

September 24, 2024

# Addressing the Mental Health Needs of Unaccompanied Afghan Minors (UAMs)

## Key Research Findings

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**switchboard**  
connecting resettlement experts



# Today's Speakers



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System

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# Learning Objectives



By the end of this session, you will be able to:



## **EXPLAIN**

the importance of equitable mental health services for Unaccompanied Afghan Minors (UAMs)

## **IDENTIFY**

the unique challenges and protective factors of UAMs and how they differ from the general Unaccompanied Refugee Minor (URM) population

## **NAME**

the culturally informed strategies that address the needs of UAMs at the caregiver, provider, and research levels

## **DESCRIBE**

the implications of the research findings about UAMs for policymakers and practitioners



# **The Importance of Equitable Mental Health Services for UAMs**

Research Project Background

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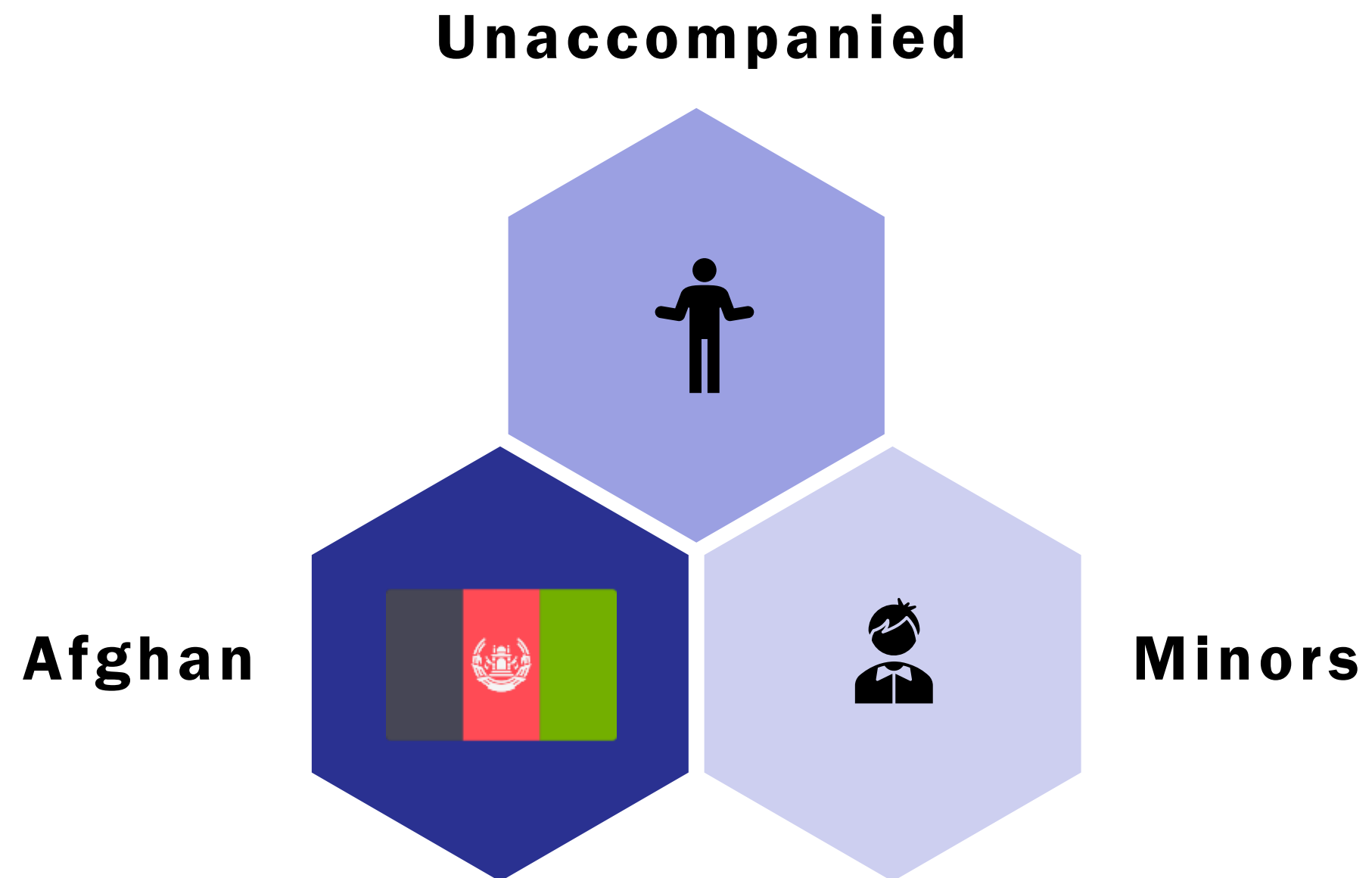
**What is your role in working with unaccompanied youth?**

