Exploration of School-Based Mental Health Intervention on Refugee Students

**BACKGROUND:** Refugee student population has grown by 52% in research district over last 3 years
- Impact of trauma on students
- Learning
- Impact of trauma on families & community
- 3 recent refugee student suicides
- Innovative Refugee Mental Health Program

**PURPOSE:** Explore the impact of the short term provision of cognitive behavioral therapy on the stress symptoms and indicators of school engagement of K-12 refugee school children in a Midwestern school district.

**PARTICIPANTS & RESEARCH METHODS:**
- 39 participants (PK-12); 11 different schools
- 7 different home languages
- Stress symptom measure (CRIES-13)
- Weekly cognitive behavioral therapy sessions provided at school from licensed mental health practitioner (school social worker/therapist) with assistance from bilingual liaisons trained in CBT, mental health interventions and providing interpretation services
- Archival data analyzed for impact upon indicators of school engagement

**RESEARCH QUESTIONS:**

**Research Question 1:** What impact does the short term provision of cognitive behavioral therapy have on the stress symptoms of K-12 refugee school children in a Midwestern school district?

**Research Question 2:** What impact does the short term provision of cognitive behavioral therapy have on indicators of school engagement of K-12 refugee school children in a Midwestern school district?

**DISCUSSION:**

**STRESS SYMPTOMS:**
- 68%- Highest scoring on measure of stress symptoms from the middle east (Iran, Afghanistan, Pakistan) and southeast Asia (Thailand)
- 26%- Moderate stress symptoms from Iraq and Thailand
- Females slightly more stress symptoms than males (67% vs. 58%)
- High school students demonstrated more stress symptoms
  - No Significant impact on

**INDICATORS OF SCHOOL ENGAGEMENT:**
(pre vs. post treatment)

**Discussion:** Evidence of positive outcome

**Client** has reported using specific coping strategies techniques to deal with emotions such as, “I took a deep breath when I was feeling scared…”

**Mom** has reported client has not engaged in self-harm behaviors (since beginning therapy).

**Teacher and principal** have reported client’s demeanor changed since the beginning of therapy. They have noticed improvements in client’s mood from sadness to smiling, high energy & adjusted well to school.

**CONCLUSIONS:** There is a need for school-based mental health/trauma interventions for refugee students in Nebraska. Culturally responsive mental health services cannot be effectively administered without cultural brokers and bilingual/bicultural liaisons and partnerships between schools and community organizations/agencies to prioritize needs and effectively use resources.