

The Effectiveness of Peer Support to Improve Youth Refugee's Mental Health

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ABSTRACT

International geopolitical conflicts and climate change have expanded the international population and have produced an ever increasing number of refugees who are in need of help. However, the restrictive access and discriminatory treatment of refugees have contributed to poor mental and physical health. The lack of cultural competence and multicultural effectiveness (the ability to understand and navigate cross-cultural situations) contributes to worse outcomes with refugees, especially among refugee youth. The refugee youth population experience physical, mental, and emotional trauma while having to adjust to a foreign culture and language. The few current programs aimed at improving the health of refugee youth address most obstacles that refugee youth face, but do not address a key component in psychological wellbeing: social support from peers. An examination of the cultural competence of high school males (n=28) showed that scores were similar across ethnic groups and that scores just passed the midpoint (3.29, 3.21, 3.23), suggesting that students have some cultural competence but have areas of improvement. Future research should focus on more rigorous measures of cultural competence for youth populations. Efforts should be made to improve cultural competence among the non-refugee youth population.

Introduction

As international geopolitical conflicts and climate change becomes an ever increasing danger all across the world, the number of refugees, asylum seekers, and migrants seeking a better life outside of their country has been increasing with no end in sight; Figure 1 shows the number of refugees has at least doubled from 10.5 million in 2012 to 20.3 million in late 2021 (UNHCR). Despite the urgency of the refugee crisis for all of society, the United States has continually restricted refugee populations with an abysmal 0.05% rate of acceptance into the US annually, or about 60 to 80,000 refugees (McWilliams & Bonet, 2016; Bier, 2018). This is abysmal compared to the average rate of refugee acceptance of 14 OECD countries of 0.23% (Bier, 2018). Furthermore, the news media and social media have pushed the harmful notion that refugees are not actually in danger in their home countries and that they merely took advantage of the US system for better opportunities. US newspapers were also found to conflate the term “immigrant” with “refugee,” while mentioning the word “terrorism” with “immigrant” (Hoewe, 2018).

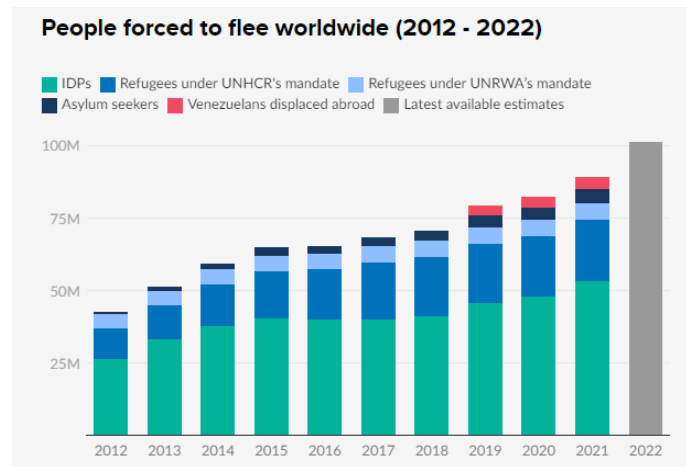


Figure 1. Total number of people forced to flee worldwide from 2012 to 2022.

Note: 2022 Figures are estimated using data available as of 9 June 2022. Source: UNHCR

It is hardly surprising that the refugee population faces significant external stressors due to the attitudes of the media and the government to refugee and immigrant populations. In the intense debates of increasing or restricting refugee acceptance into the United States, the mental health status of refugees has only recently been considered and studied in the past few decades. These factors are further compounded for refugee youth, who have already endured significant and life changing physical, mental, and emotional trauma (Samara et al. 2020). Though there are state funded refugee youth programs to provide financial, academic, and mental health support from adults, social support from their community and peers is severely lacking. Our paper posits that government programs should focus on integrating non-refugee peers into programs to establish meaningful relationships that will provide long term benefits for refugee youth. Our paper will establish the current status of refugees and the most prevalent problems within the youth. We will then examine the current laws and deficiencies within refugee youth programs. One unexamined population are the current immigrant populations within the United States, who have similar experiences to the refugee population.

