CIPA Capstone Report – Fall 2019

Client: Humanity Crew

Project: Educational Infrastructure in Crisis Zone Settings

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Acknowledgements

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1. Executive Summary

This report is prepared by the CIPA Capstone Team which consists of Anam Amin and Anika Shorna. The Capstone Client is Humanity Crew which is an international non-governmental organization based in Athens and Haifa that specializes in providing mental health support to refugees and people in crisis. The objective of this project is to conduct research on educational infrastructure in crisis zone settings with the goal of finding past and current models that expand the use of school infrastructure beyond education to provide mental health services to refugees. The research question is: "Are there existing models that link educational infrastructure in crisis zone settings to psychological aid for refugees?"

The scope of work initially included both literature review and fieldwork. However, due to immigration issues, the team was unable to travel to Athens; and hence, the project was re-scoped to include literature review and tools for field work. The capstone team believes that the questionnaires developed for fieldwork can be utilized by future capstone teams to enhance their understanding of the project and collect data from the field. Over the course of the project, the team conducted a detailed review of available literature which covered journal articles, fact sheets, new articles, books and research papers. The team also conducted an interview with Children of Peace, Uganda to gain insights regarding their work in the field of mental health and education. Literature review for this project is organized into five key sections. The first three sections provide contextual information on the mental health conditions of refugees and the assistance available to them. The last two sections provide specific information that helps to answer our research question. The five sections of the literature review are as follows: 1) Current mental health state of refugees; 2) Mental health treatments and support available; 3) Interventions targeting improvements in education and health; 4) The importance of schools in the provision of mental health services, 5) Case studies and models that utilize educational infrastructure as therapeutic framework.

The team started its research with the hypotheses that there are currently no models that utilize educational infrastructure to provide mental health services to refugees. The review of existing literature demonstrates that this is in fact true. While the capstone team was able to find some examples where people have tried to link educational infrastructure to psychosocial aid, there

was no evidence of implementation of these projects at a large scale having a widespread impact. It is important to note that not being able to find a model is a finding in itself. Through our research, we were able to identify that there is a gap in the market for mental health support services for refugees. This represents an opportunity for our client, Humanity Crew, to build a model that embodies psychosocial support for refugees into education programming. The work of the capstone team lays the groundwork for building this model.

This research has helped us in identifying facts that provide assurance that educational infrastructure can be successfully utilized to provide mental health services. A study conducted in three school-based health centers treating refugee children in the United Kingdom demonstrated that nearly two-third of the refugee students who were discharged from a school-based health center preferred to see their mental health provider in a school environment rather than a hospital or clinic. In their interviews, the students said that they preferred schools because it gave them a feeling of safety and familiarity. They also talked about how it was difficult and scary to find someone reliable and trustworthy outside. The students also mentioned how their teachers played a positive role in assisting them to seek mental health help which is only possible in a school setting. The results of the study reinforces the belief and confidence in school as a practical and worthy location for mental health services. The research also provides examples of some approaches and method that can be used in school settings to provide mental health support. This report identifies two such approaches and methods. One is the strength-based approach utilized by the Life of Tree team in delivering mental health workshops to mothers and children in schools. This approach was widely appreciated by both mothers and children as it helped them overcome complex emotions. The other approach is a stepwise systematic model that enables teachers to play a role in the mental rehabilitation of their students. This approach entails the teachers to establish a caring environment for students, gather facts about their life experiences and then employ strategies to heal and support them. This model also establishes school as a preferred location for mental services as this is the place where young children spend considerable time and feel safe. Models utilizing educational infrastructure as a therapeutic framework are difficult to find; however, there is convincing evidence that school infrastructure can be successfully utilized for the provision of mental health support for both students and parents.

2. Background and Scope of Work

Humanity Crew is an international organization based in Athens and Haifa that specializes in providing mental health support to refugees and people in crisis. In their own words:

"We are a group of psychiatrists, psychologists and mental health professionals from the Galilee who traveled to Lesbos in November 2015 in response to the Syrian crisis. Following our trip, we established an organization dedicated to the psychosocial support of refugees. Coming from similar social and cultural backgrounds as the refugees, and communicating in the same language, Arabic, we were in a unique position to provide in-depth and sustained support."

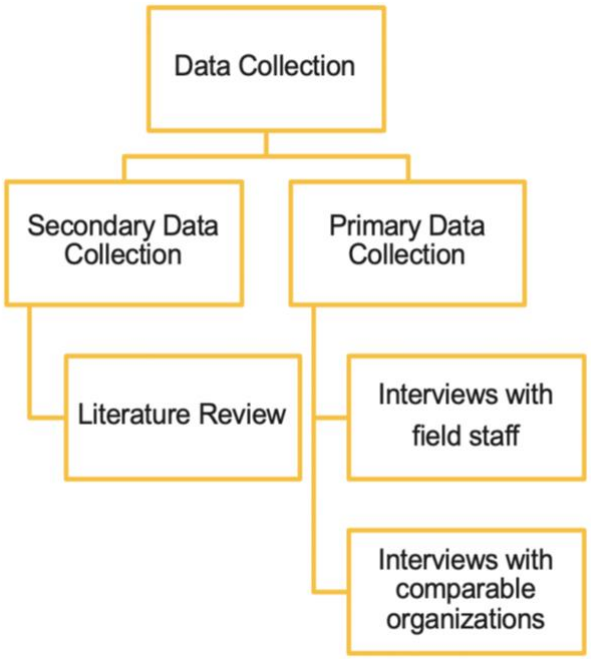
Humanity Crew is interested in exploring how the use of educational infrastructure can be expanded beyond current efforts to provide education to child refugees in crisis zone settings. While education is the primary objective of schools, education infrastructure can also be used to provide structure in the lives of those who have been affected by crisis. Humanity Crew wants to understand more about the ways in which educational infrastructure can be utilized to provide mental health support to refugees in crisis zone settings. In order to build a model for supporting the mental health of refugee children and their families through educational infrastructure, Humanity Crew needs to find out if any such models currently exist or have existed in the past. The capstone team, therefore, was given the task to conduct research on educational infrastructure in crisis zone settings and find answers to the following over-arching research question:

"Are there existing models that link educational infrastructure in crisis zone settings to psychological aid for refugees?"

