COVID-19 and Refugee and Immigrant Youth: A Community-Based Mental Health Perspective
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COVID-19 and Refugee and Immigrant Youth: A Community-Based Mental Health Perspective

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In this article, we comment on the experience of the Kovler Center Child Trauma Program (KCCTP) following the March 21, 2020, shelter at home order in Chicago due to COVID-19. The KCCTP is a program of Heartland Alliance International that was founded in 2018 to provide community-based mental health and social services to immigrant and refugee youth and families who have experienced trauma. COVID-19 temporarily closed the doors of the center, suspending provision of in-person services in the community, and the program was forced to become remote overnight. The KCCTP rapidly transitioned to providing accessible information, active outreach, extensive case management, and flexible delivery of teletherapy and online psychosocial support, finding that attending to structural barriers and basic needs was crucial to family engagement and therapeutic success. Ongoing challenges include technological proficiency and access to computers, Internet, and private spaces.

Keywords: COVID-19, coronavirus, refugee, migrant, youth

Research has documented that 50%-90% of refugee children experience symptoms of posttraumatic stress (Lustig et al., 2004) due to premigration trauma that can be exacerbated by acculturative stress during the resettlement process. Refugee families often prioritize economic survival, have a future-focused orientation, and may be reluctant to seek mental health care for their children due to mental health stigma and the tendency for treatment to center around past difficulties (Ellis, Miller, Baldwin, & Abdi, 2011). As a result, refugee mental health programs for children tend to focus on strengths and resilience and situate clinical interventions within a network of supportive case management and coordination with other providers like schools (Birman et al., 2008).

The Kovler Center Child Trauma Program (KCCTP) of Heartland Alliance International was founded in 2018 to provide community-based mental health and social services to such immigrant and refugee youth and families. Although the main aim of the program is to provide culturally adapted, evidenced-based trauma-informed therapy, these clinical services are supported by extensive outreach and case management including transportation and food assistance, accessing health insurance and public benefits, navigating educational systems, connecting to legal services, and writing psychological affidavits for asylum claims. Prior to COVID-19, the comprehensive, culturally and linguistically responsive program had served families who migrated from 24 countries and who spoke 24 unique languages.

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Effects of Pandemic on Refugee Youth and Families

Pandemics such as COVID-19 have population-level mental health effects, with vulnerable groups such as migrants (Qiu et al., 2020) having a greater mental health risk (Morganstein, Fullerton, Ursano, Donato, & Holloway, 2017). Quarantines, and other social distancing measures, although important, come with the potential for substantial mental health and psychosocial effects (Brooks et al., 2020). Key factors that exacerbate these effects include boredom, isolation, inadequate supplies, lack of information, financial concerns, and disease-related stigma (Brooks et al., 2020). Refuges and immigrants in the United States, especially those who are low-income and undocumented, may not have health insurance or access to primary care providers, face critical language and technology barriers limiting access to hospital or telehealth services and remote schooling, and are excluded from government relief packages (Page, Venkataramani, Beyrer, & Polk, 2020). Many are part of minority groups that, due to entrenched systemic inequalities, are disproportionately represented among the sick and dying, work in industries that continue to put them at elevated risk, and...
are particularly hard hit by the economic consequences (Page et al., 2020; Yancy, 2020).

Among the children and families served by the KCCTP, we found that many parents were laid off and had a difficult time accessing resources such as unemployment insurance, leading to food and housing insecurities. Despite this shared experience, we also found that awareness and concern regarding COVID-19 varied across families. In terms of psychological effects, clinical staff witnessed increased worry and anxiety among families. Social distancing measures and the closing of schools and places of work also meant increased boredom and isolation as well as reduced daily structure, negatively affecting overall functioning of children and youth. At the same time, clinicians noted that having experienced violence and war prior to migration, families showed resilience while adapting to the current crisis.

Providing Services to Traumatized Refugees During the Pandemic

The KCCTP staff conceptualized providing services in the midst of the pandemic crisis as starting with “psychological first aid” (Brymer et al., 2006; International Federation of Red Cross and Red Crescent Societies, 2020; World Health Organization, 2011). This included providing information and reassurance, helping establish safety, and meeting basis survival needs.

Information

In the initial stages of the response, the KCCTP prioritized the rapid identification and dissemination of accessible and accurate information. Staff identified materials in the various languages of the refugee families and distributed them via text messages and WhatsApp, the preferred method for the majority of families. In addition to information about COVID and the shelter at home measure, families were also provided needed information about resources for their immediate needs, such as food pantry programs, school lunches, and rent relief.

Active Outreach

Given the quick pace of the shutdown orders, staff made sure to maintain engagement with youth and families by making proactive outreach efforts. With in-person services suspended, within the first week of shelter at home, clinicians checked in with all families and initiated more frequent regular check-ins with families via text, phone, or video conference to assess well-being and mitigate effects of isolation.

Extensive Case Management

In this initial period, staff also shifted efforts to providing extensive case management services to facilitate access to health insurance; public and unemployment benefits; and coordinating with schools, English as a second language, and other service providers. The Kovler Center has also created a donation and distribution process for emergency financial assistance to mitigate these hardships.

Telemedicine and Online Communication

To maintain contact with families and particularly with younger children, staff used exercise videos, guided relaxation and meditations, educational activities, and guides for caregivers on having conversations with their children about the pandemic and processing emotions. The KCCTP clinicians also created videos of themselves guiding these activities and began to run group video calls for youth of similar age and language to provide further avenues for social connectedness. Another activity was reading storybooks with children with reassuring mental health or COVID-19 themes using telehealth technology. Over time, some clinicians were able to use video telehealth platforms to continue treatment modalities such as trauma-focused cognitive–behavioral therapy in a fashion similar to that for in-person services. However, for all these activities, limitations continue to exist due to these families’ not all having computers or access to the Internet and having limited technology proficiency, impeding the use of video technology. Phones have bridged this gap, but they come with their own challenges, such as maintaining attention, difficulty assessing affect and functioning, and reducing speed and accuracy of language interpretation. Additionally, many youth share rooms or live doubled up with other families, making privacy a challenge.

Conclusion

In the face of potential long-term disruption due to COVID-19, the KCCTP continues to learn and adapt. The structure of the KCCTP as a flexible and comprehensive services model lent itself well to addressing immediate needs during the crisis. Most recently we have introduced a brief assessment tool of COVID-19’s effects on the mental health, access to resources, and social connectedness of the youth in our program to inform further planning. Nevertheless, two things are already clear. The first is that this pandemic highlights entrenched inequalities in health, education, and economic opportunity and the effects of racism and xenophobia through COVID-19’s disproportionate harm to minorities and vulnerable populations such as the refugee and immigrant youth and families in our program. The second is the importance of mitigating the harm done by those inequalities through access to information, basic needs, services, and advocacy. Without proper attention to these socioeconomic and structural factors, successful engagement with families focused on survival will be difficult, and the benefits of traditional psychotherapeutic approaches will be dampened by the day-to-day struggle of meeting basic needs.

References


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