Status of Refugees and Asylum Seekers in the United States

In the past century, refugees have formally been accepted in the US via the Immigration and Nationality Act in 1952. Asylum seekers are those who meet the requirements for the status of refugee but are still waiting for legal approval for refugee status. It was spurred by the United Nations Convention in 1951 internationally establishing the status of refugees as having a “well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of [their] nationality, and is unable or, owing to such fear, is unwilling to avail [themselves] of the protection of that country” (US Department of State, 2023). The Refugee Act of 1980 that accepted millions of refugees in the decades after from Cuba, Vietnam, and other countries in conflict. Currently, the latest wave of refugees have come primarily from Southeast Asia and the Middle East (Bhutan, Indonesia, Syria, and Iraq) (McWilliams & Bonet, 2016).

Although there has undoubtedly been a push for better accommodation for refugees in the 21st century, recent presidential administrations, mainly the Trump and Biden administrations, have shown further discriminatory and unfair practices towards asylum seekers/immigrants. During the Trump administration, legislation and government programs were implemented that redirected asylum seekers to other countries while continuing to deny their status as refugees. By enforcing stricter and unfair policies to get accepted into the U.S., placing costs to apply as asylum seekers, and abusing COVID-19 as a means to expel immigrants (Title 42), refugees and asylum seekers are put in a

more precarious situation that may destabilize their physical and mental health (National Immigrant Justice Center). Despite the Biden administration's claims to fix the discriminatory immigration practices implemented by the Trump administration, Biden has largely continued restrictive policies for refugees and asylum seekers (Santana & Spagat, 2023). Of course, this holds negative implications for those seeking asylum from their country, as 1) they will have to stay longer in a possibly hostile country, and 2) the countries they seek asylum from may not have developed asylum protections like the U.S. (US Government, 2023).

Refugees as high risk populations with poor socioeconomic and health outcomes

Once refugees are granted asylum and settle in the US, refugees face additional challenges in adjusting to an unfamiliar culture and complex health and legal systems. Newly arrived refugees are expected to be self-sufficient and provide for themselves after a limited financial support for 90 days. With limited economic opportunities and a lack of language fluency, many refugees are often placed in lower socioeconomic neighborhoods and are exposed to "disproportionate exposure to hazardous environments, psychosocial stressors, inadequate medical care, economic deprivation, social exclusion." (Edge & Newbold, 2012). Racial, religious, and cultural discrimination in the workplace and neighborhood were particularly prevalent and influenced the well-being of refugees. Refugees who have darker skin tones and are not proficient in their host country's language are offered fewer economic opportunities. Anti-muslim sentiment, which has been on the rise for the past few decades, also affect many refugees who wish to practice their religion freely (Saksena & McMorrow, 2021). These factors affect refugee populations so much so that otherwise healthy people experience a rapid decline in health known as the "healthy immigrant effect." The multilayered stressors and discrimination that refugees face contributes negatively to their mental and physical health (Edge & Newbold, 2012).

Cultural Competency

One overall theme in interactions with refugees is that service providers lack cultural competence. Cultural competency is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations." Refugees who are disoriented by the sudden change of environment and culture may have hesitancy and distrust towards authorities. It is the responsibility of our service providers to communicate effectively and acknowledge the experience of refugee populations. (Rowe & Paterson, 2009). However, in sectors such as healthcare or social work, service providers have been shown to provide worse quality of care due to their misunderstanding or dismissal of refugee patients. These negative interactions ultimately lead to mistrust and worsening of health outcomes and the wellbeing of the refugee population.

Refugee youth

Risks for refugee adults compound for refugee youth as they experience physical, mental, and emotional trauma from their experience escaping unstable and volatile conditions in their home country and being forced to adjust to an entirely new culture and language. Many refugee children who lose significant relationships often form attachment disorders and have trouble forming relationships in their new environment (UNHCR). Once they are settled, refugees often take on more adult responsibilities as they become the mediator and translator for their parents. This role reversal of parents and children may cause psychological distress and identity confusion from an early age (McBrien, 2005).

