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Bridging the gap: Educational cultural brokers supporting the mental health of refugee youth

by

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Dedication

I dedicate this thesis to my father:

Amarjit Singh Brar

Who worked his whole life so he could provide endless opportunities to his family. My father encouraged us to dream big, work hard, and to have faith in our ability to succeed. He will always motivate, inspire, and encourage us to be the best that we can be.

Abstract

Refugee youth are identified as a high risk group due to the likelihood of exposure to trauma (UNICEF, 1996) and frequent reports of anxiety, depression and Post Traumatic Stress Disorder (PTSD) (Ellis, MacDonald, Lincoln, & Cabral, 2008). However they tend to underutilize mental health services (Fenta, Hyman, & Noh, 2006). This study explored the ways in which educational cultural brokers support the psychological well-being of refugee youth. Using a qualitative case study (Merriam, 2009), four cultural brokers and three mental health practitioners were interviewed and data was analyzed thematically. Two broad themes were identified encompassing informal supports and formal supports. Sub-themes that represented informal supports were: (1) Facilitating cultural integration and sense of belonging, (2) Bridging to settlement services, and (3) Providing supportive counselling. Sub-themes describing formal supports were: (1) Facilitating referrals, (2) Educating, (3) Providing contextual information, and (4) Providing cultural interpretation. The practice implications of this research are discussed.

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Chapter One

Introduction

Background Information

The existence of human conflict dates back thousands of years with the earliest records dating between 2100 B.C. and 2700 B.C. Cioffi-Revilla (1996) traces the earliest human conflicts to the war against the Ki in China (2193 B.C.), the Yellow and Flame Emperors' war in China (2697 B.C.), and the Sumer-Aratta war in Mesopotamia (2725 B.C.). Since this time, violation of human rights such as ethnic cleansing has inevitably occurred in the midst of war zones and individuals have often been forced to escape their homes to seek refuge in foreign lands (Prendes-Lintel, 2001). The destruction and displacement of populations brought on by World War II led to the creation of the United Nations High Commissioner for Refugees (UNHCR) in 1951 (UNHCR, 2007). Half a century later the UNHCR continues to ensure the well-being of displaced people and refugees. The UNHCR defines a refugee as:

> a person who is outside his or her country of nationality or habitual residence; has a well-founded fear of persecution because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail himself or herself of the protection of that country, or to return there, for fear of persecution" (UNHCR, 2007, pg. 10).

In 2008, there were 15.2 million refugees, 983,000 asylum-seekers, and 27.1 million internally displaced persons (IDPs) worldwide (UNHCR, 2010). Approximately half of these refugees and asylum-seekers were children (UNHCR, 2010).

Canada is one of the top five countries of refugee resettlement (UNHCR, 2007). In 2008, 5,517 refugees living in Canada were between the ages of 5-14 years and 4,859 were between the ages of 15-24 (Citizenship and Immigration Canada [CIC], 2009). Alberta is the fourth largest refugee receiving province with 2008 statistics indicating a total population of 2, 216 (CIC, 2009). Within the Alberta public school system 5% of English Language Learners (ELL) students are refugees with most enrolled at the high school level (Alberta Education, 2006). According to the United Nations International Children Emergency Fund (UNICEF), refugee youth represent a high risk group who are in need of attention due to the high likelihood of experiencing trauma (UNICEF, 1996). However, despite their vulnerability to psychological distress, they tend to underutilize mental health services (Fenta, Hyman, & Noh, 2006; Nadeau & Measham, 2005). Some plausible explanations for the underutilization of services found in the literature include preoccupation with meeting basic needs, limited knowledge, parent related barriers, system related barriers, and cross-cultural differences (Alberta Health Services, 2008; De Anstiss et al., 2009; Lustig et al., 2004).

Cultural brokers are individuals who take on the role of linking individuals or groups of differing cultures for the purpose of improving communication and reducing conflict (Jezewski & Sotnik, 2001).

In Alberta, the benefits of working with cultural brokers has been recognized and recommended (Alberta Health Services, 2008). The potential benefits of incorporating cultural brokers to mental health care programs include increased use of preventive services, increased cost effectiveness of services, and improved communication (National Center for Cultural Competence, 2004). Brokers can increase youths' access to mental health services by providing them with information, advocating on their behalf, reducing shame, and building rapport and trust (Raval, 2005; Singh et al., 1999). However, there are no training programs, credentials, or governing bodies that oversee the work of cultural brokers within the mental health field. In order to transfer these recommendations to policies it is important to understand the ways in which educational cultural brokers support the mental health of refugee youth.

Statement of Purpose

The purpose of this exploratory study was to examine educational cultural brokers' role in supporting the psychological well-being of refugee youth. The objectives of this study were (1) to understand the types of mental health problems educational cultural brokers encounter in refugee youth, and (2) to explore the informal and formal type of supports they provide. It is my hope that this research will provide mental health practitioners with suggestions for working with refugee youth in order to reduce barriers to accessing services.

Researcher Interest

My interest in cultural brokering emerged through my experiences of being a second generation immigrant in Canada. My parents were born in India and migrated to Canada as adults. Living in a household that integrated both the East Indian and Canadian culture greatly influenced how I currently see my social world. The public education system played an important role in my socialization to our society. It was within this system that I learned about the rules, regulations, and norms of the Canadian culture. Like most other second generation immigrants, I would often transfer this knowledge to my family. This type of cultural brokering facilitated our integration to the mainstream society. My brokering role also extended to the school system. In junior high school, I was approached to help a newly arrived East Indian girl in helping her adapt to the school environment. I learned fairly quickly how overwhelming this task was, not only was I to provide an orientation to our school but also to the Canadian culture. After a week I had to inform the school that I was not prepared for this role. Several years down the road I ran into the girl, unfortunately little had changed. She was one of many immigrant adolescents who fell through the cracks. Her inability to navigate the school system had created a sense of hopelessness, resulting in her decision to drop out of the school system.

In high school, I noticed a general trend of newcomer youth marginalizing themselves from the non-ELL students. Based on my personal discussions with them it appeared that they were interested in integrating, however, the system was so foreign that it was easier for them to stay close to what was familiar to them. Given these experiences I often wondered if the presence of a person or program would have improved the psychosocial adjustment of these newcomers. Ten years after graduating from high school, I had the opportunity to work with Dr. Yohani on a study that examined the role of educational cultural brokers in the adaptation of refugee children within the education setting. It was through this project that I had the opportunity to further explore the role of the cultural broker in assisting the adaptation of newcomer children.

My focus on refugee youth was shaped by my interest in world affairs and the impact of political tension on civilians. My ancestral roots trace back to India, a nation that experienced political oppression and colonialism for approximately 330 years. The 1947 partition between India and Pakistan displaced 12.5 million people and was characterized by significant ethnic violence and destruction of many lives. Growing up in Canada, I heard personal accounts from individuals who lived through those times. Almost everyone I talked to described incidents of uncertainty, heightened sense of fear, and anxiety of being attacked. It wasn't until the terrorist attacks on September 11, 2001 where I had a glimpse and better understanding of the psychological impact that occurs in the midst of political tensions. During this period, I was in my first year of post-secondary school and I was in a classroom where I didn't know anyone. I remember having fears of being targeted against because of the color of my skin. I frequently wondered whether I would be marginalized, accused, discriminated, or targeted against. I was fortunate enough that none of my fears came true. But to this date I wonder whether refugee youth who have had experiences of violations against them experience anxiety, isolation, or other mental health concerns when they enter a new school system? I also wondered if the presence of a person who understands their culture and background would help alleviate this type of psychological distress. When given the opportunity to pursue my own research I knew I wanted to study the role of cultural brokers in the context of facilitating the mental health of refugee youth.

Overview of the Thesis

In Chapter two, the literature relevant to the moderating factors in supporting the mental health of refugee youth is examined. The chapter begins with an overview of the pre-and post-migration experiences that influence the mental health of refugee youth. This is followed by a discussion of specific concerns refugee youth experience within the school context. Next, the literature on mental health interventions relevant to this population and context is discussed. Finally, cultural brokering and its relevance in supporting the mental health of refugee youth is reviewed.

A description of the methodology used in the study follows in Chapter three. This chapter begins with an explanation of the qualitative research paradigm in general and the use of a case study methodological framework in particular. Next, the selection and recruitment of participants and the data collection process is reviewed. This is followed by a detailed account of the case, data generation, and data analysis used in this study. This chapter concludes with an evaluation of the study and a description of the ethical considerations pertinent to the case.

In Chapter four the study results are provided. First, the themes that emerged from the data analysis are described. Each participant’s experiences and insights are described using direct quotations from the interviews. The overarching themes that emerged represent the ways in which educational cultural brokers support the mental health of refugee youth.

In the final chapter, the overarching themes are discussed in relation to the current research literature. The implications of the findings and recommendations for mental health practitioners are outlined. Furthermore, recommendations for future research are discussed. Overall, this study provides an in-depth understanding of the ways in which educational cultural brokers can support the psychological well-being of refugee youth.

Chapter Two

Literature Review

This chapter presents a summary of the literature relevant to the moderating factors in supporting the mental health of refugee youth. The literature on mental health of refugee minors often does not separate youth from children. As such, the following literature will include references to children in general and youth when clarified. The review of the literature is arranged in five parts: the first part reviews the literature on the pre-migration experiences that influence the mental health of refugee youth; and the second part considers the post-settlement factors that further influence the mental health of refugee youth. The literature review then focuses on the school context and the specific concerns of refugee youth in this setting. The fourth part addresses the literature on mental health interventions that are relevant for this population. Specifically, the factors that delay help-seeking behaviours, and the factors that facilitate help-seeking are discussed. The final part explores the literature on cultural brokering and its potential relevance in supporting the mental health of refugee youth.

Pre-migration Experiences and Refugee Youth Mental Health

Literature on refugee experience has often been categorized into three primary stages pre-migration, flight, and resettlement (National Child Traumatic Stress Network [NCTSN], 2003). While it is important to note that these stages are based on refugees in general and are not specific to the youth population, refugee youth are a group identified as being at risk of experiencing mental health concerns as a result of various traumas and losses that they may encounter throughout the various stages of migration (Prendes-Lintel, 2001). Each stage has its own stressors, which can range from experiencing trauma to being exposed to a new culture. This following section addresses specific mental health concerns of youth within the first two stages of migration.

Pre-migration stage.

Pre-migration experiences for refugees fleeing from civil war can begin with a disruption in the lives of targeted religious, ethnic, or cultural groups (Prendes-Lintel, 2001). Beiser (2009) noted the following pre-migration stressors: exposure to direct combat, vulnerability to death, food and water shortage, sexual abuse, torture, forced separations, and murder of family and friends. Liebling-Kalifani et al. (2008) give a detailed account of the experiences of children in one specific region:

> The war in Northern Uganda has included the killing and maiming of thousands of civilians; abductions of over 25,000 children; various forms of sexual and gender-based violence including rape, sexual slavery and forced marriages; physical disfigurement through the cutting of facial and other body parts; gunshots and landmine injuries; destruction of livestock and property; spread of HIV/AIDS; and destruction of moral and social values of the community (p. 175).

Given these circumstances, refugee children and youth are vulnerable to various mental health risks. For example, Al-Jawadi and Abdul-Rhman (2007) studied 3,079 children between the ages of one and 15 years in Mosul, Iraq in order to identify the affects of war and violence. Using criteria from the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000), they found that the prevalence rate for mental disorders was 37.4%. The top four disorders included post-traumatic stress disorder (PTSD; 10.5%), enuresis (6%), separation anxiety disorder (4.3%) and specific phobia (3.3%). The study concluded that these mental health disorders were related to the effects of war trauma.

Trauma. Terr (2003) describes childhood trauma as an external blow that accompanies internal changes within a child. The child's response consists of helplessness and a weakening of their coping defenses. She further describes the following four characteristics that are typically experienced by traumatized children: repeated visualizations, repeated behaviors and bodily responses, trauma-specific fears, and changed attitudes about people, life, and the future. These symptoms can be long lasting and can influence the development of children.

According to Rousseau, Drapeau, and Corin (1997) refugee children can experience three different types of trauma during the pre-migration stage. The first involves trauma that is directed at them such as physical violence, sexual violence, and neglect. For instance, in times of conflict, a youth can be taken as prisoner and be tortured in a similar manner to adults (Blackwell & Melzak, 2000). The second type of trauma identified by Rousseau and colleagues (1997) occurs when a young person observes violence directed toward their family. It is common for children and adolescents in war to witness their parents being murdered, raped, or injured (Blackwell & Melzak, 2000; Papageorgiou et al. 2000). In Allwood, Bell-Dolan, and Husain's (2002) study of 791 children aged six to 16 years living in Sarajevo, 79.4% of children experienced the death of a family member or friend and 73.4% of them indicated that their family members were wounded during war. The third type of trauma consists of social trauma, which refers to a child being separated from their known world. This can include separation from their values, culture, belief system, and attachment figures (Rousseau et al., 1997; Summerfield, 2000). This often occurs when children are displaced within their home country or general disruption occurs in their social environment.

The literature on war and trauma also indicates that in some cases, war-affected youth, as well as children, are recruited or forced to engage in war combat and terrorist activities (Davies & Webb, 2000; Derluyn, Broekaert, Schuyten, & De Temmerman, 2004; Kline & Mone, 2003; UNICEF, 2002). These children have a higher risk of experiencing loss of community and mental health difficulties associated with substance abuse, depression, nightmares, suicide, and intense fear of death (De Silva, Hobbs, & Hanks, 2001; Kline & Mone, 2003; UNICEF, 2002).

These forms of trauma have enormous impact on children and youth. First, the violent acts serve the function of publically humiliating individuals and establishing a climate of terror (Mollica, 2006). This climate of terror often causes individuals and their families to conceal their identities and remain housebound for fear of persecution (Mollica, 2006). Second, Allwood et al. (2002) found that direct exposure to both violent and non-violent (e.g., hunger) trauma affected children's emotional and cognitive adjustment. For example, teachers' ratings of delinquent behaviors, anxiety, depression, attention problems, and somatic complaints were significantly related to direct exposure to violence. Another study on the trauma-related impairment of 420 school children in Sri Lanka found a correlation between exposure to armed conflict and language delays, reduced memory performance, and somatic complaints (Elbert et al., 2009). The final impact of war-related trauma on children and youth is that it increases their risk of developing Post Traumatic Stress Disorder (PTSD) (Allwood et al., 2002; Attanayake et al., 2009).

PTSD. PTSD is the most cited outcome of trauma within refugee mental health literature (Attanayake et al., 2009). According to the American Psychiatric Association (2000), PTSD is:

> The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threats to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve

> disorganized or agitated behavior) (Criterion A2). The characteristic symptoms resulting from the exposure to the extreme trauma include persistent reexperiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). The full symptom picture must be present for more than 1 month (Criterion E), and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F) (p. 463).

The prevalence rates of childhood and adolescent PTSD vary significantly with estimates ranging from 11% (Fazel, Wheeler, & Danesh, 2005) to 50% (Kinzie, Sack, Angell, Manson, & Rath, 1986). Gender-specific prevalence rates also vary significantly. In Al-Jawadi and Abdul-Rhman’s (2007) study of children from ages one to 15 years living in Iraq, females reported more incidents of PTSD (13.8%) than males did (7.8%). However, in another study of 15 to 19-year-old Palestinian adolescents living in refugee camps, 69% of males and 68.9% of girls were classified as having developed PTSD (Elbedour, Onwuegbuzie, Ghannam, Whitcome, & Hein, 2007). Differences in prevalence rates can in part be accounted for by the methodological design of the study. For example, there are often differences in the population studied, type of stressors that children are exposed to, and the criterion used to classify PTSD (Ehntholt & Yule, 2006). Further, the duration between the traumatic event and the time of data collection varies among studies and this can contribute to different prevalence rates. Sack, Him, and Dickason (1999) conducted a 12-year follow-up study of 27 Khmer youth who had suffered war trauma as children. They found that the total PTSD symptoms endorsed was variable, with 50% after the cessation of the hostilities, 48% at the three-year follow-up, 38% at the six-year follow-up, and 35% at the 12-year follow-up. Seventy-one percent of the participants with PTSD at time one continued to endorse symptoms of PTSD at either the six- or the 12-year follow-up. Further, the onset of the PTSD symptoms was delayed (i.e. at least five years after the hostilities) in 18% of the participants. Overall, 67% of Khmer youth endorsed PTSD symptoms within the time span of 12 years. Although the prevalence rates are variable, the correlation between PTSD and youth living in war zones has been found cross-culturally, including in Afghanistan (Mghir, Freed, Raskin & Katon, 1995), Bosnia (Papageorgiou, et al., 2000), and Sudan (Paardekooper, de Jong, & Hermanns, 1999).

Flight stage.

Experience of loss and uprooting. In order to escape threats of persecution, families may make a decision to leave their home. Refugee youth are not involved in the decision making; in most cases, it is an adult who initiates the departure (Derluyn & Broekaert, 2008; Lustig et al., 2004). During this process, children and youth experience multiple losses. For example, they are required to leave their personal possessions behind such as their home, friends, community, and way of life (Blackwell & Melzak, 2000). Therefore, the decision making process can initiate a sense of confusion and a loss of control, which can contribute to the distress experienced in the already chaotic flight stage.

Uncertainty. This stage is also marked with a heightened sense of uncertainty. First, the refugee youth may experience uncertainty regarding their ability to survive (Blackwell & Melzak, 2000). The flight to the transitional placement (i.e., refugee camps) is often long, rough, and dangerous (Merali, 2008; Summerfield, 2000). There is a greater risk of separation from family members (Lustig et al., 2004), leaving someone behind due to an injury, death resulting from malnutrition, personal injury, or encountering perpetrators (Prendes-Lintel, 2001). The second form of uncertainty in this stage is in regards to the future (Lustig et al., 2004). Like adults, refugee youth become dependent on external sources in meeting a variety of needs (Lustig et al., 2004), ranging from food, shelter, to the status of their application for asylum.

Separation. When children become separated from their parents, they are identified as unaccompanied minors. The official definition of an unaccompanied refugee is:

> Any person under the age of 18 who is separated from both parents and is not being cared for by an adult who, by law or custom, has a responsibility to do so, and who is an asylum seeker, recognized refugee or other externally displaced person (Sourander, 1998, p. 719).

The literature indicates that unaccompanied refugee youth are more vulnerable to emotional distress and traumatic events compared to their accompanied peers (Rousseau et al. 1997). Further, younger unaccompanied refugee children demonstrated more behavioral problems than adolescents

(Sourander, 1998). It could be the case that younger children rely more on their parents to reduce their perception of danger than older children do (Derluyn & Broekaert, 2008).

Refugee camp experiences. Predes-Lintel (2001) explains the first stop usually in this stage is a refugee camp near the border of the country of origin. Initially, refugees experience a sense of relief upon their arrival. However, anxiety and depression begin to set in as they become aware of the problems that exist within the camps. Although these institutions are established to serve the basic needs of refugees, the quality of care is often questionable. Refugee camps have often been described as crowded places, with limited food supplies, healthcare services, and educational opportunities (Merali, 2008). Further, the camps are not void of the type of violence that took place in the previous stage. For example, Rothe et al. (2002) found that 80% of Cuban children and adolescents confined to a refugee camp at Guantanamo Bay witnessed acts of violence, 37% saw someone attempt or commit suicide, and 19% were separated from their family members.

A shocking reality of the refugee circumstance is that the average time an individual will spend in a camp is 17 years (UNHCR, 2007). According to *Médecins Sans Frontières* (2010), more than two million Afghans and 400,000 Sudanese refugees have resided in temporary shelters for more than 20 years. For children born in refugee camps, this stage starts their migration process. For these children, psychological development is a concern, especially for those who reside in camps without opportunities for education.

Summary.

The research emerging from the pre-migration and flight stages demonstrates the different types of stressors refugee youth encounter. During the pre-migration stage, a climate of terror and uncertainty is established by the parties in conflict. Refugee adolescents who are living within the war zones are at risk of experiencing and witnessing various types of trauma. Exposure to the trauma is correlated with mental health disorders and cognitive impairments; with most studies reporting PTSD. In some cases, refugee youth are abducted and forced to engage in war combat. In order to escape the dangers of the war, families may make a decision or be forced to leave their home country. Experiences of loss, uprooting, and uncertainty often characterize the psychological distress experienced during the flight stage. During flight, refugees are at a greater risk of personal injury, death resulting from malnutrition, and being separated from their family members. If war-affected adolescents spend time in refugee camps, they become exposed to challenges that exist within the camps. It is not uncommon for refugees to spend 17 years in a crowded camp with limited food, healthcare services, and educational opportunities. This further places them at risk for mental health concerns, which can set the stage for further complications in the resettlement stage. The literature also reveals different types of mental health concerns experienced by refugee youth that are particular to settlement, which are described next.