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# Who Are Unaccompanied Afghan Minors?



## Overview





# Common Adverse Outcomes for URMs

As a Result of Negatively Impacted Mental Health

**Post-Traumatic  
Stress Disorder  
(PTSD)**



**Anxiety**

**Depression**

**Behavioral Health  
Challenges**

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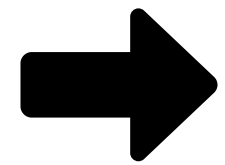


**What are some signs of negatively impacted mental health you have experienced when working with UAMs?**

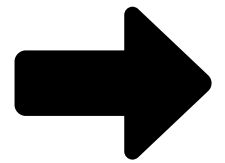
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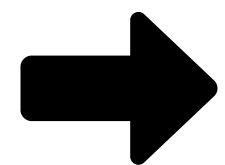
# Project Goals



Assess the needs, strengths, and challenges facing UAMs and their adult caregivers



Summarize known psychosocial consequences of UAMs' forced migration, as well as evidence-based strategies for supporting them



Leverage research to develop a UAM mental health screening tool

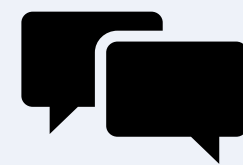
# Methods



Qualitative community-based participatory research (CBPR) methods



Community advisory boards (CABs)



Data collection through free listing interviews and focus groups





# Case Example: Zaki

- Zaki is a 17-year-old UAM who arrived from Afghanistan in October 2021
- He was immediately placed in a shelter
- Zaki's 10+ family members remained in an impoverished area of Afghanistan
- Zaki was involved in many adverse events; struggled with aggressive behavior, poor hygiene, and difficulty sleeping (due to missing family); and left the facility without permission on multiple occasions
- Zaki did not comply with therapy, but medications addressed his mood, sleep, and hygiene
- A transfer was recommended to a higher level of care with more security and resources



2

# **Unique Challenges and Protective Factors of UAMs**

How They Differ from the General  
URM Population

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**What are the most significant concerns you have seen among UAMs that go beyond the challenges typically experienced by URMIs?**

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# URM & UAM

- Unaccompanied
- Care placement
- Integration
- Education
- At risk of Adverse Childhood Experiences (ACES)
- Experience child poverty
- Risk of abuse

# UAM

- Food
- Legal issues / reunification paperwork
- Family separation
- Dari and Pashto language & interpretation access
- Lack of birth certificates
- Financial responsibility for family back home
- Religion / prayer time
- Case management / services outside of URM
- Lack of established community in the United States