The poor health of refugee youth is only recently being confirmed by extensive studies. While younger refugee children suffered from "more peer problems, functional impairment, physical health, and psychosomatic problems," older refugee children had lower self-esteem than their non-refugee peers (Samara et al., 2020). Studies also

report that refugee youth have higher incidences of anxiety and depression within the refugee youth population (McWilliams & Bonet, 2016).

One key institution that is imperative to refugee youth wellbeing is the education system. However, there are not many refugee youth specific programs implemented to assist students in their educational journey. Though a select few studies highlight the importance of education as a largely positive force that leads to greater security and social mobility, there is not enough attention paid to how our current education system is not accommodating to refugee youth. McWilliams and Bonnet (2016) state that the refugee resettlement programs employ the strategy of “cruel optimism” to assimilate refugee youth, to enforce a fantasy of “upward mobility, job security, and political and social equality” while ignoring the harsh reality of refugee life: youth are required to assimilate into the culture while acting as brokers for their families.

Current Programs for Refugee Youth

Currently, there are a number of resources available to help refugee youth achieve success in their new environment. Most of these programs are academic or financially based, with programs like the Educate A Child (EAC) program, Instant Network Schools (INS) Program, The DAFI (Albert Einstein German Academic Refugee Initiative) scholarship program, and Accelerated Education (AE) program. There are even mental health and integration programs that help support refugee youth, such as the Mental Health Technology Transfer Center (MHTTC) and the United Nations High Commissioner for Refugees (UNHCR). MHTTC offers various mental health initiatives for refugees, mainly in the form of resources and information sessions on how to work with refugee students. One of these resources, “Trauma-Informed Strategies to Engage with Youth Seeking Asylum,” gives insight into the dos and don’ts for educators teaching refugee children. The diagram places an emphasis on adults understanding the trauma, abuse, and behaviors of the children who are under their care (MHTTC Network).

While all these measures certainly directly improve the mental health of refugee youth, these programs lack a key component that is essential to recovery: social support and peer interaction. Refugee youth are prone to have less social skills and be subject to social ostracization and bullying. Most programs that are aimed toward refugee youth almost always ignore the impact that peer support may have on outcomes for refugee youth.

Peer Support

Previous research has shown that social integration is a key component in the academic success of refugee children. A study on Somali refugee children who found success in their academics found that while funding and international aid are key components in educational success for refugee children, social relationships with family, friends, and teachers are critical to the motivation and mentorship needed for academic success. In surveys and interviews reviewing the sources of academic support, the study found that the most common source was from the microsystem (close relationships such as teachers, peers, and family). Moreover, social support (e.g., having friends you can talk to and feeling part of a group) and emotional support (e.g., managing stress, feeling content, self-confidence, and encouragement) were chosen by the students as key elements to their educational success, displaying the importance of social integration for refugee children (Dryden-Peterson et. al, 2017). Social issues such as bullying and prejudice were also found to be frequent against refugee children, often leading to low self-esteem, anxiety, depression, underachievement in school, and behavioral and peer problems. Along with this issue, quality friendships have been seen to lower the occurrences of these mental struggles and have a crucial role in curbing behavioral problems among refugee children and helping them cope with external factors. A study on this topic, composed of refugee children from Afghan or African countries, found that bullying and prejudice were common among refugee children, especially younger ones. Moreover, the study also found that negative friendship qualities were correlated with high levels of peer problems, while positive friendship qualities predicted higher general self-esteem (Samara et al., 2020). A general consensus

between these studies and of previous research on the mental health and academic success of refugee youth is that positive social integration is key to success. The vital role of friendships and social relationships is often overlooked by programs curated for refugee youth and leaves room for much revision. The examination of the cultural competence of peers may be a good indicator of the effectiveness of social integration.

Methods

Sample

Our study attempts to measure the cultural competency of Eastern Christian high school males from Grades 9-12. Our sample was devised from male students from 3 US History classes (n=28). To measure the cultural competency of high school students, the Multicultural Personality Questionnaire was used.

