In recent years, public opinion in Western countries seems to have hardened against refugees and asylum-seekers. Surveys in Britain and The Netherlands have shown that people have exaggerated notions about both the size of this group and the financial burden that it represents. Media campaigns, the vote-catching strategies of politicians and, of course, "9/11" have all contributed to this toughening of attitudes.

Yet the humanitarian problem remains. However difficult it may be to make a watertight distinction between political and economic migrants and to check the factual basis of asylum-seekers' stories, hundreds of thousands of them arrive in Europe each year, hoping to start a new life. Some will be turned back at the borders, but most will spend months or years waiting for their applications to be processed. The lucky ones - less than half - will get permission to stay, sometimes on a temporary basis; the rest will either disappear into illegality, move to another country, or go back where they came from.

Of the millions of victims of political violence in the world, those who manage to escape to peaceful and prosperous Western countries represent a small, and in certain respects privileged, minority. Nevertheless, many of them are in bad shape, both physically and mentally. Some are victims of violence; all have lost their homeland and their familiar environment. The flight itself and the period spent waiting for applications to be processed confront people who are already vulnerable with even more stress and hardship. And even when all these obstacles have been overcome, the barriers to successful resettlement - including the public hostility mentioned above - can be overwhelming.

Helping refugee children

For children, who form a quarter to a third of all asylum seekers, these threats can be especially daunting. Many arrive alone; even if they have parents or relatives with them, these persons may not be in a fit state to provide the needed support. Clearly, this group of children is 'at risk' in terms of their physical and mental health and their all-round development. How can they be helped?

One alternative is simply to wait until children break down, become ill or cause social problems, and then offer individual therapy or counseling. Another possibility, however, is to adopt a preventive approach - to give the children support and encouragement, to show them how to confront their problems themselves, and to help them feel they are not simply being abandoned to their fate.
out such preventive activities. The Dutch "Pharos Foundation" (recently renamed "Pharos Knowledge Centre for Refugees and Health") has been pioneering such interventions since the mid-nineties. Some details of their work are given below.

**International exchange of expertise**

School-based programmes aimed at helping young refugees and asylum-seekers are only one example of the many interventions that have been developed in the past two decades to further the mental and physical health of victims of political violence. Many of these practices adopt a 'clinical' focus and are designed around the psychiatric concept of 'post-traumatic stress disorder' (PTSD). Others, however, are directed at broader aspects of the difficulties facing this group and try to avoid 'medicalising' their problems.

Although it is heartening that so many initiatives have been developed, there are two snags. One is that it is hard to know which interventions are worth the effort. What are the criteria for 'good practice' in this area? Controlled clinical trails are often irrelevant or impossible, so how can we distinguish between interventions which really benefit the people they are suppose to help, and those which mainly further the interests of the professionals and organizations carrying them out?

The second problem is that of 're-inventing the wheel'. In scores of different countries, efforts are being made to tackle the problems of refugees and asylum-seekers, but there is still very little international exchange of ideas and experiences. As a result, time may be wasted on developing approaches which have already been shown to be flawed, while promising innovations may be ignored simply because nobody has heard of them.

**Research project**

In an effort to get to grips with these two problems, a research project is currently being financed by the European Refugee Council to survey the innovations which have been developed in different countries and to consider how 'good practices' can be identified. The project leaders are Charles Watters (University of Kent at Canterbury) and David Ingleby (University of Utrecht, The Netherlands). Some 15 researchers in four countries are involved in this project, which is also investigating the practical problems that arise in 'transplanting' practices that have been developed and tested in one country, to another where they are relatively unheard of.

As part of this study, an attempt will be made to implement the Pharos approach in British schools.

Of course, there are important differences between the school systems and the asylum procedures in Britain and The Netherlands, and the researchers do not expect that existing Pharos programmes can be taken over in a ready-made form. At the time of writing, consultations are under way about the adaptations that may be necessary and the best way to get such projects set up. The researchers are keen to hear from all those in the field of education and health, as well as refugees and asylum-seekers themselves, who have views on this initiative or would like to become involved.

**The Pharos Programmes**

A basic principle of the Dutch programmes is that giving attention to the children’s problems and strengthening the support systems around them go hand in hand. The school has healing possibilities because it provides attention, structure and contact with peers, and can serve as a bridge to the new society and the future. Teachers are often willing to support children with social or emotional problems, in addition to carrying out their normal teaching programme.

**Secondary schools**

For refugee youth in secondary education, Pharos has developed the following programmes:

**The Refugee lesson (De Vluchtelingenles)**

A series of eight 'lessons' focussing on the experiences refugee children have in common. The 'lessons' are conducted by a teacher, together with a mental health care professional, with a group of 8-12 children. Topics treated are:

- Living in the Netherlands
- Where do I come from?
- Who am I?
- Friendship and being in love
- Important things and days
- Prospects for the future.

**Refugee youth at school (Vluchtelingenjongeren op school)**

This is a training manual, accompanied by video tapes, for teachers and others involved with this group. The themes are:

- Backgrounds of refugee youth
- Coping with loss
- Dealing with traumatised children
- Preventive activities in the classroom.
Welcome to school (Welkom op school)

This is a series of 21 'lessons' emphasising non-verbal techniques such as drawing and drama. Themes include:

- Getting acquainted
- Where do I come from
- My school
- Who are we
- Important days
- Living in the Netherlands
- Important people
- Friendship
- Being in love and marrying
- Leisure time
- Feeling excluded
- On the road to the future.