# Challenges UAMs Experience

## In Their Own Words



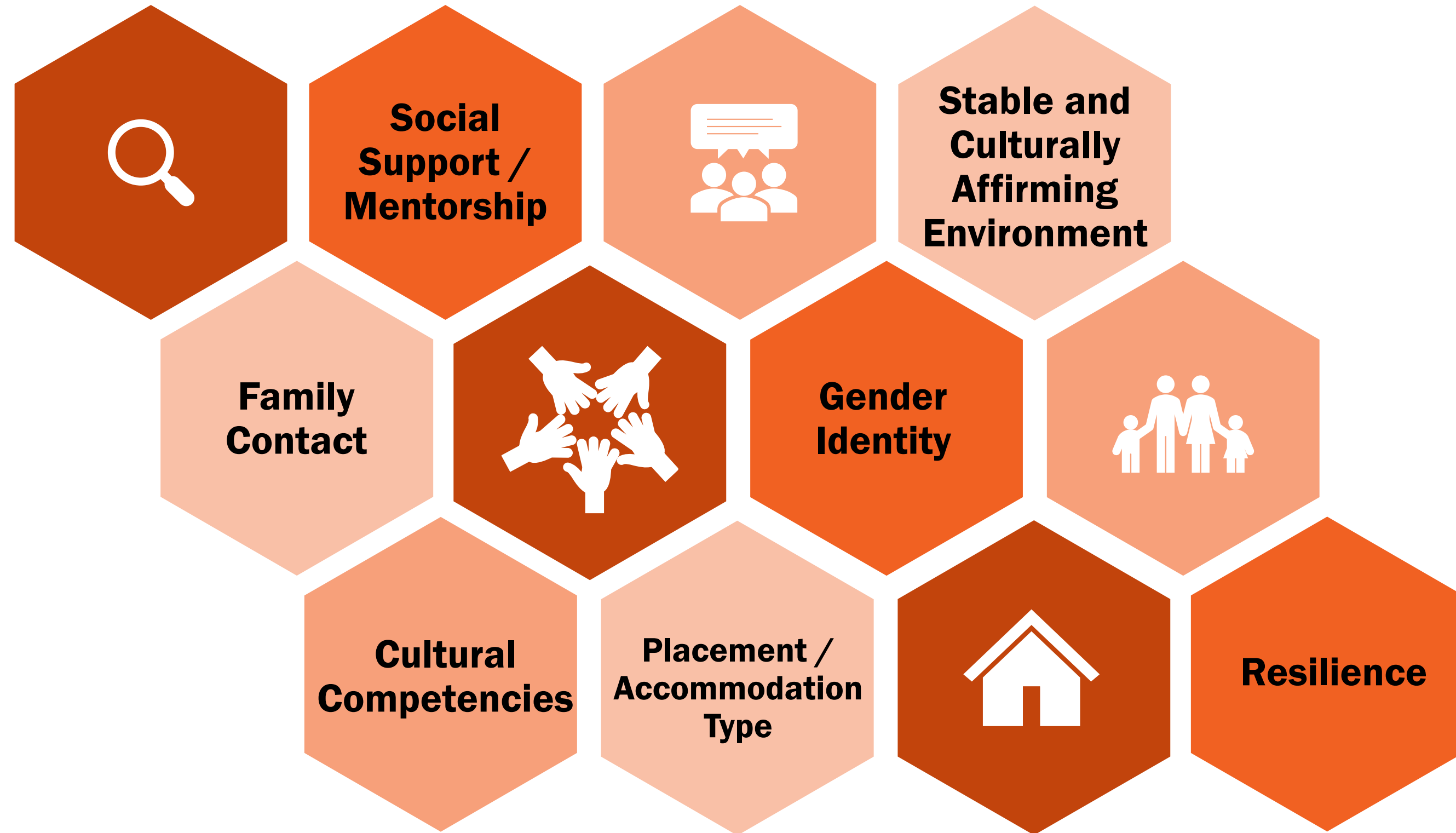
“We went to four places to look for Halal food... sometimes we find [it], other times, we do not find [it]. And, if there is **no Halal food, I won't eat anything.** That was a big problem for us.”

“**I am missing [my family] and sad for them.** I missed them a lot in the initial year, and I was so sad. I was **feeling bored,** [deep] boredom. Now, I feel well after I talk to them on weekends. But still, **I am missing them, and I am sad for them.**”

“When we first came here, we had **some problems with English speaking.** They let us sit with others, but they didn't know what we [were] saying.”

“For us, children and adults, **the sadness, the sadness is that our minds are not relaxed.** Because our parents and family are not with us. They should come here so that our heart won't be uncomfortable.... **Everything is about parents and family.** If my parents come here...we will go to school with full confidence. Our heart and mind will be at ease or comfort.”

