

Art and Play Based Therapy for Refugee Children and Families

Yu Jier Kou - Kingston Community Health Centres, Immigrant Services of Kingston and Area

Purpose:

Enhancing the mental health and well-being of refugee children and their families in Kingston and other Canadian cities through innovative Art and Play-Based Therapy program interventions.

Introduction:

Since 2015, the City of Kingston has welcomed more than 400 individual refugees.

- 2/3 of the individuals list Syria as their country of origin
- Approximately half are under 18 years of age

Why do we need to provide mental health support for newcomer children?

- The United Nations High Commissioner of Refugees (UNHCR) reported a high prevalence of mental health conditions among children and youth ages 5 - 17
- Much of the population has experienced some form of trauma including losing family members, witnessing or being subjected to violent acts, separation from family or suffering from conflict-induced physical abilities
- Refugee children are at a disproportionate risk for developing mental health disorders such as Post-Traumatic Stress Disorder (4.5% - 89.3%) and anxiety and depression symptoms

Method:

21 children and 9 parents/guardians received eight 1.5 hour sessions of Art or Play-Based Therapy facilitated by a registered Therapist.

Goals of Therapy

- Enhance feeling identification and expression
- Improve general mental health and wellbeing
- Build resilience
- Educate children and their parents on appropriate and safe expression of emotions
- Develop an informal support network for families

Referral Process

- Participants were referred from schools as well as internal referrals from Settlement Workers
- Refugee children ages 7 - 12 identified as high risk (visible distress, hyperactivity, reported problems at school, etc.) were recruited for this project

Activities

- Clay and poetry
- Body charts and feelings
- Poster about what makes us feel Canadian
- Building safe spaces out of popsicle sticks
- Mask-making out of plaster

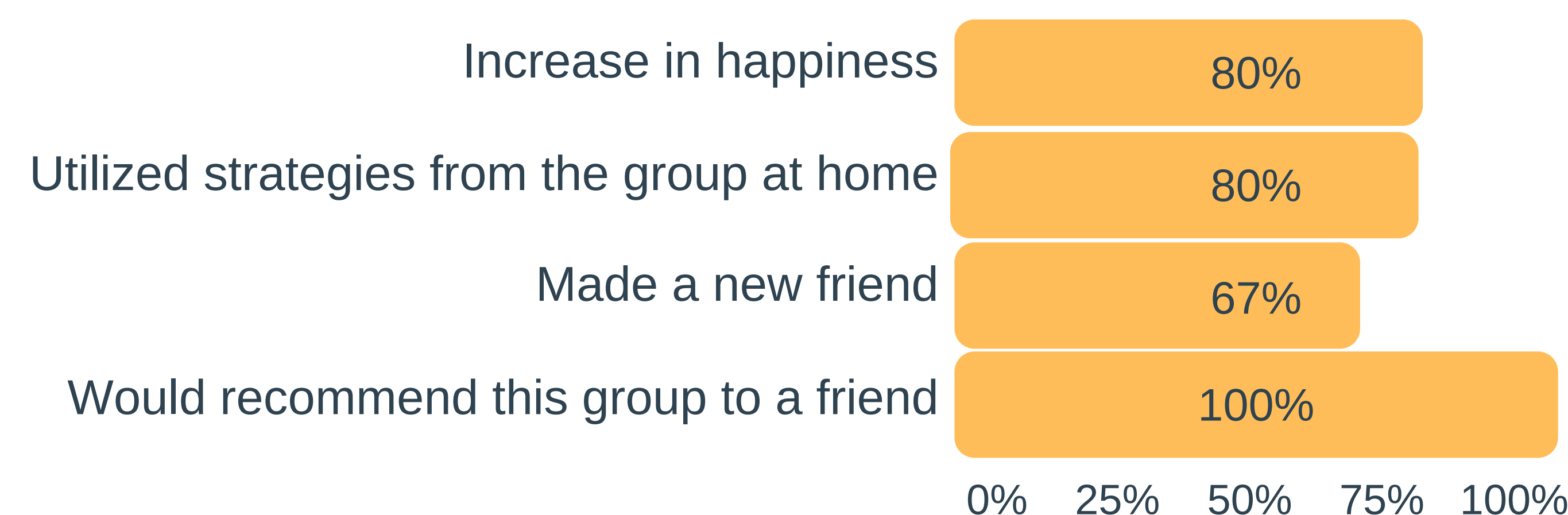
All activities focused on identifying emotions and feelings of belonging.