The scope of work initially included both literature review and fieldwork. However, due to immigration issues, the team was unable to travel to Athens; and hence, the project was re-scoped to include literature review and tools for fieldwork.

3. Data Collection and Methodology

The objective of our project is to conduct research on educational infrastructure in crisis zone settings and to find models that link educational infrastructure to a therapeutic framework. Our initial plan was to collect data from both primary and secondary sources. However, due to unforeseen immigration issues, the capstone team was unable to travel to Athens and hence the project was rescoped to include secondary data collection only. Before the immigration issues arose, the team had already developed data collection tools (questionnaires) for their field research. The team decided to include questionnaires as a part of their report so that these can be utilized by future capstone teams for their field research. The team, however, was able to conduct one interview with a comparable organization named Children of Peace, Uganda. Findings from the interview are reported in section 6 of this report.



The secondary data collection for this project was the review of existing literature. The goal was to find existing educational models which include the provision of mental health to students and their families. As part of the literature review, the capstone team conducted detailed research on 5 aspects listed below.

We believe that the first three aspects of research provides essential background information that is needed to understand the context related to mental health services in crisis zone settings. The last two aspects deal directly with the research question mentioned in section 2. These aspects explore the potential of schools as a possible location for mental health services and seek to find models that link mental health services to educational infrastructure.

1. *Current mental health state of refugees and the need for psychological aid:* The objective was to obtain statistical data on the prevalence and types of mental health issues facing refugees.

2. *Mental health treatments and support available for refugees:* The objective was to obtain information on the preparedness of host countries to tackle mental health problems in refugees and understand the types of treatments that can be provided to vulnerable individuals facing mental health issues.

3. *Interventions for refugees targeting improvements in education and health:* The objective was to gain a sense of what international development agencies and non-profit organizations are doing to address problems faced by refugees in the education and health.

4. *The role and importance of schools as a location for the provision of mental health services:* The objective was to investigate if schools are preferred by the beneficiary population which comprises of students and parents for the provision of mental health services.

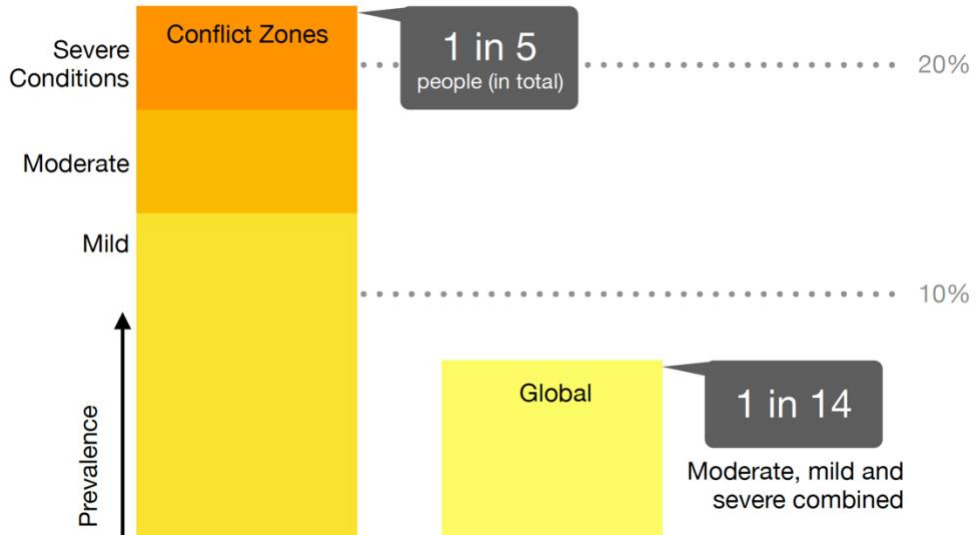
5. *Case studies and models that utilize educational infrastructure as therapeutic framework:* The objective was to find past and current models that extend the use of educational infrastructure beyond education and links it to mental health services.

The primary data collection for this project consisted of two components: interviews with field staff and interviews with comparable organizations. Two sets of questionnaires were developed to conduct these interviews. The questionnaires, their objective and methodology are provided in the appendix.

4. Findings from Literature Review

4.1 Current Mental Health State of Refugees

Refugees face violence and discrimination both before and after fleeing. Before fleeing, they are treated unjustly based on several factors including race, gender, religion, sexual orientation etc. During the process of relocating they are often separated from their loved ones and sometimes see the death of their children, family members and neighbors. According to an estimate by the World Health Organization, every one out of five people living in a conflict zone suffer from depression, anxiety, Post-Traumatic Stress Disorder (PTSD), bipolar disorder or schizophrenia which is substantially higher as compared to the global average of one in every 14 people - illustrated in the graph below. The study also shows that in conflict settings, mental health problems worsen with age and are more prevalent in women as compared to males (UN, 2019).



Source: UN News

After fleeing, the refugees face torture, genocide, sexual violation, isolation etc. These traumatic experiences have great consequences for their mental health and lead to anxiety related issues. According to the Center for Human Rights Education, 10-40% of refugees in camps experience PTSD of which 50-90% are children. The prevalence of PTSD depends on refugees' past experiences, their home countries and the environment in the refugee camps. Furthermore, 5-15% of refugees experience anxiety/ depressive disorders with children experiencing 6-40% of the time. This disorder includes feeling of sadness,

hopelessness, guilt, and even death and the severity depends on their circumstances and the areas the refugees are coming from (Galley, 2018).

A study done on Syrian refugees reveals that 39% of the family members experienced stressful feelings to the point that they hindered their daily activities and prevented them from being active. Such levels of anxiety and stress were more common in camps (47%) as compared to the community (Almoshmosh, 2016). These statistics stress the need and importance of mental health interventions for refugees, particularly children.

Furthermore, a report titled 'The Educational and Mental Health Needs of Syrian Refugee Children' was written for a research symposium on young refugee children, and the symposium was held at the Migration Policy Institute in 2015. Before the war, Syria had universal enrollment in primary school and near universal enrollment in secondary school. However, according to this report, by 2015 more than half of Syrian refugee children (53%) were not enrolled in school. In Lebanon, the public-school system is unable to accommodate the growing number of Syrian children. Jordan has a policy of not enrolling children if they have missed a few years of schooling. And as a result, one third of Syrian refugee children are not enrolled in schools (Rogers-Sirin, 2015). Lastly, in Turkey almost 70% of Syrian children are not attending any kind of education. Research has shown that these refugee children suffer from posttraumatic stress disorder (PTSD), depression, aggression, behavioral and emotional problems (Rogers-Sirin, 2015). The report says that the mental health issues must be addressed while the children are in camps. However, there is little to no such support for the children. The authors further stress that even though there is a lot of literature on refugee children, there are very limited sources that state the mental health condition of the children. The Bahcesehir study was conducted in 2012 on the Syrian refugee children living in Turkey. The report has described the methods and findings of the study.