Post-settlement Experiences and Refugee Youth Mental Health

Resettlement stage.

Resettlement is characterized as the period when refugees are able to travel and settle in a new country. This stage can be sub-categorized into three stages. The first is the claimant stage. This occurs when the refugee has arrived in the country but has not received full status (Prendes-Lintel, 2001). These individuals will need to apply for refugee protection in Canada. There are some restrictions as to who can apply for refugee status. Those who are recognized as a Convention refugee by another country, being granted protected person status in Canada, having arrived via the Canada-United States (US) border, or having a previous refugee claim that was withdrawn, rejected, or found ineligible may not be eligible to apply (Immigration and Refugee Board of Canada [IRB], 2010). Qualified claims are then referred to IRB, and the refugee's claim is in the adjudication process. This is when their case for seeking asylum is determined by a refugee board (IRB, 2009). Refugees at the claimant stage are limited in their access to health, social welfare, employment and educational opportunities (Lacroix, 2004). The fear of their application being rejected puts their psychological well-being at risk (Prendes-Lintel, 2001; Tribe, 2002). In Canada, the average time to process a permanent residency application is 29 months (Renaud & Gingras, 1998, cited in Lacroix).

Once the refugee's application has been approved, he or she transitions to the settlement stage (Prendes-Lintel, 2001). During this stage, refugee youth are focused on learning about the mainstream culture, meeting basic needs, housing, healthcare, establishing economic independence, enrolling in the school system, and integrating socially (Beiser, 2009; Prendes-Lintel, 2001). It is estimated that the first three years are spent at the settlement stage (Merali, 2008). After three years, refugee youth will be at the adaption stage, in which they continue to adjust to their host country (Prendes-Lintel, 2001). Similar to the flight stage, refugees are initially relieved and are eager to begin their new future, but unbeknownst to the youth, the culture of the new country is often different and unfamiliar to them (Derluyn & Broekaert, 2008), requiring another adjustment process. The age of arrival mediates how well newcomer children adapt and integrate into the host society. For example, adolescents may experience more challenges in adapting to the host country because they have already established a connection with their home country, such as going to school and building friendships (Seat, 2000). Further, settlement challenges continue to persist during the adaption stage. According to Devoretz, Beiser, and Pivenko (2005), it takes immigrants and refugees approximately seven to 10 years to achieve economic stability.

When a newcomer migrates during adolescence, he or she is also required to cope with developmental challenges (Anisef & Kilbride, 2003). Identity development, group cohesion, self-esteem, and a sense of belonging often occur during adolescence (Hazen, Schlozman, & Beresin, 2008). It is important to note that the psychological development of refugee youth may not follow the same pattern as children born in host countries (Davies & Webb, 2000). Some refugee youth have the additional challenge of beginning a new life that involves learning a new language, navigating a new social system, and making friends with different cultural backgrounds. In addition, their development can be affected by their war experiences. For example, during the war, Somali males were given more physical and psychological freedom at an earlier age (Davies & Webb, 2000). These adolescents report feeling restricted when they are treated as children rather than young men.

Research suggests that refugee youth have higher rates of psychopathology compared to their Canadian-born peers (Tousignant et al., 1999). Specific mental health concerns during post-settlement are described below.

Experience of loss and uprooting. Eisenbruch (1991) coined the term “cultural bereavement” to account for the multiple losses experienced by refugees. Given that they are unaware of what has happened to their family they left behind (Blackwell & Melzak, 2000), it is common for them to experience survivor guilt (Kelly, 2007). Most often refugees are not given the opportunity to grieve, especially when they are focused on surviving a new culture (Eisenbruch, 1991). Cultural bereavement is overlooked when working with children and adolescents because of the belief that they adapt quickly, their inability to describe feelings (i.e. concept of homesick), and traditional means of grieving are not being accessible in the new society (Fantino & Colak, 2001).

Parental well-being. The psychological well-being of family members, specifically parents, influences the well-being of refugee youth (Qouta, Punamäki, & El Sarraj, 2003; Mghir et al., 1995; Smith, Perrin, Yule, & Rabe-Hesketh, 2001). These findings are consistent across cultures based on research with youth in Croatia, Central America, and Iran (Lustig et al., 2004). When refugee youth perceive that their parents are under distress, it prevents them from sharing their problems (Hyman, Vu, & Beiser, 2000). Further, parents who are traumatized and distressed may experience challenges in providing a psychologically safe environment for their children. For example, in an ethnographic study of 10 refugee families settled in Edmonton, Fantino and Colak (2001) found that parents were unable to help their children process and make sense of their experiences. In some cases, a norm of silence is established and as a result, these children are prevented from talking about the past (Blackwell & Melzak, 2000). The absence of parental supervision also increases the risk of immigrant youth engaging in negative behaviors, such as joining gangs (Rossiter & Rossiter, 2009).

Identity crisis. Identity integration is one of the major developmental tasks that take place during adolescence. During this period, youth undergo the process of reflecting their place in society, how others view them, and their options for the future. Erikson (1959) coined the term ‘identity crisis’ to reflect the process of developing a balanced and coherent sense of identity. Ethnic identity theory (Phinney, 1989) refers to the process of incorporating one’s ethnicity into one’s general identity. The theory is based on the two factors: ethnic affirmation and ethnic exploration. Ethnic affirmation is similar to Tajfel and Turner’s (1986) social identity theory, which states social categories (such as gender, ethnicity, and profession) are a part of a person’s self-identity. Tajfel and Turner suggest that individual’s have a personal identity (based on individual attributes) and a social identity (based on one’s memberships in social groups). Social identity is based on the perception of belonging to a group and the attitudes and feelings that are derived from the group membership. Feelings of attachment and belonging help individual’s obtain a positive social identity (Tajfel & Turner, 1986). For refugee youth, experiences of discrimination can have an adverse effect on their social identity development. These experiences can consist of being attacked based on their group membership or being taught that the only way to survive is to conceal their identity.

Ethnic exploration is the process of individuals exploring, learning, and becoming involved in their ethnic group. According to Phinney (1989), individuals begin with a lack of awareness of their ethnicity. Not all refugee youth will have had the opportunity to learn about their culture, particularly if they were born in refugee camps and come from a group that has had long-term displacement. This is also the case when the aggressors interrupt rituals, practices, and destroy places of worship and cultural artifacts (Mollica, 2006).

Identity development is further complicated when refugee youth are required to incorporate multiple sets of cultural norms and values as part of their migration process. Disagreements between two cultures can lead to confusion and in some cases dual identities. While adopting multiple identities is not necessary problematic, some youth require help in navigating this and there may be conflict between the youth and his or her parent. Merali (2004) found that when there was a lack of awareness of acculturation changes occurring within the family, parents would tend to attribute adolescent behaviors to disobedience, whereas adolescents would attribute their parent’s disapproval to abuses of parental authority. The literature also indicates greater disagreement between female refugee adolescents and their parents in regards to dating, freedom, clothing and appearance (Anisef & Kilbride, 2000). This disagreement is often attributed to different standards among males and females that exist within some cultures.

Acculturation stress. Acculturation is the process of cultural groups adopting the beliefs and customs of other groups (Redfield, Linton, & Herskovits, 1936). The concept of psychological acculturation was introduced by Graves (1967). It refers to the individual’s experience of being exposed to the values, norms, and expected behaviors of a given culture or cultures and the internal changes that take place during the process of acculturating (Berry, 2005). The stress associated with balancing both the old and new cultures is referred to as acculturative stress (Berry, 2005). Refugee children experience this form of stress when they are in the midst of two opposing cultures (Lustig et al., 2004). A child’s inability to meet the demands of each culture can influence his or her psychological well-being. For instance, failure to adopt the mainstream culture can alienate refugee children from their peers (Baffoe, 2007). If the experiences are negative, such as being discriminated against, the youth can be at higher risk of developing psychological distress (Prendes-Lintel, 2001). Conversely, losing one’s heritage culture can lead to intergenerational conflict. As described earlier, intergenerational conflict is when youth experience different behavior expectations in the home and school context (Arthur & Merali, 2005). An example of this is youth adopting English as their primary language but their parents preferring them to communicate in the language of their country of origin (Hyman et al., 2000). Disagreements between children and parents can also include beliefs regarding autonomy and freedom (such as curfew and clothing) and pressure to succeed academically (Anisef & Kilbride, 2000; Hyman et al., 2000).

Summary.

Literature on the settlement stage suggests a difficult transition for refugee youth due both to their age and general settlement challenges. In some cases, refugee status is not immediately granted to families and an adjudication process is required. The fear of being deported experienced by youth and families increases the risk of psychological distress. Once refugee status is accepted, youth like adults face the task of adapting to a host country with an unfamiliar culture. While physical safety is achieved, youth, particularly unaccompanied minors, are reportedly vulnerable to experiencing survivor guilt and cultural bereavement.

In addition to the settlement challenges, refugee youth are required to cope with normal developmental challenges, such as identity development and negotiation of independence (Erikson, 1959). Identity crises and acculturation stress may result as a function of refugee youth trying to negotiate two opposing cultures. Failure to adopt the mainstream culture can lead to discrimination and isolation, whereas losing one's heritage culture can lead to conflicts within the home. Given that the goal of the current study is to understand the educational cultural brokers' role in supporting the mental health of refugee youth, it is imperative to review the challenges refugee youth experience within the school setting.

School Experiences and Refugee Youth Mental Health

The school system is one of the most important institutions for refugee children. The purpose of the education system is to provide them with the knowledge, skills and attitudes that are required to become self-reliant and contributing members of society (Alberta School Act, 2002). The school setting is one of the first places refugee children learn about the Canadian culture (Baffoe, 2007; Oikonomidoy, 2007; Wilkinson, 2002). However, adjusting to the system can be a challenging experience (Hyman et al., 2000; Wilkinson, 2002). In a study of refugee youth in Alberta, Wilkinson (2002) found that 53% of refugees were ‘on-track’, 27% reported difficulties but still completed high school, and 20% of refugee students were struggling. In a study of high school completion amongst English as Second Language (ESL) students, Derwing, Decorby, Ichikawa, and Jamieson (1999) found that 46% of students were not completing high school and 14% did not meet the course requirements for a high school diploma. The following section reviews school challenges and associated mental health outcomes.

School challenges and mental health outcomes.

Gaps in education. Some refugee children enter the education system with no prior school experience (Szente, Hoot, & Taylor, 2006). Education is not mandatory in all countries and pre-migration experiences can consist of children working rather than attending school (Devjee, 2008). They can also experience barriers and limitations to education, such as discriminative enrollment practices, inability to pay school fees, and low priority for certain groups such as girls (Roxas, 2008). Further, an outbreak of war can lead to interruptions in a child's education (Roxas, 2008; Szente et al., 2006). Educational opportunities in refugee camps are generally underfunded and inadequate, which further impedes a child's education (Roxas, 2008). Based on these experiences, a child may require assistance in understanding the school system (Baffoe, 2007; Szente et al., 2006). Often times this is not taken into account and the youth is placed at a grade level higher than their academic capacity. When this type of mismatch occurs, the youth is more likely to experience challenges in adapting to the school setting (Wilkinson, 2002).

Language problems. Language difficulties are often reported as one of the first and major challenges for all ESL children (Devjee, 2008; Roxas, 2008; Seat, 2000). According to Citizenship and Immigration Canada (2009), 46% of refugees do not have prior knowledge of English. Further, some of the children are preliterate in their own language (Miller, Mitchell, & Brown, 2005). In this case, the child is required to learn a new language in addition to acquiring basic literacy skills. Language difficulties can impede social integration (Cole, 1998).

Isolation. Building relationships with Canadian children is a factor that contributes to successful school adaption (Derwing et al., 1999). Refugee children often report that the ESL program separates them from their non-ESL peers (Seat, 2000). Moreover, stigma is attached to the ESL label (Derwing et al., 1999). Often, these students are rejected by their peers and are ridiculed due to their inability to speak English (Anisef & Kilbride, 2000; Baffoe, 2007; Devjee, 2008). Finally, war-affected adolescents are more prone to feeling isolated than younger children are because they enter the school system when most of their peers have already established cliques (Anisef & Kilbride, 2003).

Discrimination. Discrimination is a reoccurring theme among refugee children in the school literature. Most often, the incidents appear subtle and are often dismissed as "isolated incidents" by the school administrators (Baffoe, 2007; Devjee, 2008). Common responses from refugee youth include ignoring the incident, making a joke out of it, and active confrontation (Devjee, 2008; Oikonomidoy, 2007). Parents also find it important to protect their children from discrimination (Dachyshyn, 2007; Seat, 2000). However, they report feeling discouraged and disempowered when the schools fail to respond to their complaints (Seat, 2000).

Several studies have documented refugee youth reporting discrimination from their teachers (Baffoe, 2007; Devjee, 2008; Hek, 2005; Khanlou, Koh, & Mill, 2008). Seat's (2000) study of newcomer immigrant and refugee youth living in Toronto found that one fourth of ESL students did not perceive their teachers as a source of support. Likewise, Devjee's (2008) study of refugee youth living in Alberta, found that some of the incidents included teachers making racial comments. In addition, imposing racial interpretation to the child's problems (Khanlou et al., 2008), having low expectations of African students (Devjee, 2008), and not responding to the child's concerns (Seat, 2000) were perceived as incidents of racial discrimination by teachers. In some cases, teachers and staff members engage in stereotyping refugee students. In Devjee's (2008) study, African high school students reported incidents of being stereotyped as musicians and athletes by their teachers. Gang-related stereotypes are also made when refugee youth engage in ethnic bonding and cultural cliques (Baffoe, 2007).

Research suggests that perceived discrimination and resulting stress has a particular impact on identity formation. A study by Khanlou et al. (2008) found that refugee youth will conceal their ethnic identity to avoid discrimination. In addition, when these students are discriminated against based on their ethnicity, they can experience traumatic reminders of their pre-migration experiences (Ellis, Macdonald, Lincoln, & Cabral, 2008). Perceived discrimination in turn has an adverse effect on the adolescents' sense of self-worth (Anisef & Kilbride, 2003) and is the strongest predictor of depressive symptoms (Ellis et al., 2008).

Summary.

These findings further highlight the psychological distress that is associated with academic difficulties, such as gaps in education and language problems. However, social challenges within school settings such as isolation and discrimination cause stress that put them at risk of emotional and behavioral difficulties. Discrimination experiences and its impact on refugee youth appear to be an understudied area. The literature on mental health interventions is described next. The review focuses specifically on the barriers to accessing services and opportunities for receiving services.

Mental Health Interventions for Refugee Youth

There are a few considerations to take into account when reviewing the literature on mental health interventions with refugee youth. The first consideration is that the literature on interventions with refugee youth is limited (De Anstiss, Ziaian, Procter, Warland, & Baghurst, 2009; Lustig et al., 2004). In addition, among the literature available, few interventions have been empirically tested (Lustig et al., 2004). Despite these shortcomings, this section will review the barriers to addressing the psychological needs of refugee youth and available mental health interventions for this population.

Barriers to accessing and receiving mental health supports.

Although refugee youth are at risk of psychological distress, the literature suggests they tend to underutilize mental health services (Fenta, Hyman, & Noh, 2006; Nadeau & Measham, 2005). The Family Service Association of Toronto (FSA) (Seat, 2000) conducted a study to determine the factors affecting the settlement and adaptation of Canadian newcomers. Three hundred immigrant and refugee youth completed a demographic questionnaire that explored the types of stress they experienced, their help-seeking behaviors, and if they had used any of the existing settlement services. Based on this study, 89.7% of newcomer youth indicated that they did not seek professional help for their problems. Further, 87% of the youth were dealing with their problems on their own rather than talking to family members, peers or teachers.

Bean and Colleagues (2006) extended these findings by providing an in-depth description of a national longitudinal study exploring the mental health and service utilization of 920 unaccompanied minors 12 to 18 year olds living in Netherlands. The minors were from 48 countries, including Angola, Sierra Leone, and Afghanistan. The minors completed the Stressful Life Event (SLE) checklist, Reactions of Adolescents to Traumatic Stress (RATS), and Hopkins Symptom Checklist-37 for Adolescents (HSCL-37A). Results indicated that 57.8% of the unaccompanied minors in the study identified the need for mental health services. However, only 12.7% of unaccompanied minors received the help they needed. These findings suggest that mental health services are underutilized by refugee youth. Some of the plausible explanations for the underutilization of services are described below.

Preoccupation with meeting basic needs. When refugees first arrive, one of their primary concerns is meeting their basic needs such as housing, food, employment, and language skills (Alberta Health Services, 2008; Lustig et al., 2004). Navigating a new system can be time consuming; these settlement needs are often perceived as more important than attending to psychological problems (De Anstiss et al., 2009).

Limited knowledge about services. The Canadian health system can be a foreign institution for refugees. In some cases, families are not registered with general practitioners who have been found to be an important referral source (O'Shea, Hodes, Down, & Bramley, 2000). When refugee youth receive counselling services, they may not understand the purpose of the services, how the intervention is suppose to work, and what the expected results are (Alberta Health Services, 2008; Davies & Webb, 2000). At times, youth may confuse the counsellor’s role as someone who could help them with settlement matters, such as family reunification (Alberta Health Services, 2008).

Parent-related barriers. As is the case for most minors, refugee youth may rely on their caregivers to access mental health services for them (De Anstiss et al., 2009). This can be a barrier when refugee parents lack knowledge as to how the system works and what will happen to their children when a referral is made (Seat, 2000). Based on their pre-migratory experiences, it is possible for them to mistrust government-affiliated services and have serious concerns about confidentiality (De Anstiss et al., 2009). Parents can also experience access issues such as reduced mobility, financial difficulties, finding childcare, and language difficulties (De Anstiss et al., 2009). As a final note, when parents are busy working several jobs in order to survive, it limits their ability to spend time with their children. As a result, they may be unaware of their child’s mental health concern (De Anstiss et al., 2009).

Systemic barriers. According to Anisef and Kilbride (2003), newcomer youth are reluctant to seek professional help when the available services are unable to meet their unique needs. One of the main factors that hamper help-seeking behavior is limited access to linguistic, cultural, and gender appropriate services (Fung & Wong, 2007). Other systemic barriers include difficulties accessing general practitioners, high cost services, and long wait times (De Anstiss et al., 2009).

Cross-cultural differences. The concept of psychological distress is in part influenced by culture, whereby the meaning of behavior and their etiology are shaped by varying beliefs. Many non-Western cultures attribute distress to disruptions of social and moral order rather than internal emotions (Summerfield, 2000). For example, Koreans are more likely to attribute distress to supernatural beliefs, whereas Vietnamese are more likely to endorse Western beliefs about stress (Fung & Wong, 2007). Psychological disorders are also influenced by one's culture. For instance, individuals from the Somali culture tend to associate mental illness with its most severe form (Davies & Webb, 2000). De Anstiss and Ziaian (2010) also explored the help-seeking behaviors and mental health service utilization of 85 refugee adolescents originating from Afghanistan, Bosnia, Iran, Iraq, Liberia, Serbia, and Sudan. These researchers found that most of the adolescents associated mental illness with being "abnormal" and "crazy." Further, they explained that the presence of mental illness would affect their social status and marriage prospects. This suggests that an adolescent's perception of their problem and their help-seeking behavior is influenced by their culture's explanatory model of mental illness.

In some cultures, preventative health and inherited conditions are a new concept (Alberta Health Services, 2008). Therefore, differences in the type of treatments available exist across cultures. When a problem is believed to be caused by supernatural powers or spiritual influences, the individual is more inclined to seek assistance from traditional healers (Fung & Wong, 2007). This practice has also been reported in research with immigrant youth. For example, Fenta et al. (2006) found that Ethiopian youth living in Toronto were more likely to consult with religious leaders and traditional healers for their mental health problems. There are also cross-cultural differences in the preferred type of interventions utilized. Most of the mainstream interventions place an emphasis on discourse as a means to alleviate distress. However, this approach may be perceived as unusual by newcomer youth (Anisef & Kilbride, 2003). For instance, they might come from a culture where words for emotions do not exist (Davies & Webb, 2000). Moreover, refugee youth may not respond as well to mainstream interventions when they come from a culture that encourages avoidance and suppression of painful memories (Goodman, 2004).

Opportunities for receiving mental health interventions for refugee youth.

