

### Review of journal article:

Rousseau, C., Measham, T., & Nadeau, L. (2013). Assessing trauma in collaborative mental health care for refugee children. *Clinical Child Psychology and Psychiatry*, 18(1), 121-136.

Three compassionate accounts of refugee children are woven through this paper, providing an insight into a collaborative approach to providing psychosocial support that includes families, primary care professionals and consultant psychiatrists. Drawing on the authors' extensive experience in working directly with refugee families living in multiethnic neighbourhoods in Montreal, Canada, this article:

- describes an approach to collaborative cultural consultation involving health, school and social support services;
- explores how trauma may be experienced by refugee families; and
- discusses ways to assist professionals to reflect on their own practices and responses.

The authors argue that professionals working in community health clinics, schools, child-care centres and other community organisations require learning opportunities and ongoing support to assist them to address the needs of refugee children and their families. Primary care professionals have considerable contact with refugee children and families in their everyday work. Refugee families do not tend to seek more specialised mental health support due to stigma and lack of awareness of support pathways. Consequently, many primary care professionals find themselves helping to 'hold the trauma narrative and organise a safe network around the child and the family' (p. 121). The article discusses ways to assist primary care teams engage with these families, assess their needs and provide treatment with confidence and skill.

In Montreal, cultural consultations are providing these professionals with opportunities to debrief, gather more knowledge and explore ways to build alliances with refugee families. Knowing that professionals can sometimes feel helpless, overwhelmed and angry, towards other service providers and even the family themselves, contact with a consulting team provides reassurance, reframes interpretations and encourages creative problem solving. These sessions can help to remind sometimes burnt-out helpers that refugee families have survival strengths and do not need to be 'saved'.

Using Kleinman's concept of the 'explanatory model', the authors discuss Western psychiatric and psychological interpretations of trauma experiences alongside child and family accounts imbued with cultural modes derived from their own traditions. Collaborative consultations help professionals explore the intersections and the gaps between these perspectives.



The authors also demonstrate that becoming culturally responsive requires more than just training. It entails professionals having the capacity to explore how culture, in all its complexities, is operating within every therapeutic encounter. This is especially relevant when 'negative' attitudes such as anger and blame emerge. Professionals are not always ready to recognise their own reactions and triggers. Fragmented family trauma histories can be particularly challenging for professionals to accept. They may, on noticing inconsistencies, begin to question a narrative's authenticity and suspect manipulation by family members when a story does not 'add up'. Consultations can help care teams understand the dynamics of 'splitting' within teams, recognise trauma re-enactments and become more aware of their own reactions when refugee family members are not presenting as 'helpless victims'.

Further, the paper also helpfully outlines other strategies that are likely to aid understanding, such as working with cultural brokers, and applying therapeutic principles and practices, such as narrative therapy, in culturally sensitive ways.

The issues raised in this thoughtful and accessible paper about refugee family encounters with professionals, are equally applicable to the Australian context. The authors offer a valuable reminder of the need for those with expertise in refugee trauma counselling and transcultural mental health to actively work alongside other professionals working in primary health care settings and schools. It would be valuable to explore where similar consultative relationships have been established in Australia by specialist trauma refugee services and transcultural centres and networks.

The article demonstrates that refugee children and their families benefit from being able to access culturally responsive psychosocial support services that are staffed by professionals who are themselves well supported and have the capacity to develop a deep understanding of each family's experiences, their trauma as well as their unique strengths.

*Kelsey Schwabe guest reviewer for MHIMA's Knowledge Exchange together with Susan McDonough,  
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