# Protective Factors of URM



# Cultural Protective Factors

Identified by UAMs



**Community**



**Activities such as sports**



**Connection to family**



**Gatherings (including religious)**



**Afghan food**



**Patience**





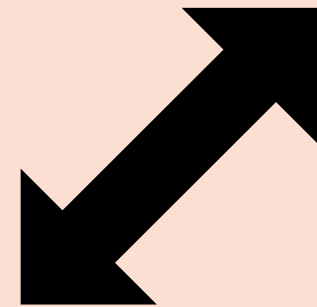
# Sources of Support



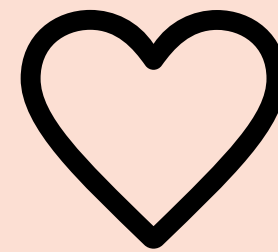
# Strengths of UAMs



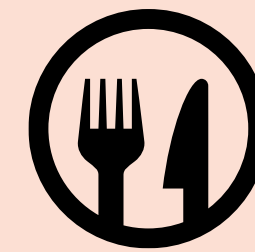
Expressions of Resilience



Growth, Self-Efficacy



Empathy Toward Fellow UAMs



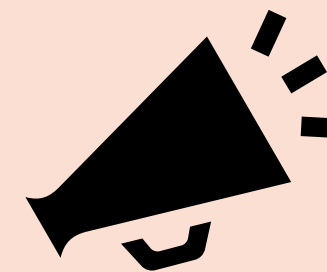
Efforts to Find Halal Food



Optimism



Acknowledging Positives/Milestones



Self-Advocacy

# Resilience of UAMs

## In Their Own Words



“Even until now, I have problems, such as some words [language], or any other things, I have lots of problems. Currently, **I am trying my best.**”

“There were problems in [the] initial days because we didn’t know how to prepare food but, thanks to God, everything is settled now. **Yes, we are [now] preparing food by ourselves.**”

“I can say that when I first came here, I was 16 years old, life was hard for me. I wasn’t able to go out and apply anywhere, and not even study. It was very hard for me. **But slowly, step by step, I made it.**”

“They didn’t show me the way you have to live here, like this, or any other guidance. But though it was hard, **I found my own way and, gratefully, I have a life and I am now being educated.** I have started my studies. I found a school and applied there—a community college. **And, after that, slowly, I have continued my life.**”

# Zaki (continued)

- Developed trusting relationships with facility staff members
- Was prescribed medications and therapeutic treatment
- Began to make encouraging statements reflecting on his past behaviors. Stated, in Dari, “I promise I will behave myself and I will do whatever it takes.”
- Was given more freedom, including the ability to go outside

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**What are some unique protective factors that you seek to put in place for UAM clients?**