The goal of the Bahcesehir study was to see the mental trauma the Syrian children experienced, to evaluate their mental health needs, and also to see how the children express themselves through drawings (Rogers-Sirin, 2015). Both qualitative and quantitative methods were used. The methods included- 1) A questionnaire listing 11 traumatic events.

The answer choices were in yes or no. 2) Scale measuring symptoms of psychological disorders, PTSD, and asking how often they have suffered it. 3) 311 children (average age 12) were asked to do drawings of person, war and peace (Rogers-Sirin, 2015). The study found that 79% of the refugee children have experienced violence and stress. 45% have PTSD, 60% have witnessed someone get hurt, 30% got hurt themselves, and 44% have experienced stressful events. The study showed that the drawings often had blood, tears or guns in them. It was also observed that girls had suffered more than boys. The study concluded by saying that hosting countries are unlikely to identify refugees who need mental health support, and much less likely to provide them with any mental health services (Rogers-Sirin, 2015).

4.2 Mental Health Treatments and Support for Refugees

A paper published by the World Psychiatric Association talks about mental health challenges for refugees and the treatments that can help in alleviating the symptoms of mental stress for refugees. The paper also cites different studies which help in gauging the circumstances in which particular strategies work or fail. The types of treatments mentioned in the paper are provided below:

Brief psychotherapies: Counselling and psychotherapy are the most widely used and recommended treatments for mental health disorders. Overall evidence from various studies suggest that these are effective ways to treat mental illness. However, there is evidence that these treatments might not work for populations with complex mental disorders (Silove et al, 2017). A randomized controlled trial was conducted in Denmark with 217 participants to test the impact of mental health interventions including individualized psychotherapy and psychiatric consultation. The study found no change in initial high levels of PTSD and only a small decline in symptoms of depression over a one-year course (Buhmann et al. 2016). A possible reason is that the participants were victims of high levels of torture and isolation. Such complex patients don't have the capacity or motivation to make the best use of the interventions available to them. Different rehabilitation approaches and strategies need to be designed to treat their mental conditions (Silove et al, 2017).

Pharmacotherapies: For common mental health conditions, psychiatrist virtually prescribe regular medications which help in alleviating poor conditions. However, ensuring continued supply of medications in crisis settings to treat refugees is a challenge. Another challenge is the availability of trained medical professionals who can oversee the use of these medications for refugees (Silove et al, 2017).

Psychosocial Interventions: Social programs that renew social connections and restore social networks can be of great value to those who have been separated from or have lost their loved ones. Psychosocial programs focus on the entire population collectively and introduces community-wide initiatives to help revive the lives of those who have been affected by crisis or wars. These initiatives include setting up community centers where vulnerable individuals and families can seek help related to housing, health, education etc., helping people find work, facilitating talks and reconciliation programs etc. The main focus of such programs is social inclusion of previously excluded population. This method was developed following the genocide in Rwanda. Trained professionals were hired to facilitate group discussions and sharing on a wide range of subjects such as interpersonal disputes, poverty, marginalization etc. Research suggests that psychosocial interventions not only build social capital for refugees but also improve their mental health (Silove et al, 2017). A randomized control trial was conducted in Rwanda with 200 subjects to examine the effect of socio-therapy on mental health. The study found that civic participation increased by 7% in intervention group versus 2% in control group and mental health improved by 10% in intervention group versus 5% in control group (Verduin et al., 2014). This shows that psychosocial interventions were able to improve mental health outcomes and enhance social capital following the crisis situation in Rwanda.

Research has also been conducted on the readiness and capabilities of host countries to handle the mental health crisis refugees face as they arrive and settle in the new territory. An article named “How to develop the mental health care that refugees really need” is written by Lloy Wylie who is an assistant professor of Western University. The article first talks about how the world is facing an ever-increasing number of refugees fleeing from violence and war. Especially there are women and children who are not facing the trauma of migration also facing sexual violence and human trafficking (Wylie, 2018). Adjusting

in the new country becomes a traumatic experience for the refugees as well. It is certain that refugees need psychological support. However, refugees going to other countries often find ill equipped health support (Wylie, 2018). The research team at Western University did research to evaluate the preparedness of mental health care services for the refugee population in London.

The research found out that there is poor coordination and lack of information sharing between the health care providers/psychiatrist/therapists. The research also found out that because of the lack of coordination, often times different care providers ask the same refugees the same questions (Wylie, 2018). The care providers have complained about being overworked and working in overcrowded spaces. It is emphasized in the research that a healing journey for refugees should be shared and not individual. But most of the time the therapy sessions focus on one-on-one (Wylie, 2018). Whether the healing process be individual or in groups, the refugees need to have a certain level of trust on the care providers. But the research found out that there is always a long waiting list of refugees and time limitation the care providers have. Because of the limitations it becomes impossible for the care providers to build trust with the refugees (Wylie, 2018).

At the end of the article, the researchers have provided few recommendations to build mental health care support for refugees.

- Host countries should build effective interdisciplinary models of team-based care.
- Care providers should make refugees share more about their families, culture and religion. This will help psychiatrists in figuring out the best treatment and recovery plan for them.
- Care providers need more time on training and need more resources on mental health services. Most importantly, care providers need to gain skills to work on inter-cultural contexts.
- Care providers also need training on trauma informed skills and flexible approaches while dealing with the refugee population (Wylie, 2018).

4.3 Examples of Mental Health Interventions for Refugees

Numerous programs have been implemented all across the world to rehabilitate refugees in their host countries. While a number on programs focus on physical rehabilitation, we were able to find some examples of interventions related to mental health and education. These interventions are described below:

Mental Health and Psycho-Social Support (MHPSS): In 2013, the Lebanese Ministry of Public Health with the help of UNICEF and WHO has established the Mental Health and Psycho-Social Support (MHPSS) task force for its Syrian refugee population. The task force is also coordinating with the national mental health program of Lebanon. It's an ongoing program and the result of the task force is yet to be seen (Rogers-Sirin, 2015).

