

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