Primary schools

The following activities have been developed for use in primary schools:

F.C. the World (F.C. De Wereld)

Like 'The refugee lesson', this programme consists of eight 'lessons', using a variety of verbal and non-verbal methods. During the programme, each child makes a book about him/herself.

A small pilot study showed positive effects on the children taking part. Themes covered are:

- Me
- School
- Where I Live
- Family

The school as a healer

(De school als heelmeester)

This is a training course for teachers, supported by video material (cf. 'Refugee youth at school').

Just show who you are!

(Laat maar zien wie je bent!)

This programme uses mostly non-verbal methods such as play, dance, movement, and drawing. A training manual for the teachers has also been developed. Themes dealt with include:

- Safety
- Identity
- Making contact with others
- Self-reliance

Effectiveness of the projects

All these programmes have been carefully revised and adapted in the light of experience. Reactions of both staff and children are almost uniformly positive: evaluation studies have been carried out for some programmes, which indicate positive effects on several dimensions important for children's' well-being (e.g. their sense of belonging and the number of health complaints they report). More detailed evaluation studies are currently under way.

Further information

As part of the research project, described in this article, a manual (in English) has been written describing the Pharos approach and giving details of the programmes developed. This can be obtained at cost price by sending a cheque for £3 payable to the University of Kent, to the following address:

Dr. Charles Watters
Tizard Centre, University of Kent, Canterbury,
Kent CT2 7LZ
E-mail: C.Watters@ukc.ac.uk
Tel. 01227 763000

Alternatively, the manual can be sent free of charge by e-mail as a Word file.

Further details of the Pharos Knowledge Centre can be obtained from Gordana Rodic, International Affairs Staff, e-mail: g.rodic@pharos.nl.

Information about Pharos

Refugees and health knowledge centre

Pharos offers knowledge, insight and skills for improving the quality of health care provided to refugees and asylum seekers. Just as pharos (lighthouses) lighted the way for ships' crews in ancient Alexandria, Pharos intends to help people in the twenty first century who work with refugees and asylum seekers.

What is Pharos?

Pharos is a national knowledge centre in The Netherlands that concentrates on developing, studying and conveying knowledge - always practically applicable - in the field of health and health care for refugees.

Who does Pharos work for?

Pharos is oriented toward a wide range of people in and outside of the health care services, people who deal in their work with refugee health problems. All efforts are geared to improving the health and well-being of refugees.

For more information visit www.pharos.nl
Access to mental health care by law and in practice 81 6 EDUCATION FOR CHILDREN 85 6.1. Access to compulsory and post-compulsory education 87 6.2. Measures that facilitate integration into school 89 6.3. The legal, economic and social inclusion of recently arrived refugees in the host society depends on how the different rights they are entitled to under EU and national law can be realised in practice. Figure 1: Possible outcomes of an asylum application. It would make life easier for children and school administrators if new arrivals were integrated into the mainstream education system early, measures helping them return to school were boosted, and the education system were better prepared for future similar situations. FRA opinion 6. As refugee children have access to only limited clinical services, our findings raise considerable concern that refugee children have large unmet mental health needs that need to be tackled. The development of services should include collaboration with schools, primary health care, and community child mental health teams. Acknowledgments. We thank D Anne Schmidt for help in the statistical analysis and to Mario Cortina Borja for statistical advice. You are going to email the following Mental health of refugee children: comparative study. Your Personal Message. CAPTCHA. In practice, access to healthcare is largely variable within the immigrant population in Portugal and depends to some extent on the legal status, length of stay in Portugal and on the immigrant's nationality (Freitas, 2003; Gonçalves et al., 2003; Fonseca et al., 2005). Documented immigrants have similar rights of entitlement to health services as Portuguese citizens as the National Health Service is based on the taxes paid to social security. Refugee children at school: good practices in mental health and social care. January 2002 Education and Health. Charles Watters. Mental health providers identify and provide targeted support to combat disruptions within any or all of these ecological layers. Chapters examine the complex ways in which culture impacts the refugee experience, barriers to engagement in mental health practice and strategies for overcoming them, assessment, collaborative and integrated mental health interventions, and efforts to increase resilience in children, families, and communities. The book is an essential guide for mental health providers, and all who seek to help children in need. This book guides mental health providers in their work Children may also find it difficult being physically distanced from friends and teachers while at school â€“ you could encourage them to think about other ways to bond and stay connected. Reassure children about safety measures in place to help keep students and teachers healthy and remind children that they can also help prevent germs spreading by washing their hands with soap and coughing or sneezing into their elbow. In addition to checking in on your childâ€™s physical health and learning when she goes back to school, you should also keep an eye out for signs of stress and anxiety. COVID-19 may be impacting your childâ€™s mental health, and itâ€™s important to demonstrate that itâ€™s normal and OK to feel overwhelmed at times. When in doubt, empathy and support are the way to go.