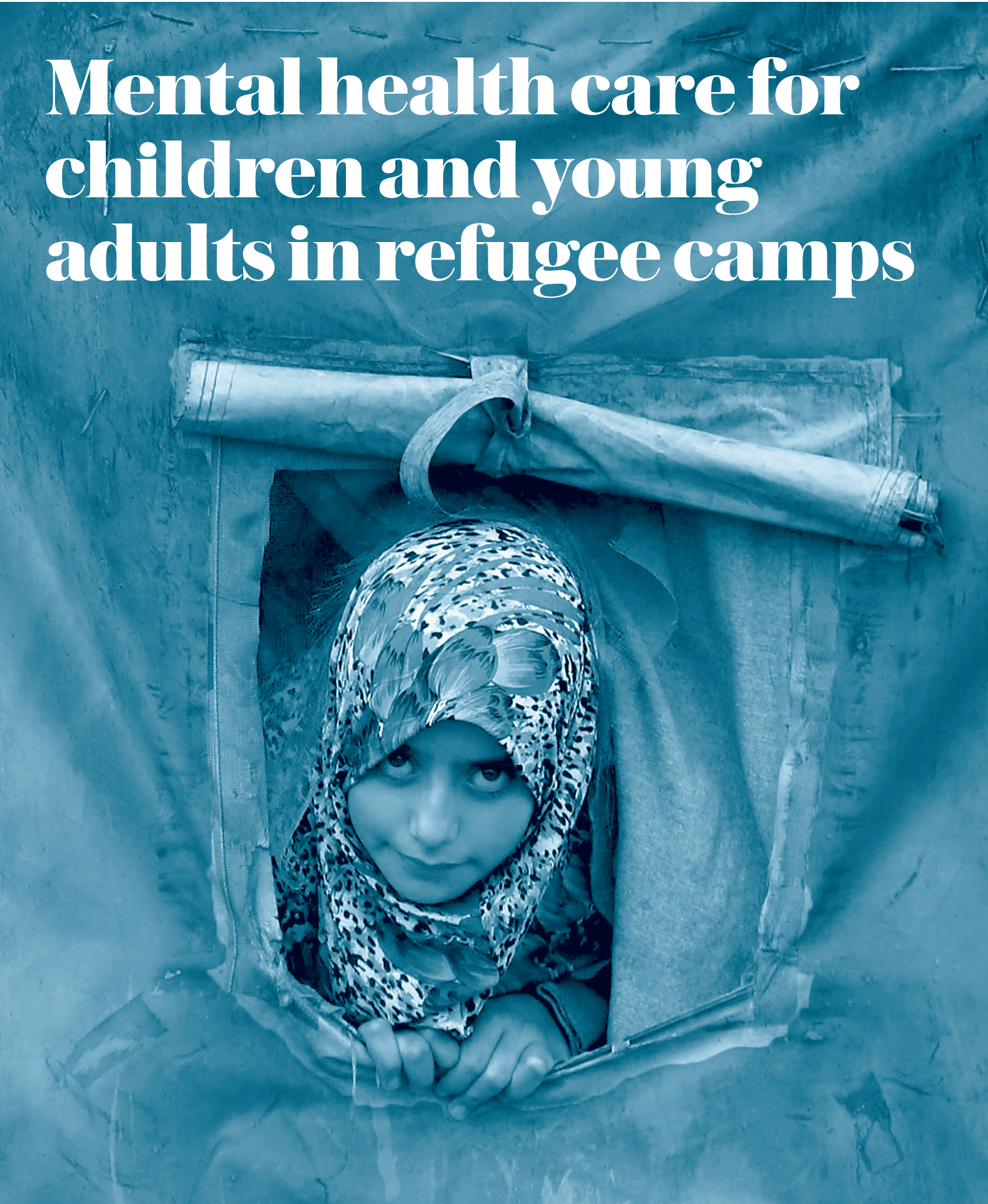


Mental health care for children and young adults in refugee camps



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OVERVIEW

According to the latest figures from UNHCR, the United Nations Refugee Agency, 82.4 million people were forced to flee their homes in 2020. Of those, 48 million were displaced within their own countries and the rest were forced to seek shelter elsewhere.

More than two thirds of these refugees came from just five countries: Syria, South Sudan, Myanmar, Venezuela and Afghanistan¹.

Being forced to leave familiar environments, losing friends and family members in the process, and the possibility that children will have to take on the responsibility of caring for younger siblings are traumatic events, even for those who have fled a country plagued by violence or beset by social or political problems.

Inevitably the first response to any refugee crisis has to be the provision of shelter, food and some degree of civil administration. Regrettably — and this is endemic across many healthcare systems — mental-health issues are all too often neglected.

The problem is that without proper treatment, individuals respond to trauma in ways that are life-changing for the individual² and pose a threat to wider society. On one level there is a risk of self-medication, using drugs and alcohol, and the adoption of other negative coping strategies, such as

disengagement from family and community, loss of empathy for others, and even suicidal ideation³. Where mental-health treatments are provided, they often focus on low-level psychosocial interventions designed to help young people process traumatic memories and adapt. This approach can be effective in circumstances where the traumatic events are no longer present, but fails in situations where the original trauma is still a factor and other stressful events are taking place.