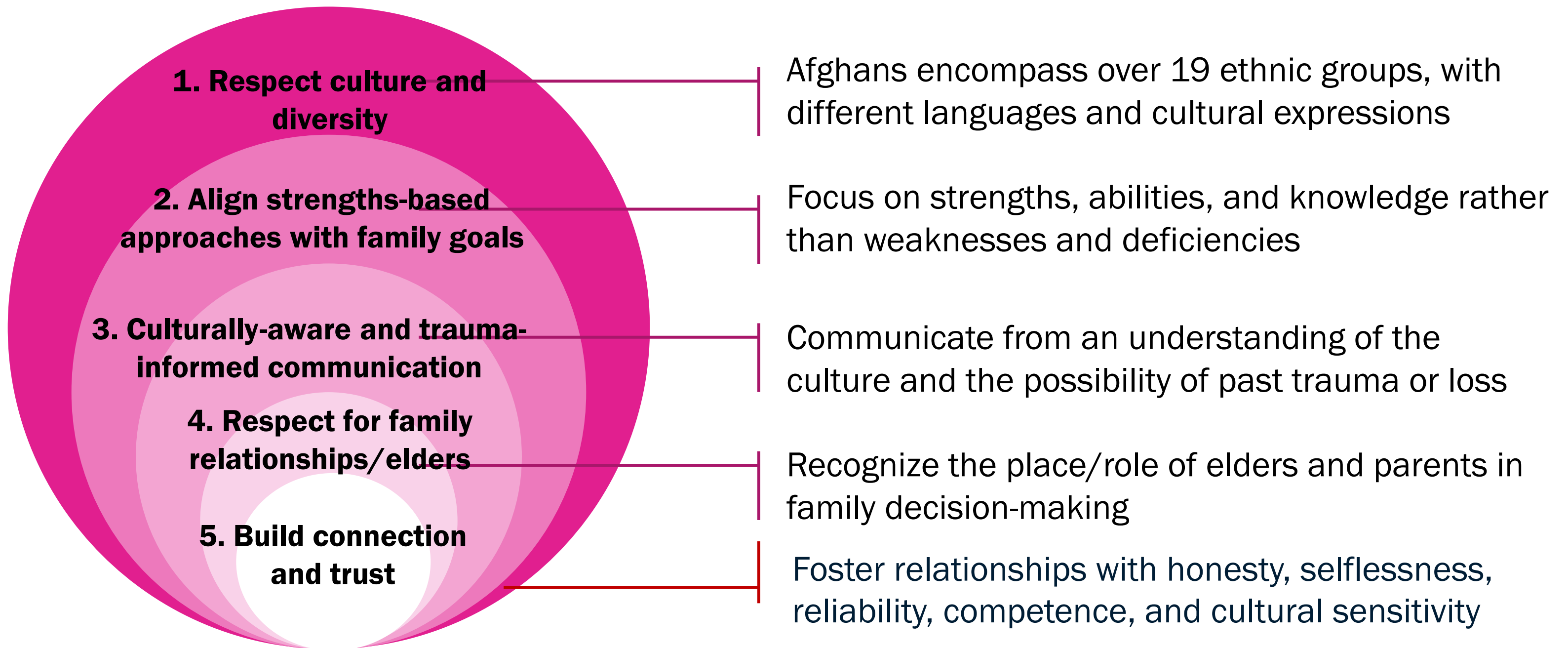
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# **Advancing Culturally Informed Approaches to Address UAM Needs**

# Culturally Informed Approaches



# Culturally Informed Strategies I:

For Research, Care, and Service



## Gestures

- Stand to greet with hand over heart; acknowledge all

## Family & Elders

- Use titles; ask what name or honorific they would like to be called

## Children

- Avoid using children as interpreters or translators

## Culturally Aware Speech

- Recognize diversity of Afghan ethnic groups; be mindful of interpreters and non-discrimination

## Respect

- Engage in active listening, patience, and respectful tone of voice

## Trust

- Observe non-verbal cues (body language, indirect speech, personal space)



# Culturally Informed Strategies II:

For Research, Care, and Service



## Family Culture

- Acknowledge and respect cultural roles, practices

## Family & Elders

- Consider adult-child relationships and decision-making

## Adaptive Skills

- Equip caregivers with skills to normalize children's challenges and adjust to new environment

## Strengths-Based Approach

- Apply existing strengths and strategies to navigate challenges and approach complex issues

## Framing

- Frame actions as steps toward life goals, e.g., education, housing, employment

## Solutions

- Develop essential tasks based on UAM's needs; link all activities to goals

# Culturally Informed Strategies III:

For Research, Care, and Service



## Skills

- Train team to identify and address trauma and grief, and their symptoms

## Biases

- Identify, address, and eliminate bias or stereotypes

## Inclusion

- Be sensitive to Afghan gender roles and gender-appropriate services during training

## Trauma-Informed

- Be prepared for longer-term support, other assistance

## “Do No Harm”

- Uphold the care, consent, and rights of UAMs (they are minors, and still vulnerable)

## Medical Events

- Use official, impartial interpreters, not family

# What Works

According to UAMs



1

Opportunities to celebrate Eid and other Muslim festivals

2

Islamic schools, or sections in school that focus on Islamic studies

3

Opportunities for vacations (to “change our mind a bit in a positive way”)

4

Families or organizations asking UAMs, “What can we do for you?”