Results:

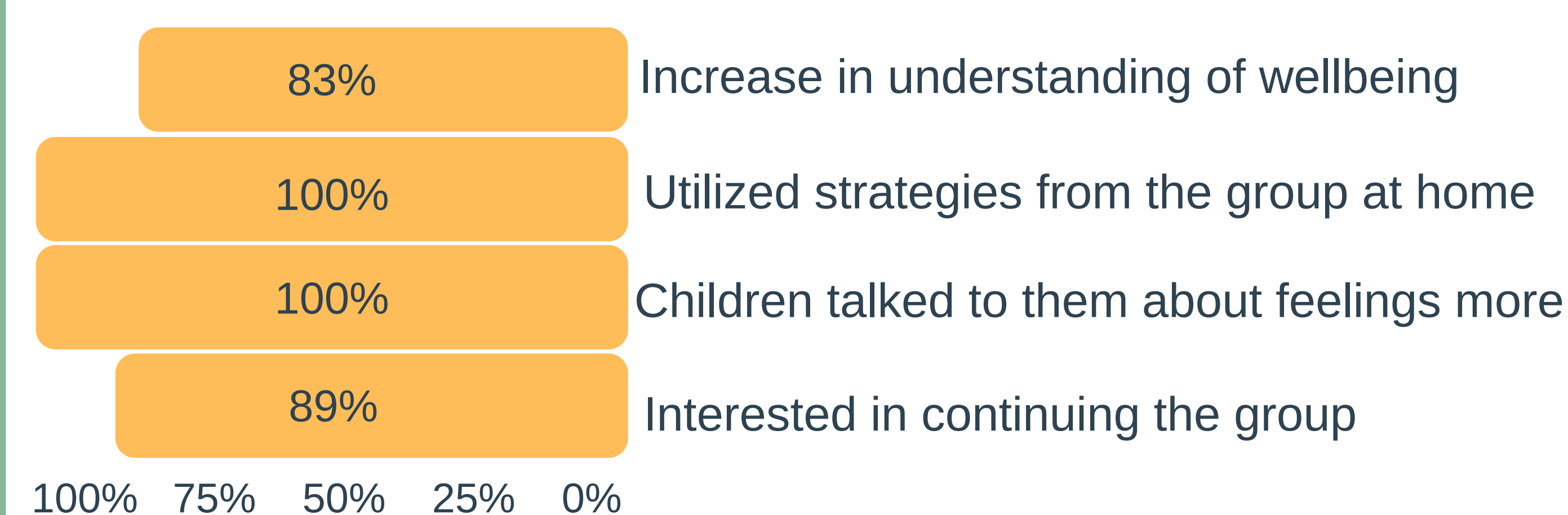
In the therapists' opinion, the children had developed increased:

- Communication skills using feeling words
- Confidence and self-efficacy
- Family engagement

In the three month follow up, the children reported:



In the three month follow up, the parents/guardians reported:



Challenges and Best Practices:

Difficulty for facilitator to build a therapeutic relationship while acting as a disciplinarian
Increase parental attendance and involvement
Let the therapist build rapport while others take different roles
Create safe and neutral space
Lower the child to adult ratio

Lack of parental involvement
Use social media to engage parents
Transportation/food/interpretation/childminding support
Accessible location and space
Opportunities to practice official languages
Careful scheduling around competing priorities
Community outreach event

Careful and intentional language use
Art and play as a nonthreatening medium of therapy
Nonjudgmental/safe space
Confidentiality policy
Stigma towards mental health supports

Conclusion:

- Art and play based therapy seem to be an effective form of therapy to enhance the mental health and wellbeing of refugee children and their families
- Participants were satisfied with the 8 week program and wished to continue
- The demand for art and play based therapy intervention appears to be high
- More research needs to be done to determine the longevity of these results as well as increasing the number of participants and groups in order to increase statistical power

Recommendations:

- 1 Widen or remove the age requirements to serve all demographics
- 2 Explore the Art Hive model as a cost-effective continuation of the group
- 3 Require parents or guardians to attend the group alongside their children
- 4 Match Youth Mentors with each child to ensure they receive individual attention
- 5 Use social media to keep the parents or guardians involved and engaged
- 6 Implement multiple short and physically active activities with the children

References:

Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle, 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(1), 4–19. doi: 10.1080/13623690802568913

United Nations High Commissioner for Refugees. (2013). At a glance: Health data for Syrian refugees Iraq, Jordan and Lebanon. Retrieved September 30, 2019, from <https://data2.unhcr.org/fr/documents/download/40686>.

Acknowledgements:



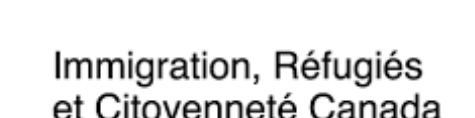
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