Given the above barriers, refugee youth often find their way to mental health services through other means. Referrals to these services are often made by schools and social services instead of parents (Measham et al., 2001). The following section reviews some of the school-based factors that are associated with positive well-being in refugee youth.

School-based mental health interventions. School-based interventions can address some of the financial and access barriers that prevent newcomers from receiving services (Kataoka et al., 2003). Currently, the literature on school-based interventions is relatively new. However, the exploratory studies examining the collaboration among teachers, refugee families, and mental health providers show promising results of children benefiting from these interventions. For instance, Kataoka and colleagues’(2003) school-based mental health intervention for Latino immigrants demonstrated modest reduction in symptoms of PTSD and depression. In this study, a bilingual bicultural school social worker delivered a manual-based, eight-session, group cognitive behavioral therapy (CBT) program to students from grades three to eight. Each student was randomly assigned to either the intervention or the waitlist group and measures of PTSD and depression were assessed at the start of the intervention as well as the three-month follow-up using the Child PTSD Symptom Scale (CPSS) and the Children's Depression Inventory (CDI). Other studies have found similar outcomes, such as reduction in symptoms, better understanding of school environments, increased peer groups, and enhanced sense of self (O'Shea et al., 2000; Fazel, Doll, & Stein, 2009).

Peer support. When refugee youth feel accepted and valued, they experience positive psychological outcomes in the areas of social skills, self-esteem, motivation, and reduced depression (Kia-Keating & Ellis, 2007). The school environment has the potential to connect the adolescents to positive role models and friends with the same cultural background. According to newcomer youth in Toronto, these peers provide the most significant support in adapting to the Canadian culture (Seat, 2000). Refugee youth also obtain additional support in adapting, socializing, and connecting to their community through school programs, such as homework clubs. These positive outcomes can lead to greater meaning in the youth's life (Devjee, 2008).

Multidisciplinary and paraprofessional teams. In order to meet the diverse needs of refugee children, Cole (1998) recommends the implementation of a multidisciplinary team that would consist of school staff, family members, and ethnic community partners within the community. Ethnic community members working in schools include paraeducators, paraprofessionals, and school liaisons. Rueda and Genzuk (2007) describe paraeducators as school employees who come from the same cultural background as the students. They work under the supervision of teachers and their responsibilities are instructional in nature. Chopra et al. (2004) found that paraprofessionals work with students who are struggling with the curriculum. Specifically, they provided one-on-one help and utilize several strategies to help them overcome their challenges. In addition to providing academic support, Chopra et al. (2004) noted four domains in which paraprofessionals acted as liaisons in order to support the well-being of bilingual students.

The first type of liaison work was connecting students and teachers. The paraprofessional facilitated communication between the teacher and student by acting as a translator. They also encouraged academic success by motivating students to approach their teacher and to find ways in which they could succeed. Chopra et al. (2004) also noted that at times, paraprofessionals would provide the school with information on the family and home context and how it was affecting the child’s academic performance.

The second type of liaison work involved linking parents and teachers. In addition to bridging linguistic barriers, the paraprofessionals acted as the primary contact person for parents. They would frequently communicate with the parents in regards to the child’s performance. Given that the parents were familiar with the paraprofessionals, they were more inclined to go to them with their concerns. One of the paraprofessionals explained that sometimes the parents requested their presence at school meetings. It was noted that the paraprofessionals did not have the authority to solve all the problems; however, they played an active role in bringing the parents and teachers together to problem solve. Howland, Anderson, Smiley and Abbott (2006) found similar results in their study of the bicultural school liaisons role. Specifically, bicultural school liaison workers enabled parents to advocate for their children by providing them with information on the different services available through the school.

Chopra et al. (2004) further noted that some of the liaison work extended outside of the academic realm. Mediation work between parent and child was the third type of bridging in which they engaged. The parents would often ask them to intervene because of the relationship they had established with their children. In addition, the paraprofessionals were accessible to the families. Most of them lived in the same neighborhood and for this reason, the families had the opportunity to get to know them very well. Howland et al. (2006) noted that community connectedness was a critical feature of effective liaison work.

The fourth type of liaison work was between families and community services. For example, paraprofessionals would assist families with housing and accessing medical services. The paraprofessionals explained that their services were not limited to the student, one paraprofessional explained, “for the most part; my focus is the entire family, not just a specific child in school” (Chopra et al., 2004, p. 227). These findings demonstrate the various ways in which multidisciplinary teams can facilitate the school adaption and well-being of different cultural groups.

Summary.

Despite the need for psychological services, refugee youth experience a number of barriers in accessing and receiving mental health supports. Plausible explanations for the underutilization of these services include preoccupation with meeting basic needs, limited knowledge, parent-related barriers, system-related barriers, and cross-cultural differences. The literature points out that the school system can play an important role in bridging refugee youth to mental health services. For example, school-based mental health interventions are an effective means of addressing the financial and access barriers experienced by this population. Further, it is through this environment that refugee youth are given the opportunity to connect with positive role models and create meaningful friendships. The inclusion of ethnic community partners in meeting the diverse needs of refugee youth has been well documented in the education literature. In addition to providing academic support, ethnic community partners act as a liaison between the students, parents, school, and community services. Recently, the role of cultural brokers has emerged in nursing and mental health. The following section explores the literature on educational cultural brokers as one type of paraprofessional/liaison worker.

Educational Cultural Brokers an Untapped Resource for Mental Health Practitioners

Educational cultural brokers working with refugee youth.

Cultural brokering, the act of linking or mediating between different cultural groups (Jezewski, 1993), is a potential solution to addressing the barriers in accessing and receiving mental health supports. A cultural broker is an individual that is well immersed in both the mainstream and ethnic culture (Owen & English, 2005). Paraprofessionals, settlement workers, bilingual co-workers, diversity liaisons, and members within an ethnic community group are all examples of cultural brokers (Alberta Health Services, 2008; Owen & English; Raval, 2005). Collaborating with cultural brokers is gaining recognition within the mental health field (Kirmayer, Groleau, Guzder, Blake, & Jarvis, 2003; Nadeau & Measham, 2005; Raval; Singh, Mckay, & Singh, 1999). Some of the suggested roles include providing cultural interpretations, advocating, and bridging refugee communities to mental health services. These roles are described in detail below.

Cultural interpretation. Lack of cultural sensitivity has been cited as a common system level barrier in the literature (Alberta Health Services, 2008; De Anstiss et al., 2009). Cultural competence within healthcare refers to the clinician's ability to understand an individual's perception of his or her health, culture, and tradition and then use that information to improve his or her health (Brach & Fraser, 2000). Cultural competence is important because differences in cultural worldviews are the primary cause of disagreement among counsellors and culturally diverse clients (Arthur & Januszkowski, 2001). A common challenge for counsellors is that once they become aware of differences in worldviews, they are not sure how to bridge those differences.

The literature suggests that brokers can play a critical component in developing culturally sensitive interventions. In a Montreal hospital, recommendations by cultural consultants consisted of reassessing inadequate diagnosis or changing treatment for 70% of their referrals that consisted of immigrants, refugees, and ethnocultural minority groups (Kirmayer et al., 2003). Clinicians who used the services of cultural consultants reported improved treatment, increased cultural knowledge, a stronger therapeutic alliance, and increased confidence in diagnosis and treatment.

Cultural brokers can offer numerous types of cultural interpretation services. They can be called upon to help each culture understand one another. The communication between client and clinician is enhanced when a broker explains the nuances of the cultures (Raval, 2005; Singh et al., 1999). This is especially important when translating metaphors and idiosyncrasies. For example, in Western terminology, the term “feeling blue” is associated with feeling down.

It is important to make a distinction between cultural brokers and interpreters. Although both professions facilitate communication through translation, there are differences that exist. For instance, interpreters translate information from one language to another; however, they do not necessarily convey the cultural significance of what is being said (Singh et al., 1999). Conversely, a cultural broker goes beyond the literal translation by providing the cultural context of the individual’s problem (Raval, 2005; Singh et al., 1999).

Most often, translators in the health system are chosen because of convenience; it is common practice to call upon family members and friends as interpreters (Nadeau & Measham, 2005; Singh et al., 1999). These practices have been described as problematic for several reasons. First, the individual may not have the medical background to understand the terms that are being used by the clinician (Alberta Health Services, 2008; Singh et al., 1999). Second, the information is at risk of being lost in translation when there are no equivalent words for the terms being used by the clinician (Singh et al., 1999). A third challenge with using family and friends to translate is that some of the questions are culturally inappropriate for the individual to ask. For example, parents are less likely to share sensitive information with their children. If the question is perceived as intrusive, then there is the likelihood of it not being asked by the translator (Singh et al., 1999). Therefore, the clinical implication of using friends and family is that information relevant to diagnosis may not be collected or disclosed. Other translation challenges associated within the mental health setting include lack of training in translation skills and cultural competency (Raval, 2005).

Cultural interpretation also consists of helping two cultural groups come to a shared understanding (Singh et al., 1999). Owen and English (2005) best described brokers as a “sociocultural bridge between professional intentions and client expectations” (p. 673). This role is important because, as mentioned earlier, differences in expectations and preferred outcomes exist across cultures. A shared understanding also occurs when cultural brokers are required to provide the cultural and sociopolitical information. For example, some refugee clients will leave out information pertaining to their pre-migration experiences because they assume that the professional is aware of that information (Tribe, 2002).

Advocates. Cultural brokers can play a critical role in representing the views of refugee clients and providing them with a voice (Raval, 2005). This is especially important when there are differences in beliefs between the mental health service provider and the refugee client. Cultural brokers can also represent issues and concerns that represent the ethnic community's interest by providing a voice for their experiences (Raval, 2005). Through advocacy, a broker empowers a community to develop a way to deal with mental health issues.

Linking refugees to mental health services. Cultural brokers' involvement in the referral process has been correlated with improved outcomes. Davis and Webb (2000) identified the use of Somali Health Advocates, a role similar to brokers, as important in establishing links between ethnic cultural groups and professionals. Similarly, National Center for Cultural Competence (2004) identified the following benefits of incorporating cultural brokers to mental healthcare programs: increased use of preventive services, increased cost effectiveness of services, and improved communication. Health regions across Canada are making the recommendation to work with ethnic communities as a means to improve service utilization among ethnic groups (Alberta Health Services, 2008; Magoon, 2005).

Several roles have been identified in which cultural brokers can improve access to health services. However, it is important to keep in mind that these roles have not yet been empirically tested. One of the roles identified consists of identifying the specific needs and barriers of refugee communities (Raval, 2005). The second role is educating refugee communities on the services available, benefits of accessing these supports, how the health system works, and the ways in which their pre-migration experiences is effecting their post-migration adaptation (Alberta Health Services, 2008). The final role consists of actively reaching out to individuals that are in need of the services. For example, in oral cultures, the best way to reach these groups is by word of mouth (Alberta Health Services, 2008), as opposed to print material such as brochures and posters.

Conclusion

The psychological well-being of refugee youth in our society is often challenged by their pre-migratory experiences, post-settlement stressors, and cross-cultural differences. Pre-migration experiences may consist of trauma and exposure to war. These experiences increase the risk of mental health disorders with the literature frequently reporting PTSD (Lustig et al., 2004). Post-settlement stressors that increase psychological distress include acculturation stress, intergenerational conflict, discrimination, and social isolation (Ellis et al., 2008; Prendes-Lintel, 2001; Seat, 2000). Together, these pre- and post-migration experiences can interfere significantly with refugee youths' adaptation in school and community settings given their potential impact on identity development and self-worth.

Although refugee youth are at risk of psychological distress, they tend to underutilize mental health services (Fenta et al., 2006; Nadeau & Measham, 2005). Cultural differences toward health, wellness, and help-seeking are some of the identified barriers that prevent access to services for newcomers (Alberta Health Services, 2008). One approach in bridging the service and cultural gap between refugees and mental health professionals is the use of cultural brokers (Raval, 2005; Singh et al., 1999). This involves working with an ethnocommunity member who is able to provide cultural interpretation, advocate on behalf of refugee communities, and link refugee children and families to mental health services.

Although several roles have been identified in the cultural brokering literature, there remains little knowledge as to the actual roles that brokers play when assisting individuals and families. As such, the findings will contribute to the existing literature by providing practical evidence of the supports provided. Further, the cultural brokering literature in the mental health field has exclusively focused on the practitioner's perspective. This study is the first to explore this bridging role from the brokers' perspective. The intention is to enhance the understanding of the process of supporting refugee youth from the perspective of individuals who work closely with this population. Therefore, the findings will extend the current literature by integrating these two perspectives. Finally, where the literature has focused on clients who have already accessed mental health services, the present study examines the brokers' role in facilitating service utilization for refugee youth in school and counselling contexts.

Chapter Three

Methodology

The present study was part of a larger study that explored educational cultural brokering and refugee children and families' school adaptation. The purpose of this particular study was to examine how educational cultural brokers support the mental health of refugee youth. Hence, the goal of this study was to identify a series of practices that relate to supporting and enhancing the mental health of refugee youth. A qualitative case study method guided the investigation. The following chapter describes in detail the qualitative research paradigm and case study framework, which is then followed by a description of participant selection, data collection, data analysis, evaluation of the study, and ethical considerations.

Qualitative Research Paradigm

A qualitative research method was selected to obtain an in-depth understanding of how educational cultural brokers support the psychological well-being of refugee youth. Although there are recommendations for mental health practitioners to collaborate with community outreach workers, there remains little knowledge as to the actual process that occurs. According to Richards and Morse (2007), qualitative methods are suitable for the following purposes: (1) to better understand an area where little is known, (2) to make sense of complex situations, (3) to learn from the participants in a setting or a process the way *they* experience it, and (4) to understand a phenomena in detail. Furthermore, Creswell (2009) explains that the primary goal of qualitative inquiry is to gain insight to the meanings people ascribe to a phenomenon.

One of the major characteristics of qualitative research is that the data is collected within natural settings and the researcher is the primary instrument for data collection (Creswell, 2009). It has also been noted that prior beliefs and assumptions of the researcher can not be separated from the process (Ahern, 1999). Charmaz (2004) further explains "how we word our interview questions more or less structures what participants will say. How we look, act, and sound affects how they read and receive us" (p. 983). For this reason it was important for me to be aware of my own beliefs, my brokering experiences, and prior assumptions that were related to the research question. I did this by engaging in reflexive practices such as writing in a journal. These practices increased my self awareness and ensured that the findings were focused on the participants' meanings of the phenomenon (Creswell, 2009).

The qualitative paradigm is also used to "develop a complex picture of the problem or issue under study. This involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges" (Creswell, 2009, p. 176). Because this study sought to understand how educational cultural brokers support refugee youth from their perspectives, a qualitative approach was deemed suitable.

Constructivist Paradigm

Research from a constructivist paradigm entails several assumptions that are different from the positivist paradigm. First, whereas the positivist paradigm endorses an ontological assumption of one true reality, the constructivist paradigm endorses the worldview that there are multiple realities that are socially constructed (Ponterotto & Grieger, 2007). Therefore, meaning is constructed by the individual and their social world (Creswell, 2009). Second, the epistemological assumption of constructivism is that meaning is brought forward through the interaction between the researcher and participants, and as a result the findings are co-constructed (Ponterotto & Grieger, 2007). The assumption underlying the rhetorical structure from a constructivist paradigm is to rely on the participants' voice instead of being detached and objective. Finally, the constructivist methodological approach embraces the idea of eliciting data through a highly interactive interaction with the participant as opposed to manipulating variables (Ponterotto & Grieger, 2007).

Methodological Framework

Methodologically, this study fits under the qualitative case studies approach to qualitative inquiry. Case studies are best used to explore a phenomenon in depth within its real life context (Creswell, 2009; Stake, 1995; Yin, 2009). A case study design is similar to other methods of qualitative inquiry in that the primary objective is to obtain a richly descriptive account of the phenomenon that further enhances our understanding (Merriam, 2009). However, it is important to note that the case study method includes characteristics that are unique to this framework. First, the cases are often complex social phenomena in which the researcher has little control (Yin, 2009). For this reason, case studies are suitable for investigating contemporary phenomenon within real-life contexts (Yin, 2009).

A second distinction between the case study design and other qualitative methods is that the study is defined by the unit of analysis, whereas other methods are defined by the focus of the study (Merriam, 2009). For example, if a researcher was interested in the lived experience of a phenomenon they would pursue a phenomenology framework, or if they were interested in generating a theory about a process they would pursue a grounded theory framework (Starks & Trinidad, 2007). On the other hand, if the researcher was interested in a particular unit of analysis, such as a group of individuals, event, a program, a community, or a specific policy then the best method to pursue would be a case study design (Merriam, 2009). Yin (2009) further asserts that this methodological design is best suited for research studies that answers "how" or "why" questions. The case study design is an appropriate method given that this study examines *how* educational cultural brokers support refugee youth.

Moreover, findings in case studies provide descriptive information on multiple variables and interactions that can lead to new insight (Merriam, 2009). The newly acquired information allows the reader to expand their understanding, meaning, and experiences of the phenomenon. The intent of such findings is not to test theories but to expand our knowledge of a given phenomenon. According to Stake (1981), knowledge learned from case studies is more concrete, contextual, and can be generalized to the readers' experiences. This design also allows the readers to extend their knowledge of a particular case by gaining information that they previously did not have access to. Therefore, the information collected can be used to expand theories, influence policy, and inform future research (Merriam, 2009; Yin, 2009). Information regarding the ways in which cultural brokers provide psychological support will help individuals working with refugee youth to better understand the range of mental health concerns they face and ways to increase access to services.

Data Collection

Case.

Qualitative case studies provide an in-depth understanding of the activities that occur within important circumstances by investigating the particularity and complexity of that case (Stake, 1995).A unit of analysis or “case” is a bounded system that distinguishes those who are within the case from those who are not (Yin, 2009). Yin explains that the purpose of a study determines whether a single case or multiple cases are appropriate. Multiple cases are best suited for studies that aim to support a theoretical framework by replicating the findings, whereas a single case design is appropriate for studies that examine the typical experiences of a particular case.

The present study is a single design case study that examines the work of educational cultural brokers providing services to refugee youth through an immigrant serving agency. The case also included mental health practitioners who worked with refugee clients and educational cultural brokers. As such, the case unit is six individuals, four educational cultural brokers and two mental health practitioners, who provide services to refugee youth. All of the participants worked for a non-governmental organization (NGO) that assists immigrants and refugees coming to the Edmonton area. This particular agency provides a wide range of programs and services to newcomers, such as English as a Second Language (ESL), employment, housing, and settlement services.

Educational cultural brokers. The educational cultural brokers in the present study are employed under the agency's In-School Settlement Program. Yohani (2010) defined educational cultural brokers as ethno-cultural community representatives:

> who are present in the school system and provide a welcoming environment for newcomer children and their families…Brokers use their personal life and professional experience to assist refugee children and families. They are mindful of the refugee experience and intentionally act as role models for the children. (p. 8-9).

The overall objective of the program is to enhance the home and school environment for immigrant and refugee students and their families. The services are offered to school age children (Grades 1 to 12) in Catholic and Public schools in Edmonton and surrounding areas. According to the agency's 2009 Bi Annual Report, the team consisted of seven cultural brokers and one supervisor. The brokers represented the following ethno-cultural communities: Arabic, Iraqi, Kurdish, Lebanese, Somali, Afghani, and Sudanese. The brokers in the present study engaged in the following roles (Yohani, 2010):

Facilitating school adaptation. The cultural brokers are involved in running leadership and health program, homework clubs, and culture clubs. The intent of these programs is to help newcomer youth adapt to their surroundings and increase their sense of belonging. The homework and culture club take place after school hours in various schools in Edmonton. According to program records, youth from the following countries have accessed their services: Uganda, Somalia, Kyrgstan, Dijbouti, Iraq, Palestine, Sudan, Turkey, India, Colombia, Mexico, Bangladesh, Nigeria, and Sierra Leone.

Bridging families and children to services. The brokers link families and children to services such as school settlement services. Specifically, cultural brokers assist families with registering their children into the school system and informing them of the options that are available. They help refugee youth make decisions regarding post-secondary education and escort them to open houses. The brokers also educate newcomer families about settlement services such as employment and housing, and when needed, provide referral to health-related services. The present study further explores the brokers' role in bridging refugee youth to mental health services.

Cultural interpretation and awareness raising. An integral component of the cultural broker's work is to help schools, families, and children understand one another. The brokers' role is to inform newcomers about the school and mainstream culture. They also provide school staff with information regarding the family's cultural and historical context.