Supporting the Health of Immigrant Families and Adolescents (SHIFA): Review of the literature on the refugee children in the USA and Europe shows that community-based approach informed by the members of the community are showing stronger positive results than individual therapy sessions (Rogers-Sirin, 2015). In New England, some researchers and clinicians have established a program called Supporting the Health of Immigrant Families and Adolescents (SHIFA) for the Somali refugee population. The program includes four types of intervention- 1) community level outreach and family visits. 2) school-based interventions like skill building programs. 3) individual mental health counseling at schools. 4) Individual mental health counseling at homes or agency locations. Results of the program have shown that overall community-based programs are more successful in reducing mental traumas than individual sessions (Rogers-Sirin, 2015). Other literatures showed that Muslim refugee children in USA are at greater risk of discrimination. Recommendations include working to reduce discrimination in the community, educates teachers and parents, and increase resources to help children. A study in Denmark showed that social settings (both family and school/community) help refugee children with their mental health. It also shows that positive social support like family support and strong friendships help the children build resilience (Rogers-Sirin, 2015).

Syria Bright Future: This organization serves the Syrian refugee population in Jordan. Their work includes- 1) mental health professionals, volunteers and traditional spiritual

healers providing services to the population by accommodating Syrian cultural norms. 2) Educational support to children (age 7 to 15) though games, creative activities, and tutoring. Children with social needs also have ongoing support. 3) Social Visit Projects that sends volunteers/professionals (teams of three) to refugee houses to interview about overall health and educational issues. These visits include activities with children to understand their psychological needs. 4) Counseling and support to refugee parents and caregivers (Rogers-Sirin, 2015).

Relief International: Relief International is a non-profit humanitarian agency which was founded in 1990 and is based in Washington DC and London. 72,000 staff and volunteers work in fragile settings to meet the needs of vulnerable population (Syria- Relief International, 2019). Their work focuses on education, economic opportunity, water and sanitation, and Health and nutrition. The organization works in-

- Africa (Ghana, Somalia, South Sudan and Sudan)
- Asia (Afghanistan, Bangladesh, Iran, Myanmar, Pakistan and Philippines)
- Middle East (Iraq, Jordan, Lebanon, Syria, Turkey and Yemen) (Syria- Relief International, 2019).

Education is one of the areas the organization focuses on. They provide education for children and youth. The model has four pillars-

- Creating equal access to education for all children, especially primary and secondary schooling, regardless of their age, gender and location.
- Creating access to not just literacy, but quality learning and teaching.
- Working with schools and communities to create a safe and protected environment for the refugee children to learn.
- Promoting sustainability by training educators and creating curriculums adjusted to student's needs. They also provide skills like computer, accounting and financial literacy (Syria- Relief International, 2019).

Even though Relief International mostly focuses on emergency health care and helping the local service centers, they also have focus areas depending on the country they are working

in. In Syria, the organization mostly focuses on health care. However, recently, a team of psychologists started working to provide counseling to the victims to overcome trauma. In 2019, the organization is launching a multi-sector program that includes psycho-social support which is linked with primary health care. The results of this program are yet to be seen (Syria- Relief International, 2019).

Mental health is given the most priority in the refugee camps in Turkey. In Turkey, the organization provides short-term based mental treatments, counseling sessions in schools and community, group counseling sessions, and art therapy to children. They also train teachers on how to detect signs of poor mental health and trauma among children. In 2018, the organization has provided 15,676 mental health treatment to Syrian refugees in Turkey (Syria- Relief International, 2019).

Recently, Relief International has started to focus on the mental health of the refugee population. However, the review of the literature shows that they do not use any kind of educational infrastructure to provide that service. The only model they have includes training teachers to detect traumas, providing individual counseling sessions to children in school, and lastly, introducing the use of art in schools (Syria- Relief International, 2019).

4.4 School as a location for Mental Health Services

The two main barriers for refugees receiving mental healthcare are accessibility and stigma. When refugees arrive in their host countries, they often do not know the kinds of services that are available to them and the way to use them. Language differences add further difficulties. Sometimes mental health services are not culturally tailored to meet the needs of the newly arrived refugee population. There may also be a social stigma attached to receiving mental health services. Refugees might avoid using the services thinking that people might judge them differently if they have a mental illness (Fazel et al., 2016).

Choosing schools as a location for the provision of mental health services helps to overcome the barriers mentioned above. This is because schools carry less stigma as compared to clinic-based services and are generally more accessible to the refugee population as compared to clinical institutions (Fazel et al., 2016).

A study published in 2016, examined the impressions of refugee children regarding school based mental health services. The study was conducted in three school based mental health centers in the United Kingdom and comprised of semi structured in-depth interviews with recently discharged students. The objective of the study was to gauge the student's feeling towards school being the location for mental health counselling. Questions revolved around the experience of the student, the usefulness of location, the role of teachers etc. 40 students participated in the study with 29 being male and 11 being female. 27 of these children were living with family members, eight were living alone and others were either living with foster families or family friends. These students had been in the United Kingdom for an average of 2.5 years. The median age was 17 years and they hailed from 20 different countries (Fazel et al., 2016).

The results of the study revealed that most young people preferred school as a location to obtain mental services as compared to clinics and hospitals. Of 38 students who answered the question, 27 students viewed school as a preferred location. These students chose school because it gave them a feeling of safety and familiarity. Some of the quotes used by students while describing their experiences are as follows:

"I don't know why I just get this sense of feeling free when I'm around this school . . . More at ease."

"Outside, don't know who you can trust."

Some students felt that finding someone reliable and trustworthy outside the school was particularly difficult and sometimes scary. Students characterized hospitals as having an unfamiliar environment with unfamiliar people. Students said:

"I don't know maybe it would be more complicated or something . . . Maybe just to find it and maybe she doesn't know who you are, where you come from, . . . I don't know it's just different. I think in school is better."

"Cos I, I'm not ill."

"Good to have it in school, if come to hospital it is scary, what are you doing there in the hospital, I don't know if I would go if it was in a hospital."