5

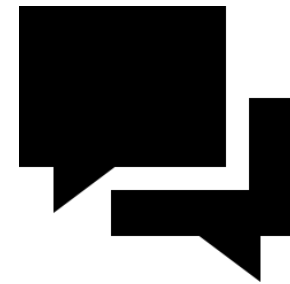
Increased resources and focus on minors specifically

6

More guidance on U.S. culture and environment

# What Works

According to UAMs



*“In general, to help minors who live in America, America should focus more on them. They should care for their education, their studies, and other areas of their lives. Because when I came here, no one helped me. And no one did anything to assist me. No one **showed me the way.**”*

*“They can provide **English classes...** so the school and university studies will be easier for us.”*

*“For example, in America, when someone comes here and they don’t know anything and they don’t know the way, someone **should guide them.** They should show them the way. Such as in school, there are different systems... as we are new to America, we don’t know anything about America... My uncle—he was good. He gave us tours and he guided and showed us the way.”*

# What Works

## According to Caregivers



1

Patience

2

Religious Activities

3

Promoting Connections

4

Halal Food

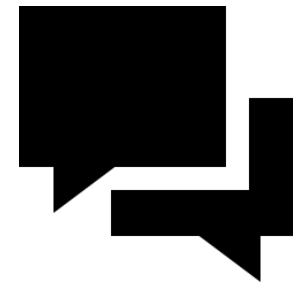
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A Sense of Belonging



# What Works

According to Caregivers



“**Religion** helps them.... Recently Ramadan ended, which has a lot of this calmness it gives you. So things like that: going to Friday prayers together, Islamic principles and values, mosques, more access to cultural institutions.”

“Well... just **being patient** and... knowing what the specific problem is and kind of giving a breakdown on how things work... So just talking to them, **being patient**, giving them time to adjust, and just trying to make sure you adhere to... all the concerns that they may have, whether you're only able to just listen, you know. But that typically helps over the long run.”



“Providing the sense of belonging... taking them to different places, shopping, and also whatever is their favorite sports—playing with them. These are some of the things that could help them in addition, like [being] in school in a way that they can learn quickly, especially the language communication... and also jobs. So keep them busy most of the time with good things so they can learn. And always mostly talking to them and having the parents speak with them and talk to them on a regular basis. These are the things I would say could help the children.”

**– Current Caregiver of UAM**

# What Works

According to Service Providers



1

Practice cultural humility and provide culturally informed services

2

Collaborate with community partners and members

3

Use a holistic approach

4

Find role models and mentors, ideally from the Afghan community

5

Hire Afghan staff

6

Involve the youth in the conversation



# What Works

## According to Service Providers



“**Mentorship and having those positive adults or even just other youth role models**, since they don't, they're here by themselves. They might not, and they might not have communication with their family. Like having some kind of positive role model or mentorship.”

“It's so important to provide **culturally sensitive or faith-based services** to Afghan youth because faith plays a role for most of the youth that I have personally come across. Faith is very important in their lives.”

“... [B]uilding out partnerships, because **no agency and... no one person can do it all on their own...** There's going to be gaps in what we can, as service providers, provide. And so it's like, what partnerships do we want to leverage? And do we want to build out so that we can... **work as a community** here to support these students and all students?”

“Focus on **individuality** as opposed to a general sense of, ‘Well, let's give all these kids the same thing.’”

# Zaki (continued)

- After noticeably improving, he started to deny treatment options
- Unfortunately, he started to regress again
- He increased harmful behaviors to himself and to others around him
- The plan was still to transfer him, but due to his behaviors, language barriers, and approaching the age of 18, he was denied

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**What strategies at the caregiver level and the provider level might benefit Zaki?**

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# Implications

for Policymakers, Practitioners, and Researchers



# Implications

## Policy Makers

- Migrant policies
- Funding
- Capacity building
- Promote integration
- Address social determinants
- Protect human rights