Supportive counselling and prevention. Relevant to the present study, this role was defined as the broker's ability to support refugee parents, families, and children. The primary tasks consist of (a) establishing a sense of security and belonging, (b) supporting parenting in a new culture, and (c) family mediation and reunification. The present study will further investigate this role.

Advocacy. The cultural brokers use advocacy as a means of empowering newcomer families and children. Within the education setting, they educate parents on their rights to make decisions regarding school placement, accommodations, and assessments. They also empower newcomers to voice their concerns, and in some cases they will speak on behalf of their clients.

Mediation and conflict resolution. The final role requires brokers to help families, students, and staff members adapt to one another. This particular role involves parent-child and school-family mediation in a variety of contexts ranging from family meetings to school attendance and expulsion hearings. The brokers are instrumental in addressing the core issues, bringing all the parties together, and facilitating communication.

Mental health practitioners. Two of the four mental health practitioners working for the Community and Family Supports Program were recruited to participate in the present study. The primary objective of this program is to improve the mental health of survivors of trauma by offering counselling support in the context of a community-based setting, such as homes, schools, community centers, and mosques. Unique aspects of the practitioners work include their ability to recognize the context of immigration, situating themselves in a position of learning, and their willingness to share power with other professionals such as cultural brokers and interpreters. The program offers the following types of services: individual counselling, group counselling, family counselling, couples counselling, and group education on topics including stress reduction and meditation. These services are offered to the clients at no cost. Mental health practitioners with graduate level training in counselling psychology, marriage and family therapy, and clinical social work provide these services. The multidisciplinary team also consists of three social workers and one supervisor.

Participant selection and recruitment.

Six participants were recruited for this study. This sample size depended on two factors. First, this number was based on the feasibility of recruiting educational cultural brokers and mental health practitioner who work with refugee youth and have had the experiences of working with each other. Second, time constraints of this Master's thesis also limited the sample size. Overall, the data collected from the six participants provided an in-depth understanding of the ways in which brokers support the mental health of refugee youth.

The participants were selected through purposive sampling procedures. According to Patton (2002), participant selection should be based on an individual's expertise and competence with the purpose of inquiry. Therefore, the study recruited individuals who were more likely to provide optimal occurrences for improving the mental health of refugee youth. Participant selection was based on the following criteria: (a) their job title included educational cultural broker or mental health practitioner, (b) they worked directly with refugee youth, (c) they were interested in collaborating with a broker/mental health practitioner in the context of providing mental health services to refugee youth, and (d) they were willing and able to discuss their experiences in-depth. Educational cultural brokers were selected over settlement workers because the former provide services that go beyond helping newcomers with their settlement issues. For example, some of the educational cultural brokers work within the schools and homes which increases their ability to connect with refugee youth. Mental health practitioners were included for their direct work with refugee youth and their knowledge of the cultural broker role.

Participants were recruited through pre-existing relationships with the program coordinators of the agency. The program coordinators acted as an appropriate intermediary because they had direct contact with the brokers and mental health practitioners. The coordinators notified potential participants that I would be contacting them to see if they were interested in participating. All participants were informed that their work activities were not dependent on their involvement in the research project. Once the individuals were notified, I initiated contact by e-mail. The e-mail included my contact information, a recruitment handout (see Appendix A), and an interview guide (see Appendix B).

The final sample consisted of an ethnically mixed group of four educational cultural brokers (Karim, Abdiyo, Lokuku, and Asiya) and two mental health practitioners (Mandee and Nikku). The participants had worked with immigrant and refugee families anywhere from two to sixteen years. Their work was based in the clients' homes, the community, and in schools. The educational background of the brokers included social work, sociology, and counselling psychology. Both of the mental health practitioners had graduate level training in psychology. For the purpose of this study, each participant chose a pseudonym to ensure their anonymity. Because of the fairly small communities they work in, detailed participant introductions are not provided. However, the results sections provide direct quotes from them to maintain their individual identities in the case study.

Data Generation

Semi-structured interviews.

Interviewing has been recognized as an effective technique that is used to explore in-depth information on a particular experience or phenomena (Charmaz, 2006). The overall goal of the interview is to elicit the meaning of the experience at a deeper level, obtain information on the thoughts, feelings, and actions of the participant, and then restate the information back to the participant to verify the accuracy (Charmaz, 2006). An open-ended interview guide was used to help initiate conversation. Moreover, it provided a degree of consistency across the interviews.

All interviews were scheduled at the participants' convenience. One of the interviews was conducted at the University of Alberta and the remaining five interviews were conducted at the agency's on-site location. It is important to note that the educational cultural brokers were taking part in another study that examined their role in refugee children's school adaptation (Yohani, 2010). For this reason the information regarding mental health and collaboration of mental health practitioners were incorporated in individual interviews with participants. Follow-up phone interviews were conducted with Nikku, Karim, and Abdiyo.

Each interview was approximately 60 minutes and started with a review of the intent of the study, as well as the risks and benefits associated with participating. Participants were informed of their right to withdraw at any point. This information was provided in both a written and oral format and consent was obtained (Appendix C). The interviews started with the individual's background information (i.e., description of the position, the training they had received). The interview guide was used to initiate conversation on the basic social processes that exist when working with refugee youth. The participants were given the space to discuss or elaborate on specific aspects of their experiences in-depth. All interviews were recorded and transcribed verbatim immediately after the interviews.

Research journal.

A journal was kept throughout the research process to keep track of memos. Memo-writing is a critical step that occurs between data collection and analysis (Charmaz, 2006). The purpose of the memos was to track thoughts, early codes, and comparisons of data (Charmaz, 2006). It was also used to track my assumptions, preconceptions, beliefs, and values. This reflexive practice allowed me to discover my own as well as the participant's interpretations. This journal was a critical component in developing novel categories, making connections between categories, and discovering gaps that provided directions that were pursued in the follow-up interviews.

Other type of data.

In order to obtain a better understanding of the educational cultural broker's work multiple sources of information were collected. The following document analyses were carried out: In-school settlement program 2009 Bi-annual report, program brochures, 2008-2009 community report, and program evaluation for the culture club (2004-2006). Furthermore, a brief telephone conversation with a former program coordinator who had recently conducted a review of the counselling practices of the agency provided additional contextual information.

Data Analysis

Within the case study framework there is not a specific method for analysis. However, similar to other qualitative methods, a defining characteristic of case studies is that the data is collected and analyzed simultaneously. For the purpose of this study the analysis was guided by Braun and Clarke's (2006) thematic analysis framework. Thematic analysis can be applied to various theoretical and epistemological positions and it is often used to identify, analyze, and report themes within data. Within the constructivist paradigm, thematic analysis enables the researcher to identify the socio-cultural components of the phenomenon (Braun & Clarke, 2006). The present study used an inductive approach to analyzing the data. The goal of using an inductive approach is to allow the researcher to seek patterns of meaning that are embedded within the data. Braun and Clarke (2006) further explain that an inductive analysis is "a process of coding the data without trying to fit it into a preexisting coding frame, or the researcher's analytic preconceptions" (p. 83).

Steps in thematic analysis.

The first phase in thematic analysis is to become familiar with the data (Braun & Clarke, 2006). I started my analysis by recording any reflections, ideas, or hypotheses I had after each interview in my research journal. I would then transcribe each interview and reread the transcripts several times to increase my familiarity with the data. Additional ideas, reflections, and patterns were recorded in my research journal after each round of reading the interview.

The second phase of Braun and Clarke's (2006) thematic analysis is to code the data contained in each transcript. The purpose of coding is to link data to abstract ideas and to identify the common thread that exists (Richards & Morse, 2007). I immersed myself in the data by using the line-by-line coding technique. This technique requires one to pay attention to specific words and segments of the data. Information that was relevant to the present study was highlighted and coded. For example, any actions, assumptions, opportunities, and challenges that were related to a broker's ability to support the mental health of refugee youth were highlighted. Once the first transcript was coded the same process was repeated to subsequent transcripts. Codes for both transcripts were compared and any changes in the description of a code or how it was being used was tracked on a consistent basis (Richards & Morse, 2007). A master list of the emerging codes within the study was updated with each interview (Merriam, 2009).

The next phase of thematic analysis is to group the codes together to form themes (Braun & Clarke, 2006). During this process I was able to make connections between the different categories and subcategories that had emerged during initial coding. The themes were often broader than the codes (Braun & Clarke, 2006). Two approaches were used to manually sort the codes into themes. First, each highlighted segment was cut into its own slip, and then each slip was placed into an envelope corresponding to a specific theme. A second approach was borrowed from Charmaz (2006) and involved grouping codes according to the *conditions* (i.e. circumstances or situations that lead to supporting refugee youth), *actions/interactions* (i.e. the roles the participant would engage in), and *consequences* (i.e. outcomes of the supports including opportunities and challenges). Once all the codes were placed in an envelope, a visual representation for each theme was carried out. The visual representation was a mind-map of the various codes within the theme (Appendix D).

Braun and Clarke's (2006) fourth phase involves reviewing and refining the themes. According to Braun and Clarke, there are two levels of analysis in this phase. The first level consists of reviewing the codes for a specific theme and evaluating if all the data extracts form a coherent pattern. Merriam's (2009) criterion for category construction was used to determine if a theme was coherent. First, each theme was responsive to the research questions. Next, the themes were exhaustive so that each particular unit of data was exclusively placed into one theme. The final criterion was to ensure that each theme was conceptually congruent (same level of abstraction). Once all the themes met the criteria for category construction, I proceeded to the next level. During this level I re-read all the interviews and determined whether the themes were reflective of the data gathered. Re-reading the interviews also provided the opportunity to code additional data that was overlooked during phase one.

The fifth phase of thematic analysis consisted of defining and naming each theme (Braun & Clarke, 2006). During this phase the ‘story’ of each theme, as well as how it relates with the overall research question, was identified. Direct quotes were incorporated into the definition of the themes. According to Braun and Clarke (2006), a clearly defined theme is one that describes “the scope and content of each theme in a couple of sentences” (p. 92). At the end of this phase each theme was given a name that was used in the final analysis.

The sixth and final phase of thematic analysis entails writing a report of the findings (Braun & Clarke, 2006). The report provides a narrative that illustrates the implications of the findings. For example, vivid examples and quotes were embedded into the report. Braun and Clarke (2006) explain that the purpose of the report is “to go beyond description of the data and [to] make an argument in relation to your research question” (p. 93).

Evaluating the Study

The following standards to evaluate methodological rigor were used in the present study: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility.

Credibility was evidenced by confirming the fit between the participant's views of the process and the researcher's representation of the process (Lincoln & Guba, 1985). In order to ensure the accurate representation, member checks were implemented in the design of the study. The participants were provided with the tentative results while I elicited their feedback. Once the participants provided specific feedback, modifications were then made to the findings. Credibility was also maintained by providing in-depth descriptions and clarifying personal biases through journaling and supervision (Denzin & Lincoln, 1998). Finally, prolonged engagement with the data, such as reviewing any changes in the description of a code on a consistent basis, ensured the fit between the data and the analysis.

Transferability.

Transferability is evidenced by the readers' ability to transfer the findings to their own practice (Lincoln & Guba, 1985). The findings of this study provide recommendations for mental health practitioners who are interested in collaborating with educational cultural brokers. The detailed information on the methodology, participants, settings (i.e. the organizational head quarters, school settings, and community settings), and the views and values held by the participants allow the readers to transfer the findings to their own experiences. According to Stake (1998) this is a form of generalization in case studies. Furthermore, by ensuring that multiple views and themes identified were well presented helps to increase the readers' ability to generalize the findings. Transferability is also achieved with data triangulation which is the use of different sources of data (such as interviews, program evaluations, brochures) to provide additional support and measures of the same finding (Yin, 2009). Finally, analytic generalization is one form of triangulation in which the findings of the study are compared with previously developed theories within the literature (Yin, 2009). This is represented in the discussion section of this particular study.

Dependability.

Dependability is evidenced by the extent to which the finding could be replicated (Lincoln & Guba, 1985). To ensure the dependability of the study, an audit trail was used as a way to document the research process, such as decisions used to determine sampling techniques and milestones. Also, my thesis supervisor provided an ongoing external review of my findings by reviewing my memos, analysis, and overall writing process.

Confirmability.

Confirmability is achieved when the interpretations of research findings are derived from the data collected (Lincoln & Guba, 1985). In this study, close attention to participant views and meanings were attended to throughout the analysis and report writing. For example, to further strengthen confirmability, excerpts of the data were incorporated in the final report (McLeod, 2001). These thick descriptions strengthened the themes. Furthermore, my supervisor’s review of my analysis and writing process was another form of confirmability. Since the social constructivism approach acknowledges that data is co-constructed, it was important to explicitly state my own interpretations from the participants. I was able to make my role explicit by incorporating reflexive practices through the use of a research journal and memos in the design of the study (Ahern, 1999). Finally, the data collected will be preserved for a minimum of five years and it will provide others with the opportunity to confirm the findings.

Ethical Considerations

The present study was approved by the Faculties of Education, Extension, and Augustana Research Ethics Board at the University of Alberta. This study asked participants to reflect on their experiences working with refugee youth. No immediate or long-term risks were identified in this study. Any discomfort that would have taken place due to the process or content of the interviews was minimized by ensuring the participants were comfortable at the start of the interview. Additionally, participants had access to their program coordinator for support when needed. While the overall risks were minimal, participants were provided a contact list of community-based mental health services they could consult with.

Informed consent was reviewed and both verbal and written consent was obtained prior to the interview. Furthermore, the educational cultural brokers that were participating in Dr. Yohani's study were informed that a portion of the interview would be used as part of my Master's thesis. Consent for both of the studies were obtained simultaneously. The participants were also provided with reminders of the voluntary nature of the study and their right to stop at any point. The participants were also reminded of the voluntary nature of the follow-up interviews. For the three follow up interviews verbal consent was obtained.

Pseudonyms were used throughout the study to maintain the confidentiality of the agency and participants. The participants' real names and identifying information were removed from the interview data and all of the participants were contacted and asked to provide a pseudonym of their choice. Confidentially was further maintained by ensuring all electronic files were password protected. Upon completion of the study, all of the data will be stored in a secure location (password protected files and locked filing cabinet) for a period of five years. After which data will be destroyed in a manner that ensures anonymity of participants such as shredding paper and erasing audio recordings.

Conclusion

The use of a single-case study qualitative method provided an in-depth understanding of the multiple variables and interactions involved in understanding the types of psychological supports that cultural brokers provide refugee youth. The following chapter outlines these results.

Chapter Four

Findings

Two main themes emerged from the interviews that describe the ways in which educational cultural brokers support the mental health of refugee youth: (1) informal supports to youth and families, and (2) formal supports in collaboration with mental health practitioners. These themes represent the specific roles that were identified as supportive by all the participants. It should be noted that the findings are not based on the perspective of refugee youth, neither were they verified by the youth. Rather, the findings are based on the observations made by educational cultural brokers and mental health practitioners who directly work with refugee youth and families. Sub-themes with thick descriptions of the different roles and activities have been utilized to describe the broad themes. Figure 1 below provides an overview of the themes, and sub-themes.

Informal Supports to Refugee Youth and Families

This theme refers to informal ways in which cultural brokers support the psychological well-being of refuge youth. They consist of roles that take place outside of traditional counselling and include activities that overlap with settlement and academic support. The sub-themes are: (1) *Facilitating Cultural Integration and Sense of Belonging, (2) Bridging to Settlement Services,* and (3) *Providing Supportive Counselling*.

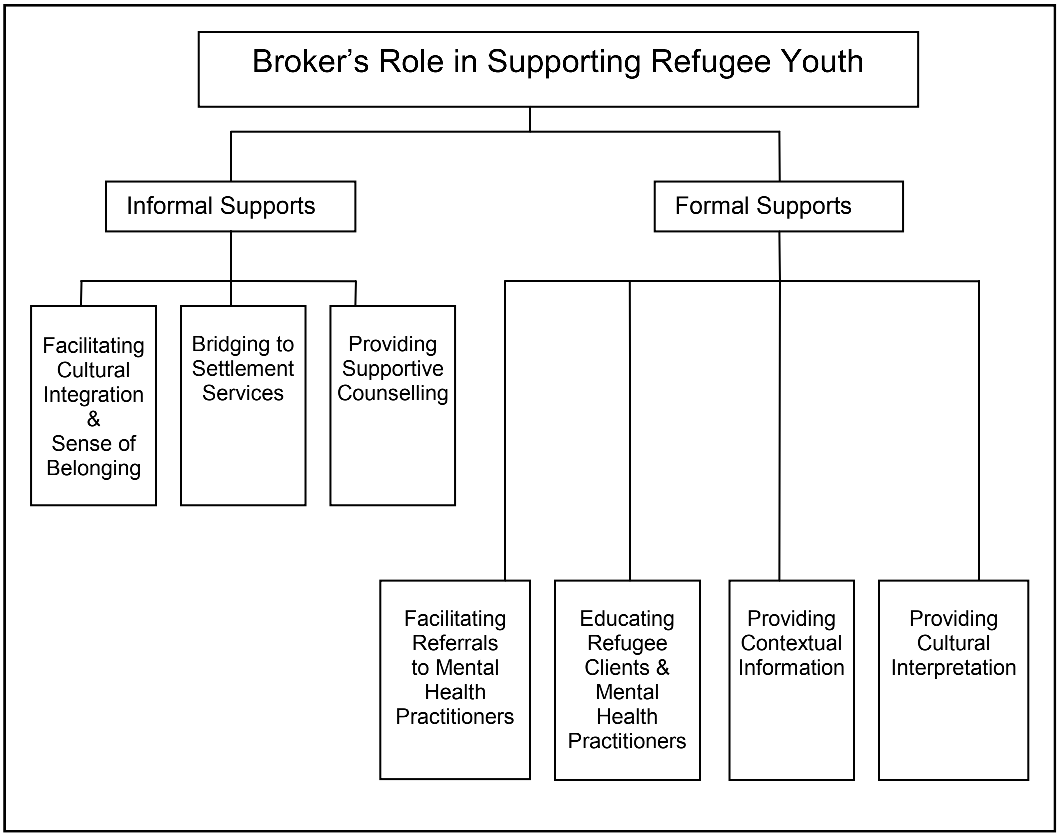

Broker's Role in Supporting Refugee Youth
Informal Supports
Formal Supports
Facilitating Cultural Integration & Sense of Belonging
Bridging to Settlement Services
Providing Supportive Counselling
Facilitating Referrals to Mental Health Practitioners
Educating Refugee Clients & Mental Health Practitioners
Providing Contextual Information
Providing Cultural Interpretation

*Figure 1.*Themes and sub-themes generated from participant interviews.

Facilitating cultural integration and sense of belonging.

Participants in this study identified cultural integration and sense of belonging as key in refugee youth's adaptation in the Canadian context. As such, this sub-theme refers to activities that educational cultural brokers engage in to support youth in their development of a coherent cultural identity and sense of belonging. In many ways this was one of the key roles for the participants as it related most directly to the task of cultural brokering. Participants suggested that a weak sense of identity was linked to low self-esteem and feelings of not belonging. For instance, Karim explained that issues related to self-esteem were evident when youth perceive themselves as a deficit. He further explained that:

> with the 18-year-olds some of the thoughts could be ‘they don’t want me here in Canada’, ‘I am inferior, they think I’m inferior’, ‘I’m not good enough’, ‘they don’t understand me’, ‘they hate me’, ‘I hate them’, ‘I will never make it’, ‘there’s no future[for me]’

For this reason, Karim and the other brokers attended closely to the cultural integration process of refugee youth. Acculturation, the process of balancing the beliefs and customs of both the old and new culture, is associated with cultural integration. The participants reported that refugee youth and families often need assistance with the acculturation process. During settlement, acculturation stress was exacerbated when family members utilized different acculturation strategies. It was often the case that the youth would experience pressure at school to assimilate. Yet, at the same time they were encouraged by their parents to maintain their heritage culture. As such, the educational cultural brokers acted as role models and demonstrated to the youth that integration was possible.

Brokers in this study facilitated after school activities such as a culture club in one of the local high schools. They introduced different aspects of the Canadian culture as a means of addressing the shock experienced by some refugee youth. Another important objective of the club was to validate the importance of diversity and maintaining one’s heritage culture. Specifically, the brokers helped youth learn about Canada’s multiculturalism policy while facilitating activities that allowed them to present information about their home countries in a safe and supportive manner. Abdiyo explained that the culture club was:

> A space for them to feel that ‘yes, I am not alone.’ ‘All the students that are sitting in this class with me have the same

> challenges.' 'Here is where I can express myself who I am whether my faith, my culture, my background' – 'here is a place where I can be who I am!'