The treatment of post-traumatic stress disorder, and related conditions, requires a greater degree of commitment. At the other end of the scale, it is important not to focus solely on identifiable mental-health problems. These often stem from the loss of a familiar environment in which children can expect to be safe and cared for, and have access to education and the chance to play⁴. The lack of this social infrastructure undermines mental health even if it does not lead to identifiable illnesses.

Therefore, while mental-health issues traditionally have been seen as important but secondary, there is a strong case to be made for an approach that addresses the current environment for refugees, helps them cope with low-level stress and anxiety, and can provide assistance from specialists to deal with the serious consequences of trauma.



Without proper treatment, individuals respond to trauma in ways that are life-changing for the individual and pose a threat to wider society.



A refugee Camp in South Sudan. AFP

MENTAL-HEALTH ISSUES

By definition, children and young adults who become refugees have been exposed to traumatic, stressful events and the disruption of their previous lives. People under the age of 24 make up a substantial proportion of refugee populations, partly because it is easier, physically, for them to flee, and also because their parents will do their best to ensure their safety⁵.

One quarter of the Syrian refugees in Jordan are under the age of 25⁶. More than a half of the Rohingya in Bangladesh are under 18, with about 37 percent under 11. In both cases, many of them have lost their familial

networks, leaving them vulnerable even within the wider refugee population.

Studies suggest that between 45 and 87 percent of young-adult refugees suffer from PTSD⁷ and that the likelihood is significantly increased when families have been separated⁸. Even if the actual rate is at the lower end of that range, this is still 10 times the prevalence found among children elsewhere in the world⁹.

The risk of PTSD is offset if individuals can continue to rely on their parents, siblings, friends and preexisting community members¹⁰. The ability of a parent, during and after traumatic events, to provide some reassurance can have a profound effect on



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A Rohingya refugee child. AFP



child behavior. Even after resettlement in a safe country, traumatic events affect the mental health of young people. Not only are they vulnerable to the effects of PTSD if they already suffer from it, but they are vulnerable to the risk of it being triggered by future stressful events.

In addition to trauma, studies of Syrians in Jordan found a series of learning difficulties¹¹. Combined with intermittent access to schooling this can, in effect, end structured engagement with education¹².

Mental health is not the only issue facing young refugees. In Jordan, for example, other sources of stress can include early marriage, which is a product of lack of education and families who view marriage as offering some degree of protection. Equally, children do not feel safe in refugee camps. Girls in particular report concerns about walking on their own and the fear of being kidnapped, while boys report witnessing acts of violence¹³.

Currently, the quality of mental-health care in refugee camps ranges from poor to non-existent. Some people need relatively low levels of intervention to assist with adaptation, help them to deal with traumas, and ease fears of specific events such as aircraft flying overhead. Others have multiple mental-health problems that would be a challenge even in a well-established health system and if those affected were living in a safe and secure environment.

In terms of the refugee crisis triggered by the Syrian civil war alone, UNICEF, the United Nations Children's Fund, is supporting 697,000 children and adults through child-protection and psychosocial programs, and has identified at least another 812,000 who need its help¹⁴. Camps such as Zaatari in Jordan have only one trained psychiatrist¹⁵. There are more than 400,000 Rohingya under the age of 18 in UNHCR camps in Bangladesh, and there will be many more who are unregistered.

RECOMMENDATIONS

This is a field in which the gap between demand and provision is huge. The issue is complicated by the fact that almost everyone in a refugee camp has experienced some form of traumatic event, sometimes over a prolonged period of time. Equally, most refugees hope either to return to their home countries or move on to a

safer, more permanent home.

In addition, in every case the burden of hosting refugees falls on relatively poor neighboring countries already struggling to meet the needs of their own populations. Jordan, Turkey and Lebanon have absorbed the bulk of those fleeing the war in Syria, Bangladesh is home to well over a million Rohingya, and those fleeing Afghanistan tend to go to Pakistan or Iran.

All of these states have real problems in providing the basics for their own populations and, inevitably, issues of mental health among the refugees in their care tend to be overlooked.

However, children and young adults with serious and untreated mental-health problems will grow into adults who struggle with the consequences. In many cases, the price will be paid by the individuals, who often fail to complete their education, hold down jobs or socialize normally. However, others, conditioned by the lack of compassion they have experienced, will be prepared to engage in violence themselves — and whether this manifests in political or criminal activities scarcely matters.

It is therefore recommended that:

1 An assumption is made that all children and young adults in refugee camps need some degree of mental-health care to help them to cope with their experiences and to adapt.

2 Safety within refugee camps is improved, to avoid the risk of further traumatizing young people by exposing them to more violence.

3 It is recognized that those fleeing civil wars and ethnic tensions are very likely to suffer from PTSD, and that proper testing arrangements are put in place to identify the scale of the problem and more clinical psychologists and psychiatrists are recruited to work in refugee camps. Psychosocial interventions are useful but inadequate in this respect¹⁶.

4 Mental health should be seen as a primary issue when helping refugees to cope and adjust.

NOTES

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