Instrument - Multicultural Personality Questionnaire

The Multicultural Personality Questionnaire (MPQ), created by Prof. Karen I. van der Zee and Prof. Jan Pieter van Oudenhoven (2000) from the Netherlands, serves as an empirical method of measuring an individual's cultural competency or multicultural effectiveness as international-oriented executive work became prevalent. Although there have been previous attempts to measure multicultural effectiveness, these were not specific to the extent to which the Multicultural Personality Questionnaire is and were based on the Big Five framework, which focuses more on global traits (Agreeableness, Conscientiousness, Extraversion, Openness, and Stress Tolerance) rather than specific traits (van der Zee & van Oudenhoven, 2000). The Multicultural Personality Questionnaire works to fill the vagueness of these attempts and focuses more specifically on traits of multicultural effectiveness within global values. The questionnaire assesses 5 aspects of cultural competence: Cultural Empathy, Open-mindedness, Emotional Stability, Social Initiative, and Flexibility (van der Zee & van Oudenhoven, 2000). Table 1 defines the MPQ Dimensions in which the MPQ

The Multicultural Personality Questionnaire was modified to reflect the lived experience of high school students. The 5-point Likert Scale was used to determine the likelihood to display the five aspects of cultural competence from a score of 1 (Not at All Applicable) to 5 (Totally applicable). Low scores correlated to possessing less cultural competence while higher scores correlated to possessing more cultural confidence. Reversed items were included and scores were reversed to match the score correlation. Subjects completed the questionnaire on Google Forms and all items were randomized for each subject.

Results

To test cultural competence and multicultural effectiveness of high school students, the means and standard deviations of items in each of the five categories for cultural competence: Cultural Empathy, Open-mindedness, Emotional Stability, Social Initiative, and Flexibility. Then, the total means and standard deviation for items in each demographic (White, Asian, Latin American) were calculated.

Table 1. Measures of Cultural Competence and Multicultural Effectiveness of high school males of various ethnicities.

	Ethnicity					
	White (n=9)		Asian (n=12)		Latin American (n=7)	
	Means	SD	Means	SD	Means	SD
Cultural Empathy	3.44	1.23	3.43	1.11	3.34	1.25
Open-mindedness	3.13	1.26	3.29	1.01	2.84	1.33
Emotional Stability	3.35	1.19	3.05	1.21	3.23	1.16
Social Initiative	3.39	1.24	3.19	1.10	3.30	1.24
Flexibility	3.09	1.39	3.21	1.26	3.23	1.29
Total	3.29	1.26	3.21	1.16	3.23	1.22

Most measures of Cultural Competence passed the mid-point, suggesting that the subjects displayed some cultural competence. The lowest score for cultural competence was seen in the Latin American subgroup, scoring a 2.84 on open-mindedness. This is unexpected because we expected Latin American subjects would have more cultural competence as they have a higher chance of being part of the minority population. Cultural Empathy scored the highest for the three different ethnic groups (3.44, 3.43, and 3.34). However, the overall total mean score is just passed the mean (3.29, 3.21, 3.23), suggesting that students have some cultural competence but have areas of improvement.

Limitations

The Multicultural Personality Questionnaire is constructed for adults in a work environment. Although the items were modified to the experiences of the high school population, better measures may need to be constructed to accurately assess youth's experiences. Furthermore, the sample size should have been larger to assess the accuracy of scores.

Conclusion: the education of American students for refugee youth

Our results show that programs and initiatives to educate non-refugee peers are needed to improve the social conditions for refugee youth. There is one program in which we may serve as a model for these efforts. Classroom WISE (by the MHTTC), a training program for educators to create safe learning environments, teach mental health literacy and reduce stigmas, and most importantly, fostering “social-emotional competencies and well-being” (MHTTC Network). Although the program is not fostered toward refugee youth and is not able to incorporate the intricacies of trauma-informed learning and the extra attention some refugee students require, the program may be an adequate model to educate non-refugee peers and foster a positive social environment. These programs should serve as models and stepping stones for future refugee youth mental health initiatives and be revised to further help the youth integrate into social relationships. Further development of refugee youth initiatives is necessary, especially those that focus on social integration such as clubs for different refugee groups to socialize with one another, stronger emphasis by educators to implement social interactions, and stricter policies restricting any form of negative social behavior such as bullying, discrimination, or prejudice.

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