In order to increase sense of belonging and prevent isolation, the educational cultural brokers actively encouraged refugee youth to develop healthy interpersonal relationships. One approach was through providing out of school activities to places such as the public library, legislative assembly, bowling centers, and skiing. Interestingly, an evaluation of the cultural club program contained a description of one such field trip to Galaxy Land, an amusement park located in West Edmonton Mall. This trip was well appreciated by the youth. The comments made by the students included 'I came to this mall before and wanted so badly to go to the rides, but I could not afford it' and 'it was my dream to go to the rides one day.' Lokuku further added that the field trips provided youth with a break from their daily stressors and an opportunity to learn about their new environment.

The educational cultural brokers also made every effort to strengthen their relationships with the youth. They explained that increasing their involvement through out-of-school activities, allowed them to create stability and safety for the youth. Lokuku indicated that:

> The way they interact and open up in a positive environment is different than meeting them in a setting where there are challenges, such as the classroom environment. Our extended role has given us the opportunity to learn more from them and about them. In this social recreational opportunity the students are able to talk freely about their experiences [during flight as refugees] and life challenges. Some of the students will talk about how they ran at night or how they passed dead bodies.

Interacting in informal settings provided the brokers with the opportunity to learn more about the youth and identify pertinent information about them such as trauma histories that were previously unnoticed in the school context.

In general, the brokers observed that newcomer youth established friendships and increased their knowledge of the Canadian culture through various after-school programs that aimed at facilitating culture integration and sense of belonging. These activities also facilitated the establishment of a strong relationship with the brokers which enhanced their ability to act as an important informal source of support. This was captured in Abdiyo's comment about how newcomer youth develop relationships with her:

> The first day the ELL students come in the hallway and are too shy to say hello. Then after a few weeks they say 'hello' and they come looking for us. Sometimes when I'm late during the lunch hour I see about 15 kids waiting in the hallway for me.

Bridging to settlement services.

This sub-theme refers to the ways educational cultural brokers assist refugee families overcome hidden settlement challenges. When refugees first arrive in Canada, they are welcomed by a culture that is foreign to them. One of the first challenges they encounter is to learn the social norms, rights, responsibilities, and various institutions of the Canadian society. According to Nikku, the inability to navigate this new environment could be a traumatic experience for refugees, and in some cases, youth have described refugee camps as a safer environment than Canada.

The settlement challenges experienced by refugee youth and their families primarily consisted of accessing resources and meeting financial demands. Participants reported that financial problems were frequently linked to overwhelming fatigue and frustration both by youth and their parents. Furthermore, financial barriers restricted housing options to government subsidized housing, which a number of brokers observed were often located in the dangerous parts of the city. As a result, refugee youth were more likely to be exposed to drugs, alcohol, and violence. These neighborhoods also placed the youth at a greater risk of joining a gang or engaging in criminal activity. It was observed by most of the participants that youth who were seeking companionship, security, identity, and financial income were most vulnerable to follow this path. In order to alleviate these challenges, the brokers would first inform youth and families about the services that were offered through the agency. For example, assistance with housing, health care, employment, ESL classes, and immigration related information. The brokers would then provide information on broad community services, such as YMCA programs.

The culture club also provided an avenue for the brokers to bridge refugee youth to various settlement supports. Guest speakers from City of Edmonton (Community Services department and Recreation Program department), Capital Health, Youth Criminal Defense Office, and Edmonton Mennonite Centre for Newcomers' (EMCN) Employment Outreach Program were invited to provide workshops on communication skills, bullying, health and wellness, Canadian law, and employment. A review of the culture club program evaluation indicated that the students found these workshops beneficial. For instance, one of the comments made in reference to the bullying workshop was ‘I feel more prepared now, and I can protect myself from bullying.’

The brokers also facilitated specific activities that would aid refugee youth in finding employment and registering for post-secondary education. For example, Asiya explained that the months of October and November were dedicated to career development in preparation for upcoming transitions to post-secondary training and/or employment. The following quote provides a description of some of the club activities that are directly in support of careers as described by Asiya:

> We are going to have a job fair on November 18. Currently, we have five employers confirmed to come to the school and conduct interviews. Prior to the job fair we will have a resume workshop at the computer lab where we fix their resumes.

Students were also connected to various community programs during one-on-one consultations with the brokers. For example, Lokuku once worked with a girl who was experiencing difficulties overcoming her father’s death. He provided her a break from her problems by connecting her to a youth exchange program in Toronto:

> So she was lucky to have this opportunity to go on a youth exchange [program] through the YMCA. So, I got her registered and she will go to Toronto in May for one week with all expenses paid for. I said go experience this, see new places, and think about yourself.

Providing supportive counselling.

This sub-theme refers to activities that were associated with providing guidance, information, encouragement, and emotional support to refugee youth. School adaptation was one of the areas in which support was offered. It was noted that refugee youth were in need of an orientation to the school culture, norms, expectations, and policies. For example, when newcomers were bullied or discriminated against, some of them did not know how to respond. Without information on school policies, they responded by physically fighting back. In addition to the challenges related to navigating the school system, Asiya noted that within the schools there was a lack of awareness of refugee experiences and needs:

> Some of the students have trauma and behavioral issues. They come from refugee camps where there are no rules or regulations. In the camps there are no places for students to sit and focus. When teachers don't understand these issues they will perceive the child as misbehaving. The school administration will treat them as regular students and proceed to suspend them for 'misbehaving.'

Participants noted that difficulties in school integration corresponded with hopelessness and behavioral problems that at times were acted out through physical aggression (i.e. fighting) resulting in school suspensions and expulsions. When a refugee student was expelled for fighting he or she would often perceive the expulsion as evidence for the fact that they do not belong. The educational cultural brokers address the above challenges by providing cultural awareness workshops to school administration and staff, as well as attending expulsion hearings. During the hearings, the brokers help refugee families understand the school processes and help them present their cases.

The second area in which cultural brokers provided support was personal development. According to Abdiyo:

> You become the auntie or the teacher because they lost that extended support. They don't have auntie, uncle or somebody to go to. Their parents and teachers are also busy. These students need an adult who will sit with them and understand them without judging.

All of the participants spoke about refugee youth approaching them with their trauma histories. The brokers described listening to the stories and acknowledge the reality of the war experiences. In some cases, they would validate the experiences by providing examples of their own refugee background. According to the brokers, the informal conversations provided the students with the opportunity to unload some of the trauma and stress they were experiencing. Lokuku explained that the next step after listening to the experiences was to help them move towards the future and provide examples on how they could walk out of their past. The brokers also worked to empower the students by facilitating after school programs that encouraged leadership, academic, and health awareness skills. They also coached the youth with researching future careers, applying for post-secondary programs, and setting goals. In general, the brokers assisted refugee students in building healthy and confident perceptions, by placing an emphasis on the refugee students' strengths. Abdiyo explained that:

> When they come to Canada they don't know how to read and write. They see their deficits but they do not see the assets they bring with them. So we show them the strengths that they have within them and then build from there.

The brokers' descriptions of how they support youth suggested that they utilized a strengths-based approach as a means of helping the youth maintain a focus on the future within the school setting.

In some cases, personal development also consisted of supporting the adolescent's autonomy even in the most challenging of situations. The following excerpt provides information on Karim's experiences working with refugee males who were expelled from school and had turned towards crime yet managed to find a way forward without any formal interventions:

> I had kind of supported them and it just it didn't go to a place that the family wanted, or I wanted. They were still hanging out with the wrong crowd and spending time at the Remand Centre. Out of the blue one of the boys decided that he's going back to school. He enrolled without my help. Another boy, within the same period of time, wanted to go back to school. He told his mother to call me. I wasn't directly involved in those steps but they happened. It was really good to accept that there's so much I can do and there is certain learning for them. Maybe they have to go through those difficulties, being part of a gang, and learning the hard way. Maybe that's their path. Who am I to know what's right for them. I can just be there as a support. I can't force them.

Extending support to the family was the final area of supportive counselling. The brokers perceived this as an important factor in helping refugee youth. In particular, they found that when parents felt supported it indirectly benefited the youth. The primary type of support provided to the parents was helping them navigate the Canadian system. This was achieved by providing information on the various types of resources. With greater knowledge of the services the parents were in a better position to care for their children. The brokers also linked parents to various supports. Karim shared the following conversation he had with a single mother who was struggling with depression:

> There was a point I invited her to see one of our psychologist. She told me that she had seen so many people children services, social workers, and a psychologist. She said 'well what has all that done? Nothing's changed. My son is still worse.' I told her that I didn't have the answers but I knew of a particular psychologist that worked with other moms. I explained that it's not going to fix her son but at least she will receive support. This particular mother was open to seeing the psychologist. In a sense I feel that my role is to give them the opportunity to receive some care on a deeper level.

The brokers in the present study also played a critical role in mediating conflict between parent and youth. In some families, it was observed that youth would blame the parent for the various losses experienced during the pre-migration stage. For example, Lokuku was assigned the following case of a parent-child conflict related to a youth who blamed her father for her mother's death because she died while he was in another city working to provide the family with finances:

> She developed this thinking that it was her dad who let her mom die. If he had done more her mom wouldn't die. If he didn't leave her mom, because he left the mom in the refugee camp, and he went to [an] urban area to get some work so he could help them. So they could get whatever they need. And she thought, 'well it was because if you had some money because you said you were working and you could help mom, and mom wouldn't have died.' Now she has developed this mind of blame, blame, blame, blame and the relationship with the father just went from bad to worse.

It was observed that these intergenerational conflicts would sometimes escalate to the point where the youth would run away from home. Lokuku observed that increased exposure to drugs and negative influences, and a decrease in school attendance also occurred as a result of marital discord and parental separation.

The brokers’ mediation role consisted of doing home visits and facilitating communication between parent and child. Their primary task was to help each party understand the perspective of the other. For example, Lokuku described the following scenario of parent-child conflict involving domestic violence during which her father died as a result of a separate incident:

> …she had this thought in mind ‘mom was not always good with dad. Dad would beat her up but dad was not killing her.’ For her it was okay for the dad to beat the mom because he was not killing her…so this daughter decided to run away from home because she could not agree with mom…So she lived with some girls and things weren’t working okay. She went back home. She tried and it was still not going well between her and her mom. We tried to help because she was really torturing the mom about the whole situation…so we tried to talk to her. She has really resisted but now she’s beginning to change…. She’s beginning to communicate with her mom. She’s beginning to put it behind.

Formal Supports in Collaboration with Mental Health Practitioners

This theme refers to the formal supports that brokers provide in collaboration with mental health practitioners. Mandee, one of the mental health practitioners identified the following psychological disorders that were common in her work with refugee youth: anxiety, depression, Post Traumatic Stress Disorder (PTSD), and parent-teen conflict. The brokers also observed that the inability to deal with grief, loss, survivor guilt, acculturation stress, and sense of belonging were linked to mental health concerns demonstrated by refugee youth. Despite the increased vulnerability to psychological distress, it was often the case that the effects of trauma were either misdiagnosed or untreated. However, when refugee youth would share their pre-migration experiences with the cultural brokers, it allowed the brokers to identify the link between pre-migration experiences and current school problems. For instance, Asiya shared the following example of working with a refugee high school student:

> When the war happened he migrated to the borders of Somalia and Kenya where there is a UN refugee camp. So, at a young age he witnessed violence directed at him and others. Now he has a hard time focusing. He believes that he is crazy but he's not. He's not crazy and he's not 100% regular.

Once a psychological problem was identified the brokers would initiate the collaboration with mental health practitioners. This section reviews the four sub-themes that identify the ways in which brokers facilitated formal supports through collaboration with mental health practitioners: *Facilitating Referrals, Educating, Providing Contextual Information*, and *Providing Cultural Interpretation.*

Facilitating referrals.

Mandee explained that youth are referred to mental health practitioners through ethnic outreach workers, children services, schools, previous clients, health system, and in some cases the police. This section describes three types of bridging that would occur among the educational cultural brokers and the mental health practitioners. These are: (1) cultural brokers referring refugee youth to mental health services, (2) mental health practitioners linking refugee families to educational cultural brokers, and (3) educational cultural brokers linking mental health practitioners to individuals that support refugee youth.

Cultural brokers referring refugee youth to mental health services. The first type of referral describes the process used by cultural brokers to bridge refugee youth to mental health services. As shown in Figure 2, this process generally consists of the following four steps.

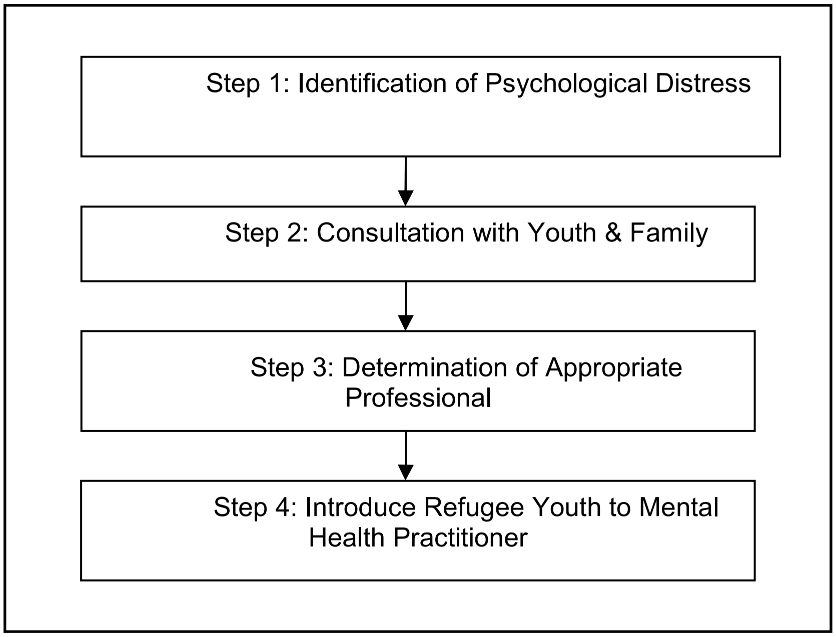

Step 1: Identification of Psychological Distress
Step 2: Consultation with Youth & Family
Step 3: Determination of Appropriate Professional
Step 4: Introduce Refugee Youth to Mental Health Practitioner

Figure 2. Educational cultural brokers' four step referral process.

Identification of psychological distress. The first step in the referral process consisted of identifying mental health issues that were misunderstood or untreated. Over the years, the brokers have become aware of specific indicators that signal mental health issues within the refugee youth population. Each of the brokers had their own means of identifying at-risk youth. For example, Abdiyo explained that in most cases youth that have been traumatized are either too withdrawn or they have too much energy. Karim and Lokuku had also been successful at indentifying refugee students who appear normal but are internalizing their distress. They acknowledged that refugee girls were at risk of falling into this category. The brokers also used their knowledge of pre-migration experiences to determine if physical symptoms, such as fainting and chronic headaches, were linked to a medical or psychological condition. Lokuku shared the following example of ruling out a medical condition:

> She was actively playing with people but as of late when she reflects on the past she will collapse**.** We asked her 'why do you fall down?' and she doesn't know. So we asked 'what is happening exactly?' She said she doesn't know but sometimes when she thinks critically about the past things she loses her mind. This has happened twice now. The father was asked to go to their family doctor and see if they can find out what was happening. On both occasions they completed a thorough examination at the university hospital. But the examinations have come up with nothing. They say there is no any other sickness that they could find.

Another example of brokers linking physical distress to mental health was provided by Karim:

> I felt a particular girl needed psychological support and I mentioned it to her and she said 'oh, I'm okay', but I knew she was getting a lot of migraines and headaches. I then said 'well it's not normal to have headaches and you know all those migraines' and she said 'oh it isn't?' Her mother was present at the time and she said 'if she wants to see the psychologist that's okay.' I think that's when it clicked for her that it was not normal to have these symptoms, but before that she just said 'well, that's just how it is.'

Consultation with youth and family. Once a psychological issue was identified the next step was for the broker to consult with the youth and their family if they were interested in meeting a "colleague." Abdiyo explained that the term colleague was used because "there's a stigma that goes along with the psychological support. So I don't say it's a psychologist, I just say it's like a teacher like me and you know she will be able to help you more."

Determination of appropriate professional. If the youth is willing to move forward, the third step in the process is to determine which practitioner the broker will refer to. There are several considerations that are made during this step. For example, a match between the mental health practitioner's expertise and the needs of the youth is essential. Cultural and linguistic backgrounds, gender of the client and practitioner, and the mental health practitioner's availability are also taken into consideration at this stage.

Introduce refugee youth to mental health practitioners. The fourth and final step in the process was to introduce the refugee youth to the mental health practitioner. Often, this meeting was scheduled to take place in a familiar setting, such as the school. The broker's presence during the initial meeting was deemed important because it increased the youth's sense of safety and comfort. The mental health practitioners also utilized the brokers existing relationship with refugee families. For example, Mandee observed that the families were at ease and more receptive when a broker was present during the initial meeting.

Mental health practitioners linking refugee families to educational brokers. The second type of referral consisted of mental health practitioners linking refugee families to educational cultural brokers. Addressing settlement challenges simultaneously with psychological problems was believed to be important by several of the participants. This is because meeting basic needs was observed to be a priority over psychological needs by most refugee families. Abdiyo further explained that:

> …they don't have the time because it is a very fast-paced life. They have to go to school they have to survive; they

> have to work 2-3 jobs. They also have to support their family members that were left behind in the refugee camps. These parents feel guilty for being survivors. They no longer need to worry about hunger, their safety, and shelter issues... It's like you know here your kids have opportunity but all your sisters and brothers and the people you left are in hunger. So you feel guilty. You feel obligated to support them. So they are working so many jobs and going to school and its like even with the basic you have to really work hard to be able to go forward. Life is becoming more expensive. There are so many kids going to school […] so they don't have time to live. They don't have time to stop one day and go to psychologist.

In cases where refugee youth were seeking mental health services, their settlement needs would come across to the practitioners during the sessions. This is when the brokers would receive referrals from the practitioners. Abdiyo provided the following example:

> …they refer to us and we refer to them. When families need help with housing psychologists don't have the time to go out and look for housing. In this case they would refer to us. Another example is when other family members need help with employment or financial assistance. Newcomers may need help filling in forms but psychologists don't always have the time to go to downtown.

Educational cultural brokers linking mental health practitioners to other agencies. The final type of referral consisted of the educational cultural brokers linking mental health practitioners to individuals that support refugee youth, such as schools and family members. This type of referral was regarded important because, as Nikku explained, there are a multitude of agencies working with newcomers, yet there is a missing link that prevents refugee youth from navigating one service to another. He further explained that it would be beneficial if there was a place or a person they could access that would help them make those connections. Interagency connections were also a problem when the mental health practitioners were connected to the youth through a third party, such as the school board. In this case, if a youth was expelled from school or if they dropped out then the connection between the youth and practitioner would be lost. Given that the cultural brokers maintained strong relationships with the various systems, they were identified as an appropriate liaison. Nikku explained that in addition to working with schools that were involved in the *In-School Settlement Program*, he also encountered refugee students from other schools. For example, when the student's family were "connected to cultural brokers outside of school they would know about the [agencies' counselling] services."

Educating.

As mentioned in the referral role, one of the first steps to bridging refugee youth to mental health practitioners is to consult with them about accessing the services. However, it was recognized that refugee families had limited knowledge about mental health services. Nikku explained that when refugees first immigrate to Canada they are bombarded with information. Since meeting basic needs is perceived as a priority at the initial stages of settlement, any information pertaining to mental health services is not retained. When the psychological needs become too great, refugees are unaware of the types of services that are available and where they could seek additional information. Mandee further explained that in some cultures the concept of psychologists does not exist, therefore a barrier to accessing support is "not knowing what a psychologist or a counsellor would do." On a similar note, the brokers explained that in some cultures there is a negative connotation associated with seeking psychological support. For instance, psychological distress in some cultures is associated with crazy, lunatic, bad behavior, evil, and in some cases a consequence of the ‘sins of the parents.’ Public acknowledgement of mental health concerns could also lead to stigmatization by community members. According to Lokuku, this type of cultural response to mental health would cause an individual to dwell in isolation rather than seek help. In other cultures the concept of discussing ones problems with a stranger is considered unnatural and is not encouraged. Asiya explained that therapy “to them is a taboo because they’re thinking that ‘you are like crazy’ and they are trying to heal you because you’re crazy.”

In order to bridge the gap, the brokers helped refugee youth and their parents learn about the benefits of seeking mental health services. They would explain the process in a manner that the family could understand and relate to. For example, they might link the process to talking to an imam or tribal chief. They would also address any concerns and fears the family might have about the services. For instance, they would explain the counsellor’s competence, the interventions, and how confidentiality would be assured. According to the brokers, refugee youth and families were more receptive to counselling once they understood the process.