Another important finding from the study relates to the importance of teachers in delivering mental health services at schools. Teachers play an active role in referring students to mental health counselors and collaborating with them regarding the progress of the students (Fazel et al., 2016). This is crucial because health and education cannot operate as separate islands. For a student to be mentally fit and to be able to succeed in academics, it is important for the mental health counselor to work together with the teachers. Such collaboration enables teachers to foster a nourishing environment for the child according to his or her mental health needs and allows mental health services to extend beyond the closed doors of counselling sessions. Students described the role of their teachers in the following words:

"When I joined the high school yeah . . . I tell my the teacher . . . I have this problem which can make me not concentrate . . . and she advised me to see X.

"He [teacher] made me understand, these teachers won't harm you. They won't abuse me. Yeah, he wanted to help me....You know, he saw me the last two years, you know how I was suffering all the years. And he knew it really deep down what was going on in my life. So, um, the teacher, he made it really easy for me, you know…"

The results show that young people consider schools to be a safe and convenient location for mental health services. Teachers also play a positive role in encouraging students to seek mental help (Fazel et al., 2016). The result of the study also reinforces Humanity Crew's and Capstone Team's belief and confidence in school as a practical and worthy location for mental health services.

4.5 Educational Infrastructure as therapeutic framework

4.5.1 A Model for Trauma Informed Schools in Canada

An article named "War, Terror, Neglect: How Canadian Schools Could Tackle Child Trauma" was published by 'The Conversation' and written by Jan Stewart who is a

professor of Education at the University of Winnipeg. For the last 25 years, Professor Stewart has been teaching, counseling, and doing research and writing on education practices, refugee resettlement and teacher development in post conflict countries (Stewart, 2017). This article talks about the significance of the mental trauma child refugees go through. Most of the child refugees from Syria are now diagnosed with "Human Devastation Syndrome" which is a new type of syndrome doctors identified after accessing the trauma refugees go through.

Stewart has been working on a research on how to best prepare schools and teachers in Canada to meet the needs of the refugee children who have experienced trauma and war. She has developed a model for schools to be trauma informed and to learn the steps of providing mental health support to refugee children. The main goal of the model is to train school staff and administrators to be able to recognize trauma and mental health need and to be able to provide the support (Stewart, 2017).

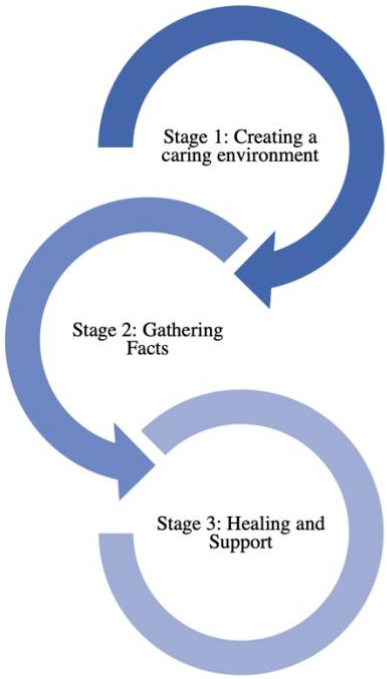
The research showed that out of the 21 million refugees globally now, half are children. And thousands of these children are being settled in Canada. Being settled in Canada gives a new hope, but at the same time refugee children suffer from post-traumatic stress disorder or depression (Stewart, 2017). If proper psychological treatment is not provided at the right time, then these disorders will be permanent among refugee children.

Many countries are now accepting more refugees, especially Canada. The research shows that it's important for the educators in the schools in Canada to know how to approach these refugee children who have suffered trauma and violence that normal children in those schools don't even know about. The educators also need to know how to listen, comfort and respond to the refugee children without causing any further harm (Stewart, 2017). The educators or the school staff don't have to be professional therapists, but just need to know the strategies to support the children.

The model for trauma informed schools was developed after a three-year long national research program on how to better support refugee students in Canada (Stewart, 2017).

The model is also based on the11-Point Toolkit for Primary Health Care by Harvard Program in Refugee Trauma (Stewart, 2017). The model has three stages that has in total 15 steps (Stewart, 2017).

The Capstone Consulting team conducted an interview with Dr. Stewart to know in detail about the 15 steps of the model. The 15 steps separated by the three stages are discussed below.



Stage one is about ***Creating the Climate for Care.*** This stage is designed to develop an environment or atmosphere which is needed to establish trust and safety in the classrooms (Stewart, 2017). Teachers can provide a caring environment by connecting with students and their families, by providing a safe environment where differences can be accepted and inequalities and injustice can be questioned, by referring students to other counselors and teachers who might be able to assist them better and by helping students to express themselves in a healthy and helpful way through different techniques like music, drama, coloring, drawing etc. (Stewart et al, 2018). The steps related to stage one are:

1. Self-Care and Connection to Colleagues
2. Classroom/School Climate of Acceptance and Cultural Receptiveness
3. Safety and Trust (relationships, confidentiality, honesty and genuineness)
4. Recognize students who are exhibiting warning signs of trauma, maladaptive behavior, excessive stress (Dr. Stewart, 2019).

Stage two is about ***Gathering Facts***. The facts will provide some suggestions to the educators on how to approach and talk to the refugee children (Stewart, 2017). The steps related to stage two are:

5. Approach and Explain to student that teachers there to help and protect
6. Assess to immediate needs/basic needs (food, water, safety, shelter, clothing) and long-term needs
7. Ask student questions in the appropriate language. Examples of phrases that could be used include ‘I see that’, ‘Help me understand what it is like for you’, ‘Help me understand what happened to you’. If the child is unable to express his or her feeling, teachers should use writing, drawing, acting or demonstrating the events and feelings through toys, pictures or symbols,
8. Identify triggers, tough spots, upsetting issues, challenges by listening and observing
9. Refer students to professional counsellors, therapists, doctors, police etc. when next level of care is needed. Knowing local laws and regulations are also important in order to make these referrals. (Dr. Stewart, 2019)

Stage three is about ***Healing and Support***. This stage gives strategies for teaching and learning skills on promoting healing. Along with healing, this stage also provides strategies on follow up work, plan for future and process of reflection for the educator (Stewart, 2017). The steps for this stage are as follows:

10. Reinforce and Teach
11. Recommend activities such as sport, hobbies, volunteer work, spiritual work, nature, mindfulness, meditation, schoolwork/projects
12. Reduce Risk arising from risky behaviors
13. Homework which helps in identifying next steps, challenges, goals to work on and understanding circles of support people who could help the students
14. Close and Schedule by confirming plan and following-up
15. Reflect and Review your progress with the student, identify strengths of student, jot down your thoughts on situation, suggestions for future work, notes on what you need to understand more clearly. Identify what is not going well, what needs to change, what are your personal biases, who can you go to for more information? What do you need to change? (Dr. Stewart, 2019).