## Service Providers

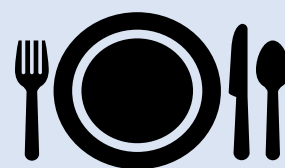
- Culturally sensitive service
- Trauma-informed care
- Use of Afghan staff/training
- Engage to build therapeutic alliance
- Strengths-based/empowerment



## Research

- Community-engaged/empowerment methods
- Culturally validated measures
- Capacity building
- Adequate compensation
- “Do no harm”

# Implications for Policy



- Update/improve policies to support reunification, resettlement, language, and access to care
- Promote and build capacity for community participation, integration, and welcoming practices
- Address and prioritize social determinants (non-medical factors): housing, food, education, and employment
- Ensure diverse choices for access/delivery of care
- Increase funding and resources for programs, health workers, training, and services



# Implications for Research



- Increase Dari/Pashto language mental health screening tools and interventions for UAMs



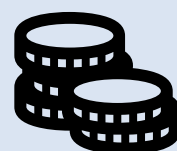
- Use empowerment/community-engaged/participatory research methods



- Apply strategies that recognize vulnerability and past trauma, avoid triggers, and ensure referral for care if needed; “Do no harm”



- Apply cultural sensitivity in communication, approach, and data collection



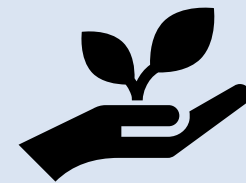
- Recognize and build in adequate compensation for cultural expertise



# Implications for Service and Practice



- Engage in culturally sensitive service: Dari/Pashto language mental health screening tools and interventions for UAMs, cultural imperatives



- Promote advocacy for culturally matched care arrangements and support services



- Prioritize funding and training on trauma-informed care, empowerment and strengths-based approaches



- Employ Afghan staff; invest in training



# Zaki: Conclusion

## What Helped



- Consistency of staff, frequency of visits, constant encouragement and engagement, a plan for self-development, maintaining academics, independence
- Maintained a level of secure attachment with his clinicians and developed more trust in the mental health and resettlement system
- Equitable Service Provision: “As an Afghan-American provider living in Michigan, I felt a change of scenery would benefit most of the patients I was following at this particular shelter. They did not expect to be in locked indoor shelters for months at a time (due to Michigan winters). Resources were scarce for these Afghan children in Michigan. Other states had more resources, a bigger Afghan-American community, and warm weather. Toward the end of my therapeutic relationship with this minor, the patient was accepted to a facility in out West”

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**Based on what you learned today, what additional strategies might you use with Zaki following his transfer of care?**

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**“Because at the end of the day, they all act like teenagers.... I hear horseplaying... joking all the time, you know, doing something they’re not supposed to do. So it is. They’re all teenagers. And once you... understand it all, [they’re] just like any teenager here; they just probably have a different culture, maybe speak a different language, and that’s about it.”**

**— Current Caregiver of UAM**



# Project Next Steps

- What Strategies Support the Mental Health of Unaccompanied Refugee Minors?
- Forthcoming Adapted Mental Health Screening Tool
- Forthcoming Publication(s)





**Questions?**

Type your question in the **Q&A**

# Learning Objectives



You are now able to:

1

## **EXPLAIN**

the importance of equitable mental health services for Unaccompanied Afghan Minors (UAMs)

2

## **IDENTIFY**

the unique challenges and protective factors of UAMs and how they differ from the general Unaccompanied Refugee Minor (URM) population

3

## **NAME**

the culturally informed strategies that address the needs of UAMs at the caregiver, provider, and research levels

4

## **DESCRIBE**

the implications of the research findings about UAMs for policymakers and practitioners



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Scan the QR code or click the link in the chat to access our feedback survey!

- Five questions
- 60 seconds
- Help us improve future training and technical assistance





# Recommended Resources

- [What Strategies Support the Mental Health of Unaccompanied Refugee Minors?](#)
- [USCRI: Post-Resettlement Afghan Behavioral Health Support](#)
- [NRC-RIM: Afghan Curated Mental Health Resources](#)
- [Family Reunification for Afghans](#)
- [ILSAA: Family Reunification Information](#)







# Stay Connected



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