Providing contextual information.

This refers to the broker’s role in obtaining background information and transferring that information to the mental health practitioners. Brokers in the present study provided information in two different areas. The first area was the type of pre-migration experiences the youth and their family endured. Several of the refugee youth that the participants worked with had prior exposure to trauma and loss. Some of the traumas identified were: exposure to gang rapes, sexual abuse, murders, and witnessing violence. Also, in some cases refugee youth were uprooted on several occasions. Lokuku spoke about a case in which the effect of migration on an adolescent boy was misdiagnosed as a behavioral problem:

> He came from Sudan. They left the war area and went into Central Africa. They first went into Chad and then Nigeria. When they migrated they first came to Nova Scotia, but the mom felt isolated there. She knew some people living in Edmonton and she decided to move here. So all along he's been moving from place to place to place with different experiences, different cultural experiences. Furthermore, the boy is being forced to go for a test because he's got a 'behavior problem' which was not really behavior problem.

Nikku further explained that a broker was especially helpful in obtaining pre-migration information from the parents.

The second area of contextual information that the broker provided was post-migration and settlement challenges. The broker's informal role of bridging refugee families to settlement services placed them in a unique position that allowed them to understand the types of challenges experienced by the families and the types of support that were available to them. It was noted that the combination of the various types of settlement difficulties and the lack of support systems appeared to increase the level of psychological distress experienced by all members of the family. Throughout the interviews the brokers illustrated the current situation of their clients, for example Abdiyo explained that:

> Everybody is like go, go, go, go, go. There's no time to deal with that emotional piece or mental health piece. It's

> just deal with the current situation: employment, language, schooling, and claimant. So no one has the time to deal with that emotional piece. Instead everyone is dealing with their own emotional suffering alone, whether it's the parent or the children.

Cultural interpretation.

The final sub-theme refers to the brokers' role in providing cultural interpretation. That is they help different cultural groups understand one another. The findings suggest two different functions behind brokers providing cultural interpretation. First, Mandee explained that although mental health practitioners develop a broader understanding of the different cultures they work with, there are always specific differences that exist within each culture. She provided the following example to illustrate this point:

> I have worked with the Afghan community for 7 years. I would say that I have a fairly good understanding of their culture. If I walk into any of their community events, at least 50% of the people would know me. But like all countries, Afghanistan for us is just Afghanistan. For Afghanis there are variations in where people come from, such as the city, the country side, from one tribe or the other. It could be that they have stayed in a refugee camp in Pakistan for 15 years or they could have resided in Tajikistan. First, we worked with a lot of people who came from a city background. Then we encountered individuals who were from the rural parts of Pakistan. In the last few years we got more people who come from Tajikistan. We found that culturally it was quite a different situation and the knowledge I had was that I could recognize it was a different situation. However, I could not say in detail what the difference was. That is when I could ask a broker 'what is going on here.'

The second function of the cultural interpretation was to help practitioners overcome cross-cultural differences that accounted for some of the barriers in providing services to refugee and immigrant populations. Asiya explained that in general the psychological services are representative of Western cultures. Several modifications to administrative practices emerged out of the interviews with the brokers. For example, Karim explained that most of the refugee single mothers experience difficulties in making phone calls. It was often the case that the clients did not mention this instead they would avoid returning the call. As a result, the practitioner and broker have utilized alternative modes of scheduling appointments. Another modification observed was having the brokers create new concepts for the client. For instance, Mandee provided the following scenario of a broker creating the concept of informed consent for youth and families who have experiences of trauma and torture:

> The only time they signed papers it was bad for them. When they signed the papers people would disappear or end up in jail. So signing a form is the first thing they don't want to do. Then there's the whole confidentiality issue. For instance, if they do something they will be reported to children services. Well for them if that is not something you expect to happen why would you say it? So if you say that then that means that it's likely that you will report. Given these examples you can already see how if you just have a translator the family will probably not sign the paper. But with a broker they can explain what the background and context is.

The final function of the cultural interpretation was to assist the practitioner in the specific interventions utilized in therapy. For instance, background information can inform what would not work for a certain culture group. In the case of the Somali culture an emotion focused approach to therapy would present itself with challenges because their vocabulary for emotions is limited. In this case, a broker could assist the practitioner by taking an active role during a counselling session. The following excerpt provides an example of

Karim’s involvement during a session that focused on social skills development with a youth:

> So it could be that I’m asked something and I respond and then psychologist asks the boy ‘what do you have to say in response’ to me because it involved him but his response might be kind of - he might speak to me like this with his head down. So the psychologist would ask me ‘how did that feel?’ and then I would say ‘that was kind of uncomfortable’, or ‘I felt upset’ and then we would work on that.

As seen in the example above of the cultural broker being actively involved in the process of modeling social skills, mental health therapies can use a variety of approaches of working with youth.

Conclusion

The results of this study emerged from in-depth interview with two mental health practitioners and four educational cultural brokers. Document analysis of program manuals, brochures, and program evaluations further supplemented the interviews. The common elements between the data were developed into themes that represented the ways in which the cultural brokers supported the psychological well-being of refugee youth. Overall the findings demonstrate that cultural brokers provide both informal and formal supports.

The informal supports consisted of activities that overlapped with the settlement and academic supports they provided. All of the activities took place outside of traditional counselling and did not require a working collaboration with mental health practitioners. The theme encompasses three sub-themes. The first sub-theme, *facilitating cultural integration and sense of belonging*, illustrated the brokers’ role in helping refugee youth develop a strong and coherent bicultural identity. The second sub-theme, *bridging to settlement services*, depicted the brokers' role in assisting refugees overcome settlement challenges such as accessing resources and meeting financial demands. The final sub-theme*,* *providing supportive counselling*, was characterized as providing guidance, encouragement, and emotional support to refugee youth and families.

Formal supports are represented in four sub-themes that capture the activities that the brokers engaged in during their collaboration with mental health practitioners. The first formal support, *facilitating referrals*, describes three types of bridging that the brokers and mental health practitioners engaged in: brokers bridging refugee youth to mental health services, mental health practitioners bridging refugee families to brokers, and brokers bridging mental health practitioners to other supportive individuals (i.e. school administrators, family members). The second formal support, *educating,* characterized the brokers' role in helping refugees understand and navigate mental health services. The third type of formal support was *providing contextual information* to mental health practitioners. The brokers obtained information regarding the youth's pre-migration experiences, as well as post-migration challenges, and transferred that information to the practitioners. The final formal support, *providing cultural interpretation*, was identified as the brokers' role in identifying cross-cultural differences that existed between the practitioners and their clients. This information was then used to improve service delivery.

Chapter Five

Discussion

General Discussion

The purpose of this study was to explore the ways in which educational cultural brokers supported the psychological well-being of refugee youth. While each participant's specific experiences and insights were unique, the individual-derived themes across all interviews were compared to produce overarching themes. These findings suggested that the brokers engage in both informal and formal types of support. In the following chapter, these findings are explored in the context of the current research literature.

Informal supports.

In the present study, informal supports were represented by the following sub-themes: facilitating cultural integration and sense of belonging, bridging to settlement services, and providing supportive counselling.

The participants in the present study identified cultural integration and sense of belonging as important elements for post-migration adaptation and mental well-being of refugee youth. From the present study it can be seen that the brokers played a role in facilitating their acculturation process. Berry (2005) described four acculturation strategies that can be pursued when exposed to a new culture. First, an assimilation strategy is characterized as abandoning ones heritage culture and adopting the mainstream culture of the host country. Separation on the other hand is when one rejects the new culture and maintains ones heritage culture. If individuals abandon both their old and new culture, they would be using a marginalization strategy of acculturating. Finally, integration refers to the strategy of maintaining one's heritage culture while adopting aspects of the larger mainstream culture. Research has noted that an integration strategy of acculturation is associated with greater life satisfaction, self-esteem, school adjustment, and few psychological or behavioral problems (Berry, Phinney, Sam, & Vedder, 2006). Others have also identified that integration is an advantageous strategy in terms of coping with discrimination (Padilla, 2006). The cultural brokers in this study appear to share a similar perspective on acculturation: their activities and roles involved helping youth maintain their heritage culture while facilitating the adaptation to the Canadian culture. Furthermore, the brokers were aware of the challenges and stress youth experience when caught between two cultures which is consistent with cross-cultural literature (Lustig et al., 2004).

The brokers assisted refugee students with negotiating and integrating the two cultures by facilitating after-school activities that promoted integration including a culture club. During the club, the concept of multiculturalism was explored and celebrated. Club activities ranged from cultural presentations, field trips, guest speakers, to group discussions. The group discussions specifically focused on culture conflicts, differences between the two cultures, and aspects of their heritage culture that the students would like to retain.

In addition to cultural integration, the culture club fostered a sense of belonging by giving refugee youth the opportunity to connect with other newcomers who had similar integration challenges. The importance of peer support has been observed within the refugee literature. Seat (2000) found that newcomer youth living in Toronto identify peer support as a significant factor in their adaptation to the Canadian culture. These findings are congruent with previous work that found self-esteem, social skills, and motivation were positively linked to refugee youth feeling accepted and valued (Devjee, 2008; Kia-Keating & Ellis, 2007). Other research has demonstrated that a supportive network of friends, community members, and institutions can help newcomers with their adjustment (Alberta Health Services, 2008; Anisef & Kilbride, 2003). In general, the brokers in the present study observed that the youths' participation in the club resulted in improved social networks, greater confidence, increased knowledge of the Canadian culture, and increased ability to make positive choices. Together these findings suggest that organized group such as the culture club promotes healthy social identities. According to Tajfel and Turner (1986), a strong social identity indicates that a youth has established a sense of belonging and attachment to a particular group. For some students, this club could possibly represent the first experiences of belonging to a group in light of previous trauma and dislocation.

Another informal support that emerged from the findings was bridging youth and families to settlement services. Research has indicated that the school system has an important role in helping newcomers navigate and learn about the various systems in their new country (Baffoe, 2007; Oikonomidoy, 2007; Wilkinson, 2002). Similar findings were observed in the present study. In addition to facilitating integration and sense of belonging, the culture club increased the adolescents' knowledge on career, health, legal, governmental, and recreational services. Consistent with Chopra et al's (2004) study, the brokers often bridge families to community services outside of the school system. The literature on refugee post-migration indicates that this population often encounters settlement challenges such as housing, health care, and establishing economic independence (Beiser, 2009; Prendes-Lintel, 2001). The brokers also observed that these challenges corresponded with increased exposure to drugs, alcohol, and gang activity. The importance of alleviating these challenges has been observed within the cultural brokering literature (Gentemann & Whitehead, 1983; Martinez-Cosio & Iannacone, 2007, Raval, 2005). In order to address these concerns, the brokers in the present study used their extensive knowledge of settlement services and bridged the youth to appropriate services.

The final informal support consisted of providing supportive counselling to refugee youth and families. Specifically, the brokers assisted them with making positive choices that would shift their experiences from feeling helpless to hopeful. Blackwell and Melzak (2000) refer to this concept as *agency*. According to these authors, *agency* along with *cultural integration*, *belonging*, and *thinking* allow refugee children to deal with their distressing experiences. *Belonging* occurs when a child connects with at least one adult who is emotionally attuned to their feelings. Blackwell and Melzak also report that *thinking* is the process in which adults and peers help refugee children create a coherent narrative of their experiences. Unfortunately, some refugee youth do not have adults in their lives to whom they can turn in times of need (Davies & Webb, 2000). This is especially the case when they are unaccompanied or when their parents are busy making ends meet. In some cases, parents are also dealing with their own traumas (Blackwell & Melzak, 2000; Fantino & Colak, 2001). Other people in their lives, such as teachers and peers, may not understand the refugee experiences. Therefore, it would be beneficial for these adolescents to be connected to role models that would help them piece their experiences together. While research has indicated that there is a scarcity of positive role models that refugee children can look to, (Baffoe, 2007; Cooper, Denner, & Lopez, 1999), in the present study refugee youth were connected to a diverse group of brokers. The brokers represented a mix of ethnicity, gender, educational backgrounds, and pre-migration experiences.

This group of brokers further provided refugee youth with supportive counselling which encompassed guidance, encouragement, and emotional support. The brokers often sat with the youth and listened to their pre- and post-migration stories and challenges. They described this interaction as providing an opportunity for the students to unload their distress. Furthermore, given that they were familiar with the historical, cultural, and sociopolitical backgrounds of the students, the brokers were able to help students develop coherent life stories that accounted for their experiences. The brokers also encouraged refugee youth to look towards a positive future by motivating them to develop leadership, academic, and health awareness skills. Over the years, they found that more refugee youth were completing high school and pursuing post-secondary education. These findings suggest that cultural brokers can act as in-school mentors and role models for refugee youth, thereby bridging a gap that has been identified in the literature.

Formal supports in collaboration with mental health practitioners.

In the present study, the brokers provided formal supports in collaboration with mental health practitioners. These supports were represented by the following sub-themes: facilitating referrals, educating, providing contextual information and cultural interpretation.

Two referrals processes were described by the participants. One consisted of educational cultural brokers referring refugee youth to mental health services. The cultural brokers in the present study were well-known to the school board and were often called upon in situations where refugee students displayed behavioral problems. Since the brokers were active members of their ethnic communities, other members would also approach them with their concerns. Likewise, the literature on the utilization of mental health services indicates that minorities in general will turn to community supports such as respected community members, family members, schools, churches, and folk healers (Anisef & Kilbride, 2003; Cauce et al., 2002). This research extends the literature by highlighting the role that a community agent can play in facilitating referrals and increase access to mental health services. While existing research has speculated on the brokers' role in the referral process (Alberta Health Services, 2008; Magoon, 2005; Raval, 2005), the present study identifies a general framework of the actual referral process. The framework consists of the following steps: identifying mental health issues, consulting with the youth and family about seeking additional support, determining which practitioner they would refer to, and facilitating the initial meeting between the youth and practitioner.

The second type of collaboration involved mental health practitioners referring refugees to cultural brokers for settlement needs. Several researchers have discussed that when refugees first arrive in resettlement countries, they are primarily concerned with meeting their housing, health care, and economic needs (Beiser, 2009; Prendes-Lintel, 2001). The participants in the present study observed a similar pattern in refugee youth and their families who often lived in low income housing communities, worked long hours, and were reluctant to take time off. The participants further explained that these settlement needs were often prioritized over psychological needs which have been noted in the literature (Alberta Health Services, 2008; De Anstiss et al., 2009; Lustig et al., 2004). In the present study, mental health practitioners overcame these barriers by ensuring that the settlement needs were addressed by the brokers, while they focused on providing counselling services to the youth.

Educating refugee youth and families about mental health was the second type of formal support that emerged from the data. Literature on the help seeking behaviors of refugees indicates that the concept of mental health varies across cultures (Alberta Health Services, 2008; Davies & Webb, 2000). Consistent with the literature, the participants in the present study explained that some cultures will associate psychological distress with supernatural forces (Fung & Wong, 2007) or being ‘crazy’ (De Anstiss & Ziaian, 2010). In order to encourage refugees to make use of mental health services, the brokers educated them on the symptoms of trauma and how they can influence psychological adjustment. Mental health education was identified as the first level of Bemak and Chung’s (2002) Multilevel Model of Refugee Counselling (MLM). According to this model, practitioners can increase refugees’ acceptance of mental health practices by familiarizing them with the services. Nadeau and Measham (2005) also found that newcomers feel comfortable with utilizing mental health services once they are given the chance to discuss their fears and concerns. Consistent with the MLM model, the brokers in the present study discussed the purpose of the services, how the process works (i.e., the client’s role, the clinician’s role), the credentials of the practitioner, what the interventions entailed, the expected outcomes, and the confidential nature the client-clinician relationship.

The third type of formal supports consisted of providing contextual information to mental health practitioners. Brokers were able to learn first hand about the challenges that were experienced by refugee youth, families, and communities. This type of support provided practitioners with the opportunity to learn about the youths’ coping mechanisms and resources that were available to them. Specific details regarding the pre- and post-migration challenges were also obtained. Consistent with refugee mental health literature, the brokers in the present study encountered youth with pre-migration histories that involved exposure to sexual abuse, murders, and violence (Blackwell & Melzak, 2000; Papageorgiou et al. 2000; Rousseau et al., 1997). Research has also indicated that refugee clients can sometimes assume that others are aware of the sociopolitical context of their home country, thus leaving out contextual information (Tribe, 2002). In this case a shared understanding between the client and practitioner could be achieved by the brokers providing these details. The practitioners in the present study also noted that although they were able to obtain information directly from the youth, they required the brokers' assistance with collecting information from the parents.

Providing cultural interpretation was the final type of formal support that was identified by the participants. The overall importance of considering cultural and social factors when working with diverse clients has been noted in the literature (Davies & Webb, 2000; Raval, 2005; Singh et al., 1999). According to Kirmayer et al. (2003), consultation with cultural brokers and interpreters can lead to positive outcomes such as adequate diagnosis and treatment of refugees and immigrants, and clinician satisfaction. In the present study, cultural interpretation was also associated with improved communication and case conceptualization. Regardless of the practitioners' general understanding of diverse cultures, they acknowledged that in some cases they required assistance in interpreting cultural differences. They often addressed these differences by consulting cultural brokers. The broker's role was often summarized as identifying the cultural barrier, explaining the difference to the practitioner, and then providing recommendations. In general, cultural interpretation was associated with improved service delivery.

Implication for Counselling Refugee Youth

This section presents recommendations that were derived from the participants in this study. Recommendations one to four explore the important factors that lead to a successful collaboration as observed by both the mental health practitioners and educational cultural brokers. The fifth recommendation extends the literature on delivering effective mental health interventions using Bemak and Chung's (2002) Multilevel Model of Refugee Counselling (MLM).

1. Develop a strong and trusting relationship.

It was unanimous across the interviews that a strong and trusting relationship between the two professions promoted referrals. A trusting relationship was especially important for the brokers because their personal standing within their community could easily be influenced by the counsellor's actions and behaviors. One suggestion to developing a strong relationship is to acquaint each of the professions with one another. Agencies that employ counsellors and cultural brokers can encourage collaboration by holding inter-departmental meetings. During the meetings, each of the professions can share the type of work they do and possibly share case studies. This time could also be used to problem solve some of the challenges that each of the professions encounter. For example, a discussion regarding ways to improve communication with diverse cultures could be facilitated.

2. Establish an open communication policy.

The communication style between counsellors and brokers is an important factor that contributes to the success of the collaboration. One of the mental health practitioners explained that power imbalances should be avoided. In order to balance the relationship, negotiations regarding the ideal intervention and outcomes must take place between both individuals. Although negotiating on an equal basis could be a difficult process, it could be achieved when both cultural and psychological knowledge are perceived important. Another recommendation that emerged out of the interviews was for mental health practitioners to convey to the brokers that they welcomed their input. A number of the brokers indicated that they would mediate between client and practitioner only when it was asked of them. One of the brokers attributed their resistance in approaching counsellors to their lack of confidence and uncertainty of whether their input would be of value. Cultural assumptions regarding gender – or racial power dynamics are communication barriers that counsellors should be aware of (Owen & English, 2005). Appendix E provides counsellors with a discussion guide they can use to facilitate communication with cultural brokers.

3. Engage in extensive ethical decision making.

Although the importance of negotiation was highlighted above, achieving this goal could be challenging when a counsellor is bounded by legal limitations. Counsellors interested in collaborating with brokers are encouraged to discuss their ethical guidelines. It is also important to discuss the level of confidentiality expected of the broker. For instance, the brokers in the present study engaged in multiple roles and worked with youth in multiple settings. Parameters regarding information that is shared outside of a counselling session by the broker needs to be established. These ethical factors need to be discussed and agreed upon prior to working with refugee youth. One recommendation is for counsellors and brokers to discuss ethical guidelines and principles through the use of case studies.

4. Improve mental health resources available for cultural brokers.

The findings suggest that cultural brokers would often encounter and support refugee students with mental health problems. Although some of the brokers were from a social work background, several of them acknowledged that their counselling skills were limited. While they were informed of upcoming training opportunities, several of the participants suggested that the organization should provide internal workshops and presentations. Ensuring the brokers psychological well-being and stress management was another area that was identified by the brokers. One of the participants explained that a broker might not know how they will respond to a particular intervention or content discussed during a session. For this reason, this study supports Owen and English`s (2005) recommendations that: (1) the counsellor and broker meet prior to the session and discuss their expectations; (2) time be set at the end of the session for debrief in order to help brokers process their emotional responses.