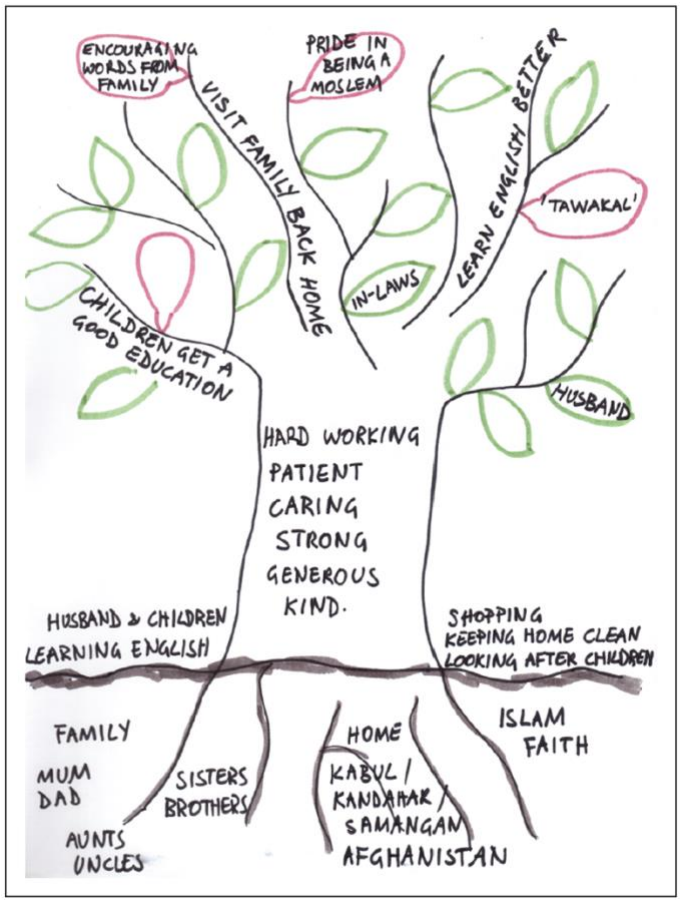
This model also developed a support plan for teachers where they can have networking with other professionals and can have self-care. Teachers' self-care and reflection is given a lot of importance because working with children who have suffered trauma can be exhausting for the teachers (Stewart, 2017). At the end of the research paper, Stewart said how important it is to not ignore the devastating impact conflict has on children. Refugee children often spend most of the time with teachers. Often times a teacher is the only person a refugee child trusts and opens up to. So, it is very important to train school administration and especially teachers on how to know what happened to the child and what hurts him/her? (Stewart, 2017). This model is mainly focused on teachers; to account for teachers' need while they are dealing with children in trauma. The next step for the model is to establish it in schools around the world. Dr. Stewart said this model can also be used in crisis zone settings but it should be adapted according to the place and population targeted (Dr. Stewart, 2019).

4.5.2 Life of Tree Approach in Schools

Afghani mothers who had fled war in Afghanistan were struggling to manage the behavior of their children in their new country, the United Kingdom. Given these circumstances, an Afghani worker in a primary school requested the school to offer a parenting workshop for Afghani mothers. The school decided that the workshop will be led by Gillian, a British woman trained in Clinical Psychology, and Fatuma, a mental health practitioner and former refugee. The group began to meet at the school. The group consisted of nine mothers, the facilitators, an interpreter and the Afghani worker who requested the workshop. When the group started its discussions, conversations related to children's behavior soon turned into conversions of challenges being in a foreign country, finding support and struggles of being refugees. It became clear to the facilitators that the mothers were not ready for the parenting workshop, instead they needed to talk about their life and their experiences first. The mothers then started to talk about their life, loss of their parents, their homeland and loneliness. The mothers found this conversation to be very helpful, so the facilitators decided to continue these sessions for another five weeks (Hughes, 2013).

The facilitators decided to use the Tree of Life methodology for discussions. The Tree of Life methodology was developed by Ncube, a child psychologist from Zimbabwe, in collaboration with David Denborough at the Dulwich Centre, Australia. Tree of Life uses the tree as a creative metaphor on which people can map out their lives. The roots represent the cultural and social context. This includes things like where people come from, their family, their religion etc. The ground is their current life which represents where they are now and what they are currently doing. Strengths and capabilities become a part of the main trunk of the tree. At last, hopes, aspirations and dreams are mapped onto the branches of the trees, with the names of important people on different leaves, and gifts that the person has been given in the fruits of the tree. Through this approach, the Afghani mothers were invited to build rich illustrations of their lives keeping in mind their background, strengths, resources and dreams (Hughes, 2013).

Initially the mothers found it difficult to create a map of their lives. But, with the help of the interpreter and fellow mothers they were able to put their stories in the template. It was interesting to note that there were many common themes across the trees of different mothers. A compilation of individual responses are provided below:



The process of building this tree developed trust between the mothers and fostered collaboration. When they were done drawing the tree, they wanted to talk about each other's experiences more and understand how others were coping with the difficult time. Seeing this the facilitators decided to interview each mother while the rest of the group observed. Such interviews provided an opportunity for the participants to get heard, connect with others, influence others and get influenced. These sessions created a community of mutual experiences and shared connections. At the end of the sessions, the mothers were asked to give verbal feedback on their experience of being part of this group. The women replied in the following words:

"This group has helped because I now know I am not alone."

"The other women have given me so much."

"The group has helped me with depression. I have more patience now; I shout at my children less and I don't get cross about noise now."

"I have found myself."

After these sessions, the facilitators went to a number of secondary schools to offer similar workshops for students and young refugees. Children identified their challenges related to racism, poverty, bullying, new environment and unpredictability. However, when they talked about their strengths and capabilities in a non-judgmental environment, the conversation flowed easily and they were able to share their stories without any kind of humiliation or shame (Hughes, 2013).