5. Develop effective mental health interventions.

This recommendation builds on Bemak and Chung's (2002) MLM framework which outlines four components of mental health service provision for refugees.

Mental health education. According to Bemak and Chung (2002), the focus of the first level is to increase the client's knowledge and acceptance of mental health services. This is particularly important when the client perceives mental health as a foreign concept. Counsellors should be aware of the client's pre-existing understanding of their role and the services that they provide. In cases where the client has limited knowledge of the services, the counsellor could link them to an individual that shares a similar cultural and linguistic background.

The results of this study suggest that educational cultural brokers were instrumental in explaining the counselling process to newcomers, as well as addressing any concerns or fears that prevented them from utilizing these services. Cultural brokers could be involved in initiatives that seek to improve mental health awareness among ethnic communities, such as developing and co-facilitating presentations. Another advantage of the counsellor-broker collaboration is that counsellors can increase their cultural knowledge of diverse cultures. For instance, they could elicit information on the client's perception of their problems and incorporate it into their intervention plans. Counsellors who plan to collaborate with cultural brokers should have a thorough understanding of the brokers' familiarity with mental health interventions and services. For example, brokers could be asked how comfortable they feel explaining the counselling process to newcomers.

Individual, group, or family counselling. Once the counsellor has established a sense of comfort and acceptance with the refugee youth, they can take the information collected and develop an intervention plan. This process corresponds with Bemak and Chung's (2002) second level of the MLM. During this level, counselling interventions are modified to meet the youth's cultural and linguistic needs and are applied at an individual, familial, and communal level. Aligning the intervention with the youth's perception of their problem and altering communication styles to match the client (Hwang, 2006) are additional adaptations that a counsellor can include in their intervention plan.

The findings of the present study suggest that school-based interventions allow refugee students to receive informal and formal forms of psychological support. Moreover, the culture club improved the youths' sense of belonging and identity. These findings suggest that addressing mental health concerns in a group format might be preferable. Consistent with the cross-cultural literature (Emmelkamp, Komproe, Van Ommeren, & Schagen, 2002; Yakushko, Watson, & Thompson, 2008) counsellors should consider their role in improving the social supports provided by ethnic communities. This could be achieved by increasing their knowledge of mentoring programs and linking clients to recreational programs. It would be most successful to connect them to programs that cater to newcomers and are facilitated by ethnic community members. Counsellors could also facilitate group therapy in collaboration with cultural brokers. Topics of interest might include social skills development, identity development, and integration.

Another adaptation counsellors might want to consider is co-facilitating counselling sessions with a cultural broker. Given that some refugee youth may be suspicious of the counsellor due to previous human rights violations they may have suffered (Ehnthold & Yule, 2006), collaborating with a broker allows the client to receive help from someone that they are more open to. Counsellors with limited exposure or connections to different ethnic communities can also increase their credibility by associating themselves with a broker. The mental health practitioners in the present study noted that refugee parents and youth were more comfortable when they were in the presence of a broker.

Cultural empowerment. The third level of the MLM, emphasizes the importance of assisting refugees with their integration and settlement (Bemak & Chung, 2003). Two main advantages for the counsellor-broker collaboration regarding this level of intervention were identified by the participants of the present study. First, participants agreed that refugees are more likely to prioritize their settlement needs over their psychological needs. However, when refugee youth were linked to both professions, then their settlement and mental health needs were dealt simultaneously. Although Bemak and Chung (2003) encourage counsellors to act as information guides, the present findings suggest that the client's settlement needs often exceeds the practitioner's resources. Counsellors can overcome this barrier by referring to immigrant settlement agencies, community outreach workers, and brokers. When utilizing this strategy, counsellors should seek out brokers who are familiar with the settlement needs of refugees. Furthermore, brokers who are well versed with community resources such as housing, health care, school systems, and transportation system would be best suitable for this role.

Another advantage of the collaboration is that it allows both professions to address system level issues. All of the participants acknowledged that advocacy was necessary when working with refugee clients. Brokers in the present study were instrumental in representing the views of refugees (Raval, 2005). Specifically, the brokers informed counsellors and other service providers about the challenges that refugee families encountered. Counsellors who are interested in advocating on behalf of their clients can also consult with brokers about system level barriers. For example, in the present study, the brokers were active in ensuring that culturally sensitive practices were carried out during school placement assessments. At times, the mental health practitioners would provide their professional opinion on the validity of the assessments that were carried out. Another approach to addressing the system level barriers is for the different systems such as schools, health services, and child services to work with the families. Given that cultural brokers maintain strong relationships with the various systems, it increases their ability to link the different professions to one another.

Indigenous healing. The final level of the MLM suggests that counsellors should incorporate the youth's cultural beliefs, rituals, and traditions into the treatment plan (Bemak & Chung, 2002). Indigenous healing methods can provide counsellors with a means of providing services that fit with their client's cultural worldviews. This is especially relevant for youth who associate their problems on supernatural or spiritual causes. This level of intervention also provides the counsellor with the opportunity to incorporate community-level supports such as priests, traditional healers, and community members in resolving the youth's problems. Enlisting the help of important figures within the client's culture, can help the counsellor build credibility within the community. Examples of indigenous healing were not explored in the present study, however some of the participants talked about their tendency to refer to religion and spirituality as a resource. Therefore, brokers can introduce and facilitate a partnership between counsellors and indigenous healers.

Counsellors interested in collaborating with brokers could also inquire about important prayers, rituals, and ceremonies that might alleviate the youth's distress. For example, research has indicated that funeral ceremonies facilitated by spiritual leaders were followed by a reduction of psychological distress experienced by refugees (Mollica, 2006).

Considerations for Future Research

Cultural brokers' role in supporting the psychological well-being of refugee youth has not been addressed in the literature to date. The current study identified both informal and formal supports that were provided by the brokers. It is important to note that the findings were based on the perception of cultural brokers and mental health practitioners. More research is needed regarding youths' perception of their mental health challenges, coping strategies, and supports. It would be worthwhile to compare the youths' perception of supports with the current findings.

In this study, I explored the unique experiences of a group of educational cultural brokers working for an immigrant serving agency. In order to further develop a cultural brokering framework, researchers should explore the brokers' role in supporting refugee youth across multiple cases. For example, it would be valuable to study the brokers' role within health settings, child services, and criminal system. Other case studies with larger sample sizes and counsellors from varying theoretical orientations are also needed to add to the brokering framework. In addition, the characteristics of an effective cultural broker have not been previously discussed in the literature. For instance, are gender, culture, race, and country of origin important factors to consider when linking refugee youth to brokers? Finally, more research is needed to explore the negotiation process that takes place between mental health practitioners and cultural brokers. For example, how are ethical dilemmas dealt with when legal obligations of mental health practitioners conflict with cultural norms?

Final Conclusions

This study sought to provide a preliminary exploration of the cultural brokers' role in supporting the psychological well-being of refugee youth. A group of educational cultural brokers were found to engage in activities that overlapped with settlement and academic supports (informal) as well as working with mental health practitioners (formal supports). The results of this study provided initial insights into a holistic approach that could be used to enhance the mental health of refugee youth. With this case study, the first steps to understanding the interaction among mental health practitioners, cultural brokers, and refugee clients have been taken.

References

Ahern, K. J. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9,* 407- 411. doi: 10.1177/104973239900900309

Alberta Education (2006). Review of ESL K-12 program implementation in Alberta: Final Report. Edmonton, Alberta: Alberta Education.

Alberta Health Services. (2008). *Improving the health & wellbeing of refugees in Calgary. Promising practices, programs, and approaches: Community consultation findings.* Retrieved September 26, 2009 from http://www.calgaryhealthregion.com/programs/diversity/diversity_resources/research_publications/refugee_report_2008.pdf

Al-Jawadi, A.A., & Abdul-Rhman, S. (2007). Prevalence of childhood and early adolescence mental disorders among children attending primary health care centers in Mosul, Iraq: a cross-sectional study. *BMC Public Health*, *7,* 274-282. doi:10.1186/1471-2458-7-274

Allwood, M.A., Bell-Dolan, D., & Husain, S.A. (2002). Children's trauma and adjustment reactions to violent and nonviolent war experiences. *American Academy of Child & Adolescent Psychiatry, 41,* 450-457. doi:10.1097/00004583-200204000-00018

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision (DSM IV-TR).* Washington, DC: Author.

Anisef, P., & Kilbride, K.M. (2000). *The needs of newcomer youth and emerging "best practices" to meet those needs: Final report*. Toronto: CERIS.

Anisef, P., & Kilbride, K. M. (2003). Overview and implications of the research. In P. Anisef, and K.M. Kilbride (Ed), *Managing two worlds: Immigrant youth in Ontario* (pp. 235-272). Toronto: Canadian Scholars' Press and Women's Press.

Arthur, N., & Januszkowski, T. (2001). The multicultural competencies of Canadian counsellors. *Canadian Journal of Counselling, 35,* 36-48.

Arthur, N., & Merali, N. (2005). Counselling immigrants and refugees. In N. Arthur & S. Collins (Eds.), *Culture-infused counselling: Celebrating the Canadian mosaic*. Calgary AB: Detselig Press.

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle Jr, F., & Mills, E. (2009). Prevalence of mental disorders among children exposed to war: A systematic review of 7,920 children, *Medicine, Conflict and Survival*, *25,* 4-19. doi: 10.1080/13623690802568913

Baffoe, M. (2007). *Navigating two worlds: Culture and cultural adaptation of immigrant and refugee youth in a Quebec (Canadian) educational context*. (Doctoral dissertation, McGill University, 2006). Retrieved from ProQuest Digital Dissertations. (AAT NR27754)

Bean, T., Eurelings-Bontekoe, E., Mooijaart, A., & Spinhoven, P. (2006). Factors associated with mental health service need and utilization among unaccompanied refugee adolescents. *Administration and Policy in Mental Health and Mental Health Services Research, 33,* 342-355. doi: 10.1007/s10488-006-0046-2

Beiser, M. (2009).Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian refugee resettlement project. *Transcultural Psychiatry, 46,* 539-583. doi: 10.1177/1363461509351373

Bemak, F., & Chung, R. C. (2002). Counseling and psychotherapy with refugees. In P. B. Pedersen, H. G. Draguns, W. J. Lonner, and J. E. Trimble (Eds.), *Counseling across cultures* (5th ed., pp. 209-232). Thousand Oaks, CA: Sage.

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29,* 697-712. doi:10.1016/j.ijintrel.2005.07.013

Berry, J.W., Phinney, J.P., Sam, D.L., & Vedder, P. (2006). *Immigrant youth in Cultural transition: Acculturation, identity, and adaptation across national contexts.* Mawah: Lawrence Erlbaum Associates.

Blackwell, D., & Melzack, S. (2000). *Far from the battle but still at war. Troubled refugee children in school*. London: Child Psychotherapy Trust.

Brach, C., & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and review, 57,* 181-217. doi:10.1177/107755800773743655

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77-101. doi: 10.1191/1478088706qp063oa

Cauce, A.M., Domenech-Rodriguez, M., Paradise, M., Cochran, B.N., Shea, J.M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology, 70,* 44-55. doi: 10.1037//0022-006X.70.1.44

Charmaz, K. (2004). Premises, principles, and practices in qualitative research: Revisiting the foundations. *Qualitative Health Research, 14,* 976-993. doi: 10.1177/1049732304266795

Charmaz, K. (2006). *Constructing grounded theory.* Thousand Oaks, CA: Sage.

Chopra, R.V., Sandoval-Lucero, E., Aragon, L., Bernal, C., Berg de Balderas, H., & Carroll, D. (2004). The paraprofessional role of connector. *Remedial and Special Education, 25,* 219-231.

Cioffi-Revilla, C. (1996). Origins and evolution of war and politics. *International Studies Quarterly, 40,* 1-22.

Citizenship and Immigration Canada. (2009). *Facts and figures 2008: Immigration Overview* (Ottawa, Minister of Public Works and Government Services Canada).

Cole, E. (1998). Immigrant and refugee children: Challenges and opportunities for education and mental health services. *Canadian Journal of School Psychology, 14,* 36-50.

Cooper, C.R., Denner, J., & Lopez, E.M. (1999). Cultural brokers: Helping Latino children on pathways towards success. *The Future of Children, 9,* 51-57.

Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed Methods approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Dachyshyn, D.(2007). *Refugee families with preschool children: Transition to life In Canada.* (Doctoral dissertation, University of Alberta, 2007). Retrieved from Dissertations & Theses @ University of Alberta.(AAT NR32947).

Davies, M., & Webb, E. (2000). Promoting the psychological well-being of refugee children. *Clinical Child Psychology and Psychiatry, 5,* 541-554. doi: 10.1177/1359104500005004008

De Anstiss, H., & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed-methods investigation. *Austrialian Psychologist, 45,* 29-37. doi: 10.1080/00050060903262387

De Anstiss, H., Ziaian, T., Procter, N., & Warland, J. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry, 46,* 584-607. doi: 10.1177/1363461509351363

De Silva, H., Hobbs, C., & Hanks, H. (2001). Conscription of children in armed conflict – a form of child abuse. A study of 19 former child soldiers. *Child Abuse Review, 10,* 125-134. doi: 10.1002/car.669

Denzin, N.K., & Lincoln, Y.S.(eds) (1998) *Strategies of qualitative inquiry*. Sage, Thousand Oaks, CA.

Derluyn, I., & Broekaert, E. (2008). Unaccompanied refugee children and adolescents: The glaring contrast between a legal and a psychological perspective. *International Journal of Law and Psychiatry, 31,* 319-330. doi: 10.1016/j.ijlp.2008.06.006

Derluyn, I., Broekaert, E., Schuyten, G., & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *Lancet, 363,* 861-863.

Derwing, T., Decorby, E., Ichikawa, J., & Jamieson, K. (1999). Some factors that affect the success of ESL high school students. *Canadian Modern Language Review, 55,* 531–547.

Devjee, S. (2008). *Education of refugee youth: Students' perspectives*. (M.Ed. dissertation, University of Alberta, 2008). Retrieved from Dissertations &Theses @ University of Alberta. (AAT MR46995).

DeVoretz, D., Beiser, M., & Pivenko, S. (2005). The economic experiences of refugees in Canada. In P. Waxman & V. Colic-Peisker (Eds.), *Homeland wanted: Interdisciplinary perspectives on refugee resettlement in the West* (pp. 1–21). New York: Nova Science Publishers.

Ehntholt, K. A., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry, 47,* 1197-1210. doi: 10.1111/j.1469-7610.2006.01638.x

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. *Social Science and Medicine, 33,* 673-680. doi: 10.1016/0277-9536(91)90021-4

Elbedour, S., Onwuegbuzie, A.J., Ghannam, J., Whitcome, J.A., & Hein, F.A. (2007). Post- Traumatic stress disorder, depression, and anxiety among Gaza strip adolescent in the wake of the second Uprising (Intifada). *Child Abuse Neglect, 31,* 719-729. doi: 10.1016/j.chiabu.2005.09.006

Elbert, T., Schauer, M., Schauer, E., Huschka, B., Hirth, M., & Neuner, F. (2009). Trauma-related impairment in children – A survey in Sri Lankan provinces affected by armed conflict. *Child Abuse & Neglect, 33,* 238-246. doi: 10.1016/j.chiabu.2008.02.008

Ellis, B.H., MacDonald, H Z., Lincoln, A K., & Cabral, H. J. (2008). Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination. *Journal of Consulting and Clinical Psychology, 76,* 184-193. doi: 10.1037/0022-006X.76.2.184

Emmelkamp, J., Komproe, I. H., Van Ommeren, M., and Schagen, S. (2002). The relation between coping, social support and psychological and somatic symptoms among torture survivors in Nepal. *Psychological Medicine, 32,* 1465-1470. doi: 10.1017/S0033291702006499

Erikson, E. H. (1959). *Identity and the life cycle*. New York: International Universities Press.

Fantino, A.M., & Colak, A. (2001). Refugee children in Canada: Searching for identity. *Child Welfare League of America, 80,* 587-596.

Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry, 14,* 297-309. doi: 10.1177/1359104508100128

Fazel, M., Wheeler, J., Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: A systematic review. *The Lancet, 365,* 1309-1314. doi: 10.1016/S0140-6736(05)61027-6

Fenta, H., Hyman, I., & Noh, S. (2006). Mental health service utilization by Ethiopian immigrants and refugees in Toronto. *Journal of Nervous and Mental Disease, 194,* 925-934. doi: 10.1007/s10903-007-9043-0

Fung, K., & Wong, Y. R. (2007). Factors influencing attitudes towards seeking professional help among east and southeast Asian immigrant and refugee women. *International Journal of Social Psychiatry, 53,* 216-231. doi: 10.1177/0020764006074541

Gentemann, K.M., & Whitehead, T.L. (1983). The cultural broker concept in Bicultural education. *Journal of Negro Education, 52,* 118-129.

Goodman, J.H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research, 14,* 1177-1196. doi: 10.1177/1049732304265923

Government of Alberta (2002). School Act, *Revised Statutes of Alberta.* Government of Alberta printer: Edmonton.

Graves, T. (1967). Psychological acculturation in a tri-ethnic community. *South-Western Journal of Anthropology, 23,* 337–350.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods, 18,* 59-82. doi: 10.1177/1525822X05279903

Hazen, E., Scholozman, S., & Beresin, E. (2008). Adolescent psychological development: A review. *Pediatrics in Review, 29,* 161-168. doi:10.1542/pir.29-5-161

Hek, R. (2005). The role of education in the settlement of young refugees in the UK: The experiences of young refugees. *Practice, 17,* 157-171. doi: 10.1080/09503150500285115

Howland, A., Anderson, J.A., Smiley, A.D., & Abbott, D. (2006). School liaisons: Bridging the gap between home and school. *The School Community Journal, 16,* 47-68.

Hwang, W. C. (2006).The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61,* 702-715. doi: 10.1037/0003-066X.61.7.702

Hyman, I., Vu, N., & Beiser, M. (2000). Postmigration stresses among Southeast Asian refugee youth in Canada: A research note. *Journal of Comparative Family Studies, 31,* 281–293.

Immigration and Refugee Board of Canada. (2009). *Claimant's Guide: Refugee Protection Division, Information for claimants*. Retrieved from http://www.irb-cisr.gc.ca/Eng/tribunal/rpdspr/ClaDem/Pages/ClaimGuideDem.aspx

Immigration and Refugee Board of Canada. (2010, February). *Process for Making a Claim for Refugee Protection*. Retrieved from http://www.irb-cisr.gc.ca/Eng/brdcom/references/procedures/proc/rpdspr/Pages/rpdp.aspx

Jezewski, M. A. (1993). Culture brokering as a model for advocacy. *Nursing & Health Care, 14,* 78-85.

Jezewski, M. A. & Sotnik, P. (2001). Cultural brokering: Providing culturally competent rehabilitation services to foreign-born persons. Accessed August 01, 2010. http://cirrie.buffalo.edu/monographs/cb.html

Kataoka, S.H., Stein, B.D., Jaycox, L.H., Wong, M., Escudero, P., Tu, W., … Fink, A. (2003). A school-based mental health program for traumatized Latino immigrant children. *American Academy of Child and Adolescent Psychiatry, 42,* 311-318. doi:10.1097/00004583-200303000-00011

Kelly, M. (2007). *The experiences of refugee youth from the conflicts in the Sudan: A collective case study* (Doctoral dissertation, Louisiana State University, 2007). Retrieved from Dissertations &Theses: Full Text. (AAT 3322170).

Kia-Keating, M., & Ellis, H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry, 12,* 29-43. doi: 10.1177/1359104507071052

Kinzie, J. D., Sack, W. H., Angell, R. H., Manson, S., & Rath, B. (1986). The psychiatric effects of massive trauma on Cambodian children: I. The children. *Journal of the American Academy of Child and Adolescent Psychiatry*, *25,* 370-376. doi: 10.1016/S0002-7138(09)60259-4

Kirmayer, L., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural consultation: A model of mental health service for multicultural societies. *Canadian Journal of Psychiatry, 48,* 145-153.