This study stresses the importance of taking mental health services out of the clinical settings to places that are more familiar, places that foster communal connection and places that do not carry the stigma associated with seeking mental health. Since the counselling sessions were based in schools, parents were more open to attending it and finding out about it. This was also helpful for student counselling sessions because parents considered these sessions are educational projects rather than mental health assistance (Hughes, 2013).

5. Discussion

Our research started with the hypotheses that there are currently no models that wholly utilize educational infrastructure to provide mental health services to refugees. The capstone team conducted detailed review of literature available on this subject and was able to find examples where people have tried to link educational infrastructure to psychosocial aid (refer to section 4.5). However, there are no case studies or examples available that address the implementation of these projects at a large scale having a widespread impact. It is important to note that not being able to find a model is a finding in itself. Through our research, we were able to identify and verify that there is a gap in the market for mental health support services for refugees. This represents a great opportunity for our client, Humanity Crew, to build a model that embodies psychosocial support for refugees into education programming. The work of the capstone team lays the groundwork for building this model.

This research has helped us in identifying key facts and evidences that provide assurance that educational infrastructure can be successfully utilized to provide mental health services. Our research shows that mental health support is essential for refugees. People who leave their crisis-stricken home countries in search of stability and peace encounter numerous challenges and sufferings which have far-reaching impact on their mental health. In order to integrate these people back in the community and bring back normality lost in war and crisis, psychological aid is necessary. Many refugees restrain from seeking mental health support because of the lack of approachability and the stigma surrounding it. When refugees arrive in their host countries, they are exposed to new practices and cultures. The don't have any knowledge about what kind of services are available, where those services are available and how to access those services. All these factors limit their chances of seeking professional help for mental health issues. Stigma surrounding mental health also prevents refugees from seeking help. They think that if they seek psychological help, people will judge them and look at them differently. Our research shows that schools can help overcome these problems. When psychological aid is provided in schools, parents and students think of it as an educational project rather than a clinical one. Thus, parents and students don't feel ashamed or humiliated when seeking mental health help in schools. Parents and students are more motivated to seek help in school because they are familiar with the environment which makes them feel safe.

When psychological aid is provided in schools, teachers also become a part of the process. Our research shows that students have appreciated the involvement of teachers as part of their psychological counselling. Teachers can play a positive role in encouraging students to regularly see their mental health counsellor, in referring students to relevant people and in collaborating with mental health professionals on campus to cultivate a positive and nurturing atmosphere for students.

The research provides examples of some approaches and methods that can be used in school settings to provide mental health support. One of those approaches is storytelling. We saw from the Life of Tree example how the facilitators used the power of storytelling to help and encourage mothers of refugee children to share their grievances and find support in each other. Mothers came out of this experience content and satisfied. One of the main reasons for the success of this program was that it was set in a school. School gave a sense of security to mothers and made them feel comfortable. It is noted by the author of that paper that if this mental health workshop was set up in a hospital instead of a school, mothers would have been reluctant to participate. Similarly, when this model was scaled up to include students, none of the parents had any reservations about their child attending that program because parents viewed it as an educational exercise instead of a medical treatment. This case study establishes schools are a preferred location for the provision of mental health services for both parents and children. Another research article which links education to mental health describes the stepwise systematic approach that enables teachers to play a role in the mental rehabilitation of their students. This approach entails the teachers to establish a caring environment for students, gather facts about their life experiences and then employ strategies to heal and support them. This model also establishes school as a preferred location for mental services as this is the place where young children spend considerable time and it is easy to make them feel safe and inculcate a sense of belonging in them.

Though core practical applications of models utilizing educational infrastructure as a therapeutic framework are difficult to find, there is strong evidence that schools have the potential to be a convenient and safe location for the provision of mental health support for both students and parents.

6. Findings from Interview with Children of Peace, Uganda

Children of Peace is an organization based in Uganda which works for the rehabilitation of former child soldiers and their integration back into the community with a focus on education and mental health services. The capstone team interviewed the founder of the organization, Jane Ekayu to learn more about Children of Peace and its work related to trauma counseling and psychosocial support to children in school settings.

Children of Peace provides mental health support to former child soldiers through three main ways:

- Creative Arts: Children of Peace encourages former child soldiers to tell their stories and bring out their emotions using creative arts techniques for example drawing, music, drama and dance. This helps children and their counselors in understanding who these children really are and what kind of traumatic experiences they have been through in the past.
- One to one counselling: Children of Peace provides one to one mental health counseling support to children. This is especially helpful for children who are unable to express themselves using creative arts, and thus require one-to-one attention.
- Referrals: Children of Peace identifies mental health needs of children by interacting with them and then makes referrals to mental health units, hospitals and psychologists based on the need assessment.

During her interview, Jane highlighted the role of schools in helping students recover from Trauma. She said that education provides a great opportunity for students to fill the void inside them and to move on from their unpleasant past. Students who go to school feel that education will open doors of opportunities for them and help them secure their future. Jane also pointed that combining education with trauma therapy works best for students because it helps them improve physically, socially and mentally.

Children of Peace approaches children by forming informal partnerships with schools. Counselors at Children of Peace visit partner schools and work together with teachers to help students improve their mental health conditions. Counselors do this by conducting regular group sessions with children on topics related to psychological and emotional well-being. Jane also stated that students who receive mental health support from Children of Peace are more

vocal, well-behaved and perform better in schools as compared to students who do not get mental health support. Furthermore, it is important to note that Children of Peace Uganda works for former child soldiers only in post-conflict areas. Jane pointed out that mental health is not a priority area in conflicts zones which makes it difficult for Children of Peace to enter those territories are help child soldiers.

The interview with Jane Ekayu was insightful and confirmed our findings from the literature review. Jane reiterated the importance of mental health support for vulnerable children and the role of schools in providing a valuable platform to provide such support. Lastly, Jane validated that mental health support is not at the forefront of relief efforts in active crisis zones and hence, the probability that a mental health support model exists for crisis zones in close to zero.

7. Next Steps

Building a comprehensive model that links educational infrastructure in crisis zone settings to mental health services is a lengthy and extensive process. The research presented in this report lays the groundwork for creating this model. In the available time and resources, the CIPA Capstone team conducted a detailed review of literature and developed questionnaires for interviews with comparable organizations and field workers.

As this phase of the project comes to its completion, we leave future capstone teams with a solid foundation which they can base their work on. We suggest that the teams in the upcoming phases carry forward our research by building upon the current literature review. As mentioned in the report, we were unable to conduct fieldwork due to unavoidable circumstances. We highly recommend the subsequent capstone teams to engage with people in the field and in the industry to understand their challenges, gaps and needs related to extending the use of educational infrastructure beyond just education. The future teams should identify organizations that have similar objectives and operations as Humanity Crew and conduct interviews with administrators to obtain their ideas on how education infrastructure can be used in a way to make it more useful in terms of mental health. We believe that interview with staff members of comparable organizations will provide valuable insights that will help in building the intended model. Furthermore, the capstone team is also working on visiting Rohingya Refugee camps in Bangladesh to gain insights from the field. The visit is expected in January 2020. The report will be updated after the findings have been obtained.

The future capstone teams should also conduct interviews with Humanity Crew's field staff in Athens. This will help teams in understanding on ground realities and will help in contextualizing the findings from the literature review. We believe that the questionnaires we prepared for field interviews can help the future teams in advancing their understanding of the project and in obtaining vital and relevant information from the field.

8. Conclusion

The problem that Humanity Crew and the CIPA Capstone team are trying to address through this work relates to the provision of psychological aid for communities who have been affected by crisis. In case of a war, most emergency relief efforts are directed toward physical aid and rehabilitation of refugees. Hence, mental health and trauma counselling are not given as much attention as physical health and settlement. Lack of attention on mental health in crisis zone settings leaves these communities vulnerable. While physical scars heal with time, traumatic experiences have far reaching consequences for the mind and soul. Humanity Crew has been working with refugee camps and community centers in Greece for the past three years to provide psychosocial support to communities who have fled war particularly in Syria, Afghanistan and Iraq. Lack of formal infrastructure for the provision of mental health counseling is a big challenge for Humanity Crew. Currently, lives of community members lack discipline because they don't go to work or school. This makes it difficult for Humanity Crew to treat patients, retain them and monitor their progress. This report prepared by the CIPA Capstone Team is an initial step towards formalizing the structure through which refugee communities are provided psychological aid. We hope that our research helps Humanity Crew in building a model that unites education infrastructure and mental health support services with the aim of integrating mental health support in the day to day lives of vulnerable communities.

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Dr, Stewart, Jan. Professor at Winnipeg University. Interview on December 11, 2019.

Ekayu, Jane. Children of Peace, Uganda. Interview on December 13, 2019.

10. Appendix

Survey Questionnaire - Interview with Field Staff

Objective of the Survey

The main objective to interview the field staff is to understand the challenges faced by refugees related to mental health. Since field workers work directly with the refugees, they will be able to provide valuable insights which will help us in shaping our recommendations to Humanity Crew. Getting insights from these workers can help in further understanding the effectiveness of educational infrastructure as a therapeutic framework.

How the survey will be conducted

Humanity Crew will help in identifying and connecting to field workers who directly work with refugees in Athens. A 20-30-minute qualitative interview will be conducted with each fieldworker. We believe that a sample of 7-8 fieldworkers can be considered large enough to draw useful conclusions.

Survey Questionnaire

Interviewers Name:	
Interviewees Name:	
Date:	Location:
Organizational Affiliation:	
1. How long have you been providing mental health support services? _____	
2. How long have you been working in Athens? _____	
3. Tell us about your training as a mental health professional: _____	

_____

_____

4. What are the most common mental challenges/illnesses facing the refugee population in Athens?

_____

_____

5. Which diseases are common in children and which diseases are common in adults?

5 a

Adults:_____

_____

5 b:

Childen_____

_____

6. How do you think these mental health illnesses affect the lives of the refugees both in the long term (LT) and short term (ST)?

6 a

LT:_____

_____

6 b:

ST:_____

_____

7. What are the key challenges you face as a mental health service provider in the provision of these services to the refugee population?
    - How difficult is it to convince patients to seek advice from a mental health professional?

_____

_____

_____

- How difficult is it to retain patients?

_____

_____

_____

- How difficult is it to monitor the progress of patients?

_____

_____

_____

8. Do you think it is a good idea to use educational infrastructure to provide mental health support services?
    - Yes
    - No

9. Based on your answer to question 8, why or why not?

_____

_____

_____

_____

_____

10. How do you think parents and children will feel if we used school premises to provide mental health support to both parents and children? Will they be welcoming of this change or will they resist it?

_____

_____

_____

_____

_____

11. Do you have any recommendations on how mental health services can be incorporated

into the daily lives of vulnerable population?

_____

_____

_____

_____

_____

Survey Questionnaire - Interview with Comparable Organization

Objective of the Survey

The main objective to interview comparable organizations gain insights from other players from the same field. These interviews can help us in learning best practices and innovative techniques that can be used to address the needs of the refugee population in a better way.

How the survey will be conducted

A 20-30-minute qualitative interview will be conducted with the representatives of each organization that is identified as comparable

Survey Questionnaire

Interviewers Name:	
Interviewees Name:	
Date:	Location:
Organizational Affiliation:	

1. Can you describe the services your organization performs for your target population? Please elaborate in detail the services your organization renders in the field of mental health and education?

_____ _____ _____ _____ _____	
2. Are you following a service delivery model that links educational infrastructure in crisis zone settings to the provision of mental health services? ○ Yes ○ No	
Based on the answer to Question 2, choose of the two columns	
If your answer to question 2 is yes, follow these questions	If your answer to question 2 is no, follow these questions
3. Can you describe how your model works? _____ _____ _____ _____ _____ _____ _____	3. What is your opinion about integrating mental health services as part of the education infrastructure? Is it better for these two services to operate in isolation or is it better to combine them? _____ _____ _____ _____ _____ _____ _____
4. What are the challenges you face while working with this model?	4. What do you think will be our main challenges if we tried to integrate mental health services as part of the

_____ _____ _____ _____ _____	education infrastructure? _____ _____ _____ _____ _____
5. How do you think you can improve this model? _____ _____ _____ _____ _____	5. What do you think will be our main challenges if we tried to integrate mental health services as part of the education infrastructure? _____ _____ _____ _____ _____
6. Do you have monitoring and evaluation data to show if this model has proved to be useful in improving mental health outcomes for vulnerable populations? _____ _____ _____ _____	6. How do you think parents and children will feel if we combined education and mental health? Will they be welcoming of this change or will they resist it? _____ _____ _____ _____