Khanlou, N., Koh, J.G., & Mill. C. (2008). Cultural identity and experiences of prejudice and discrimination of Afghan and Iranian immigrant youth. *International Journal of Mental Health and Addiction, 6,* 494-513. doi: 10.1007/s11469-008-9151-7

Kline, P.M., & Mone, E. (2003). Coping with war: Three strategies employed by adolescent citizens of Sierra Leone. *Child & Adolescent Social Work Journal, 20,* 321-333. doi: 10.1023/A:1026091712028

Lacroix, M. (2004). Canadian refugee policy and the social construction of the refugee claimant subjectivity: Understanding refugeeness. *Journal of Refugee Studies, 17,* 147-166. doi: 10.1093/jrs/17.2.147

Liebling-Kalifani, H., Ojiambo-Ochieng, R., Marshall, A., Were-Oguttu, J., Musisi, S., & Kinyanda, E. (2008). Violence against women in Northern Uganda: The neglected health consequences of war. *Journal of International Women's Studies, 9,* 174-192.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., ...Saxe, G.N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 24-36. doi:10.1097/00004583-200401000-00012

Magoon, J. (2005). *The health of refugees in Winnipeg.* (Winnipeg: Winnipeg Regional Health Authority).

Martinez-Cosio, M., & Iannacone, R.M. (2007). The tenuous role of institutional agents: Parent liaisons as cultural brokers. *Education and Urban Society, 39,* 349-369. doi: 10.1177/0013124506298165

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: SagePublications.

Measham, T., Nadeau, L., Rousseau, C., Bagilishya, D., Foxen, P., Heusch, N.,… Rahimi, S. (2001). The Montreal children's hospital's transcultural child psychiatry clinic: A unique clientele and a diversity of clinical interventions. In L. Kirmayer, C. Rousseau, E. Rosenberg, H. Clarke, J.-F. Saucier, C. Sterlin, … E. Latimer, *Development and evaluation of a cultural consultation service in mental health*. Report for the Health Transitions Fund (Final Report, project No.QC424).

Médecins Sans Frontières.(2010). *Fact sheet: 42 million people uprooted by war*. Retrieved May 10, 2010, from http://doctorswithoutborders.org/events/refugeecamp/press/MSF%20Canada%20-%20Fact%20Sheet%20-%20Refugee%20and%20IDPs.pdf

Merali, N. (2004). Individual assimilation status and intergenerational gaps in Hispanic refugee families. *International Journal for the Advancement of Counselling, 26,* 21-32. doi: 10.1023/B:ADCO.0000021547.83609.9d

Merali, N. (2008). Social conditions and refugee mental health before and after migration. In M. Zimmerman (Ed.), *Political refugees: Social conditions, health, and psychological characteristics* (pp.1-31). New York: Nova Science Publishers.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco: Jossey-Bass.

Mghir, R., Freed, W., Raskin, A., & Katon, W. (1995). Depression and posttraumatic stress disorder among a community sample of adolescent and young adult Afghan refugees. *Journal of Nervous and Mental Disease, 183,* 24-30.

Miller, J., Mitchell, J., & Brown, J. (2005). African refugees with interrupted schooling in the high school mainstream: Dilemmas for teachers. *Prospect, 20,* 19-33.

Mollica, R. F. (2006). *Healing invisible wounds: Paths to hope and recovery in a violent world.* Orlando, FL: Harcourt Inc.

Nadeau, L., & Measham, T. (2005). Immigrants and mental health services: Increasing collaboration with other service providers. *The Canadian Child and Adolescent Psychiatry Review, 14,* 73-76.

National Center for Cultural Competence (2004). *Bridging the cultural divide in health care settings: The essential role of cultural broker programs*. Retrieved September 26, 2009 from http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf

National Child Traumatic Stress Network Refugee Trauma Task Force. (2003). Review of Child and Adolescent Refugee Mental Health White Paper. Retrieved September 26, 2009 from http://www.nctsnet.org/nctsn_assets/pdfs/reports/refugeereview.pdf

Oikonomidoy, E. (2007). “I see myself as a different person who [has] acquired a lot…”: Somali female students’ journey to belonging. *Intercultural Education, 18,* 15-27. doi: 10.1080/14675980601143611

O’Shea, B., Hodes, M., Down, G., & Bramley, J. (2000). A school-based mental health service for refugee children. *Clinical Child Psychology and Psychiatry, 5,* 189-201. doi: 10.1177/1359104500005002004

Owen, C.L., & English, M. (2005). Working together as culture brokers by building trusting alliances with bilingual and bicultural newcomer paraprofessionals. *Child Welfare, 84,* 669-688.

Paardekooper, B., de Jong, J.T.V.M., Hermanns, J.M.A. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: An exploratory study. *Journal of Child Psychology and Psychiatry, 40,* 529-536. doi: 10.1111/1469-7610.00471

Padilla, A. M. (2006). Bicultural social development. *Hispanic Journal of Behavioral Sciences, 28,* 467-497. doi: 10.1177/0739986306294255

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., Yule, W., Smith, P., & Vostanis, P.(2000). War trauma and psychopathology in Bosnian refugee children. *European Child & Adolescent Psychiatry, 9,* 84-90. doi: 10.1007/s007870050002

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.).Thousand Oaks, CA: Sage.

Phinney, J. (1989). Stages of ethnic identity in minority group adolescents. *Journal of Early Adolescence, 9,* 34-49. doi: 10.1177/0272431689091004

Ponterotto, J.G., & Grieger, I. (2007). Effectively communicating qualitative research. *The Counselling Psychologist, 35,* 404-430. doi: 10.1177/0011000006287443

Prendes-Lintel, M. (2001). A working model in counseling recent refugees. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, and C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 729-752). Thousand Oaks, CA: Sage.

Qouta, S., Punamäki, R.L., & El Sarraj, E. (2003). Prevalence and determinants of PTSD among Palestinian children exposed to military violence. *European Journal of Child & Adolescent Psychiatry, 12,* 265–272. doi: 10.1007/s00787-003-0328-0

Raval, H. (2005). Being heard and understood in the context of seeking asylum and refuge: Communicating with the help of bilingual co-workers. *Clinical Child Psychology and Psychiatry, 10,* 197-216. doi: 10.1177/1359104505051211

Redfield R., Linton R., Herskovits M.J. (1936). Memorandum for the study of acculturation. *American Anthropologist, 38* 149-152.

Richards, L. & Morse, J.M. (2007). *Read me first for a users guide to qualitative methodology.* (2nd ed.). Thousand Oaks, CA: Sage.

Rossiter, M., & Rossiter, K. (2009). *Immigrant youth and crime: stakeholder perspectives on risk and protective factors.* (Working paper no. WP02-09). Prairie Metropolis Centre Working Paper Series. Retrieved from pcerii.metropolis.net/WorkingPapers/WP0209.pdf

Rothe, E.M., Lewis, J., Catillo-Matos, H., Martinez, O., Busquets, R., & Martinez, I. (2002). Posttraumatic stress disorder among Cuban children and adolescents after release from a refugee camp. *Psychiatric Services, 53,* 970-976.

Rousseau, C., Drapeau, A., & Corin, E. (1997). The influence of culture and context on the pre- and post-migration experience of school-aged refugees from Central America and Southeast Asia in Canada. *Social Science and Medicine, 44,* 1115-1127. doi: 10.1016/S0277-9536(96)00243-2

Roxas, K. (2008). Who dares to dream the American dream? The success of Somali Bantu male students at an American high school. *Multicultural Education, 16,* 2-9.

Rueda, R., & Genzuk, M. (2007). Sociocultural scaffolding as a means toward academic self-regulation: Paraeducators as cultural brokers. *Focus on Exceptional Children, 40,* 1-8.

Sack, W.H., Him, C., & Dickason, D. (1999). Twelve-year follow-up study of Kmer youths who suffered massive war trauma as children. *Journal of the American Academy of Child and Adolescent Psychiatry, 38,* 1173-1179. doi:10.1097/00004583-199909000-00023

Seat, R. (2000). *Factors affecting the settlement and adaptation process of Canadian adolescent newcomers 16-19 years of age*. Toronto: Family Services Association of Metropolitan Toronto. Retrieved September 26, 2009 from http://atwork.settlement.org/sys/atwork_library_detail.asp?passed_lang=EN&doc_id=1002325

Singh, N.N., Mckay, J.D., & Singh, A. (1999). The needs of cultural brokers in mental health services. *Journal of Child & Family Studies, 8,* 1-10. doi: 10.1023/A:1022949225965

Smith, P., Perrin, S., Yule, W., & Rabe-Hesketh, S. (2001). War exposure and maternal reactions in the psychological adjustment of children from Bosnia-Herzegovina. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 42,* 395–404. doi:10.1017/S0021963001007065

Sourander, A. (1998). Behavior problems and traumatic events of unaccompanied refugee minors. *Child Abuse and Neglect: The International Journal, 22,* 719-727. doi:10.1016/S0145-2134(98)00053-2

Stake, R. E. (1981). Case study methodology: An epistemological advocacy. In W. W. Welsh (ed.), *Case study methodology in educational evaluation*. Minneapolis: Minnesota Research and Evaluation Center.

Stake, R. E. (1995). *The art of case study research*. London: Sage.

Stake, R.E. (1998). Case studies. In N. Denzin & Y. Lincoln (Eds.), *Strategies of qualitative inquiry.* Thousand Oaks, London, New Delhi: Sage.

Starks, H., & Trinidad, S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*, 1372-1380. doi: 10.1177/1049732307307031

Summerfield, D. (2000). Childhood, war, refugeedome and 'trauma': Three core questions for mental health professionals. *Transcultural Psychiatry, 37,* 417-433. doi:10.1177/136346150003700308

Szente, J., Hoot, J., & Taylor, D. (2006). Responding to the special needs of refugee children: Practical ideas for teachers. *Early Childhood Education Journal, 34,* 15-20. doi: 10.1007/s10643-006-0082-2

Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S.Worchel &W. G. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago: Nelson-Hall.

Terr, L.C. (2003). Childhood traumas: An outline and overview. *Focus: The Journal of Lifelong Learning in Psychiatry, 1,* 322-334.

Tousignant, M., Habimana, E., Biron, C., Malo, C., Sidoli-LeBlanc, E., & Bendris, N. (1999). The Quebec adolescent refugee project: Psychopathology and family variables in a sample from 35 nations. *American Academy of Child and Adolescent Psychiatry, 38,* 1426-1432. doi:10.1097/00004583-199911000-00018

Tribe, R. (2002). Mental health of refugees and asylum-seekers. *Advances in Psychiatric Treatment, 8,* 240-248.

United Nations High Commissioner for Refugees. (2007). *Basic facts: Refugees by numbers as of 2006*. Retrieved September 26, 2009, from http://unhcr.org.ua/main.php?article_id=83&view=full

United Nations High Commissioner for Refugees. (2010). *2009 global trends: Refugees, Asylum-seekers, returnees, internally displaced and stateless persons*. Retrieved June 23, 2010, from http://www.unhcr.org/4c11f0be9.html

UNICEF (1996) *The State of the World's Children*. Published for UNICEF by Oxford University Press, Oxford.

UNICEF. (2002). *Adult wars, child soldiers: Voices of children involved in armed conflict in the east Asia and pacific region*. Retrieved September 26, 2009, from http://www.unicef.org/media/publications/adultwarschildsoldiers.pdf

Wilkinson, L. (2002). Factors influencing the academic success of refugee youth in Canada. *Journal of Youth Studies, 5,* 173-193. doi: 10.1080/13676260220134430

Yakusho, O., Watson, M., & Thompson, S. (2008). Stress and coping in the lives of recent immigrants and refugees: Considerations for counselling. *International Journal for the Advancement of Counselling, 30,* 167-178. doi: 0.1007/s10447-008-9054-0

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). London: Sage.

Yohani, S.C. (2010). *Challenges and opportunities for educational cultural brokers in facilitating the school adaptation of refugee youth* .(Working paper no. WP10-05). Prairie Metropolis Centre Working Paper Series. Retrieved from http://pcerii.metropolis.net/WorkingPapers/WPTemplate%5B2%5D.docxYohani.pdf

Appendix A:

Research Information Sheet and Consent Form
Research Study Title: Educational Cultural Brokers and Refugee Youth's Mental Health

Dear Participant,

My name is Novjyot Brar and I am a Masters student in the Department of Educational Psychology at the University of Alberta. As part of my degree requirements, I am conducting a research the role that educational cultural brokers play in supporting refugee youth's mental health. One goal of the project is to explore the collaboration between mental health practitioners and cultural brokers. I would like to invite you to participate in this study. All information about your experiences of collaborating with mental health practitioners will be gathered by an individual interview of approximately 60-90 minutes. All interviews will be audio-recorded and transcribed by me. You will also be asked to review information from individual interviews for verification and to ensure accurate representation.

All of the information that you share in this project will be handled in compliance with University of Alberta standards of ethical practice that include maintaining anonymity and security of data in password protected electronic files and locked filing cabinets. I will provide a written and verbal report to you when the project is completed. Project results may also be published in articles and presented to individuals who could benefit from this research, such as resettlement workers and mental health professionals. This project is under the supervision of Dr. Sophie Yohani.

This study has no bearing on your performance at work and participation is completely voluntary. Once you have agreed to participate in the study, you will be reminded at various points that your participation is voluntarily and you are able to withdraw at any time prior to the thesis being submitted for defense. All participants will have access to information regarding the stages of the research project through regular contact and updates. I can also be contacted to answer questions at any time and you can choose to opt out or withdraw all or part of your material from the study without consequence. All participants' names will be kept anonymous by using pseudo names and removing identifying items that could possibly be traced back to you. Because material from individual interviews will be collapsed into themes, individual stories may be less apparent in the results of the study. In the case of any discomfort or concerns regarding this study, you will be provided with a contact list of mental health practitioners that will be available to discuss any personal questions or concerns that may arise including referrals for personal counselling, as needed.

The plan of this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participants rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751. Dr. Sophie Yohani can be contacted at (780) 433-5899. Thank you for your consideration.

Sincerely,

Novjyot Brar Masters Student
Department of Educational Psychology, Faulty of Education, University of Alberta
E-mail: novjyotj@ualberta.ca Phone: (780) 244-4833

Appendix B:

INDIVIDUAL INTERVIEW GUIDE

Educational Cultural Brokers

Sample Questions:

1. What are some mental health related concerns that appear in your work with refugee adolescents?
2. Could you expand on some of the difficulties youth and families experience in accessing mental health services?
3. How do cultural brokers and mental health professionals collaborate?
4. What roles does the broker engage in?
5. What are the limitations that hinder the broker's ability to support the mental health of refugee youth?

Specific Questions for the Brokers:

1. What type of training have you received regarding mental health? What additional training would assist you with your work?
2. What are the common mental health referrals you make?
3. What are some of the challenges of working with mental health problems?

Participants will be asked to clearly and descriptively recount two important experiences of collaborating in a counselling context.

Sample Probe Questions:
Please described the context in which the situation took place?
Who was present during the incident?
What did you do during the incident?
What did others involved in the incident do?
What was the most challenging aspect of the incident?
What was the most helpful aspect of the incident?
What did you learn about collaborating from the incident?

INDIVIDUAL INTERVIEW GUIDE

Mental Health Practitioner

Sample Questions:

1. Could you expand on some of the difficulties youth and families experience in accessing mental health services?
2. What are some of the barriers you experience in providing mental health services to refugees?
3. What are the avenues in which refugee youths are referred to you?
4. Describe your experience working with cultural brokers? Could you describe 2 cases of a typical collaboration with a broker?
5. How do brokers enhance or hinder the services you provide to refugee youth?
6. In your opinion, what facilitates the collaboration? What hinders the collaboration?
7. What are some words of wisdom you would provide to a mental health practitioner interested in collaborating with a broker?

I will also ask for 3-4 examples of cases you worked on. Typically I will be looking for the following information:

Please described the context in which the situation took place?
Who was present during the incident?
What did you do during the incident?
What did others involved in the incident do?
What was the most challenging aspect of the incident?
What was the most helpful aspect of the incident?
What did you learn about collaborating from the incident?

Appendix C:

Consent Form

Research Study Title: Educational Cultural Brokers and Refugee Youth's Mental Health

I _____________________________ (name), have reviewed the project information sheet, I understand that my involvement is completely voluntary and I may withdraw from the project at any time. With this information, I **consent** to participate in the project on *Educational Cultural Brokers and Refugee Youth's Mental Health.*

________________________________ ______________________

Participant signature Phone number

____

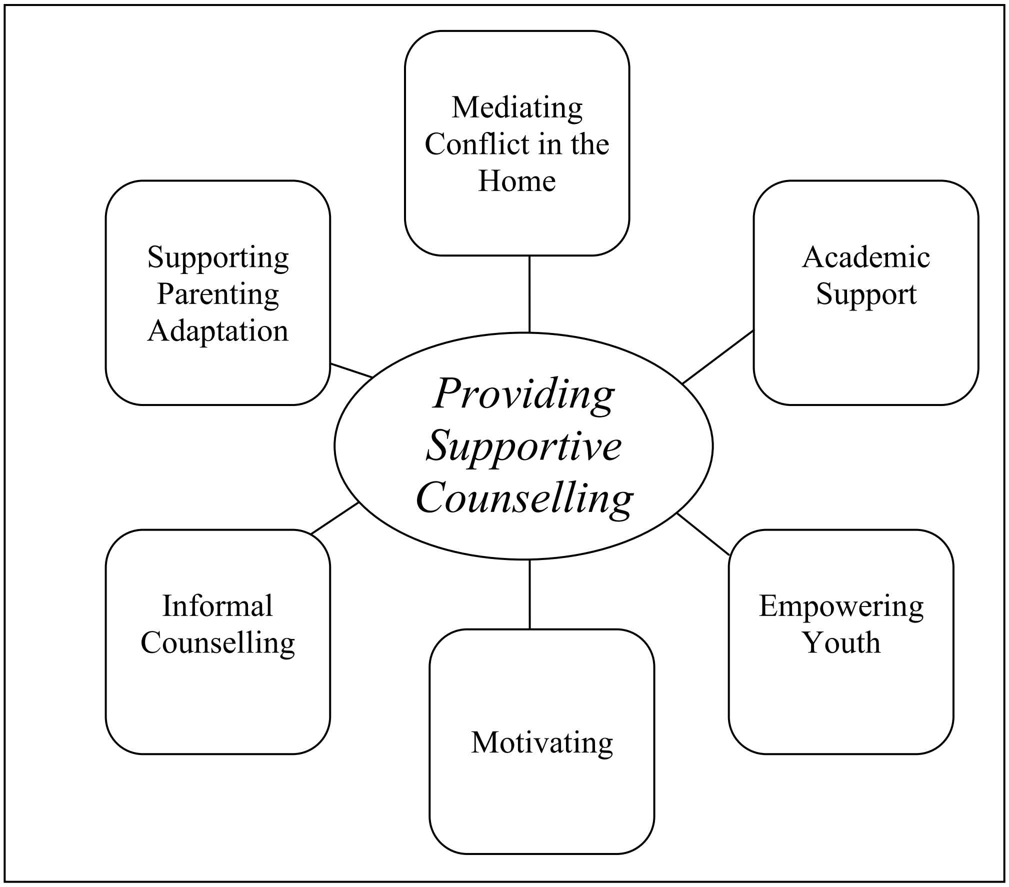
Date

Note: Two copies are presented for signature, one to be left with you (the research participant) and one to be kept by the researcher.

Appendix D:

Data Analysis: Visual Representation of Code-Theme Analysis (Example)

Informal Supports


Mediating Conflict in the Home
Supporting Parenting Adaptation
Academic Support
Providing Supportive Counselling
Informal Counselling
Empowering Youth
Motivating

Appendix E:

Discussion Guide for Counsellor-Broker Collaborations

Questions to ask when assessing broker's knowledge of mental health services	- What are your experiences with mental health services? - How do you go about referring someone to mental health services? - What mental health resources are you aware of? - How familiar are you with the mental health services we provide at this agency? - How comfortable do you feel explaining the counselling process to newcomers?
Questions to ask when a broker refers a client	- What are the client's concerns? - Has the client received counselling in the past? - How receptive is the client to receiving counselling? - What other supports is the client accessing? - What is the client's understanding of counselling?
Questions to ask in relation to cultural interpretation	- What cultures are you familiar with? - Is there anything that you think is helpful to know about this culture? - Is there anything that could be culturally inappropriate? - Are there any nonverbal cues or gestures that I should be aware of? - How is the client's problem perceived and treated within this culture?
Questions to ask in relation to contextual information	- Is there anything that I should know about this child? - Is there anything that I should know about the family? - Is there anything that I should know about their pre-migration experiences? - What type of challenges does this client have? - What type of resources does this client have?
Questions and comments that would promote communication between practitioner and broker	- Is there anything you would like to talk to me about before the session? - How was that session for you? - Was there anything that surprised you about the session? - Is there anything I can clarify about today's session? - Feel free to talk to me afterwards. - I was wondering about your perspective on ___