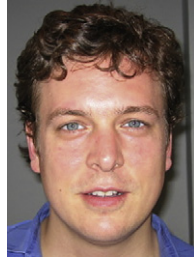


Preface



Schuyler W. Henderson, MD, MPH
Guest Editor

The authors in this issue have come together to consider how we can address the suffering and the mental health problems that some refugee children, adolescents, and their families experience as a consequence of displacement. The authors' perspectives may differ slightly, reflecting diverse backgrounds, fields of expertise, and training, but there are nevertheless several common themes. I would like to highlight three.

First, the authors locate mental health treatment in a broader context in which refugees' social, legal, economic, and physical health and survival needs must be addressed. This is not a situation easily reduced to "either/or," nor is it a situation in which it is necessarily beneficial to wait until food, shelter, water, and other basic necessities are available before considering mental health. Certainly, there are finite resources and limited funding sources, but that should encourage us to think about efficiency and collaboration rather than triaged fragmentation of services. We simply cannot ignore how substantially debilitating emotional suffering can be. In any crisis, it is imperative to attend to requirements for living—water, food, clothing, shelter—but the pursuit of these need not exclude attention to mental health. Indeed, mental health must be part of the discussion about these very services. Posttraumatic stress disorders, depression, isolation, substance abuse, irritability, anxiety, pre-existing mental health problems, or emotional suffering affect how people adapt or do not adapt, how they persevere, how they survive, how they connect with the people around them, how they care for their children or meet new peers, how they get a job, learn new languages, attend their child's parent-teacher meeting, and create a new life.

Second, the authors consistently recognize that mental health problems in refugee children and adolescents are rooted in social, cultural, and political environments of displacement and resettlement, as well as the traumas of war, violence, oppression, persecution, and exile. This is about people who have fled persecution, violence, or the threat of violence, and left their homes: their houses, communities, family members, neighbors, pets, schools, doctors, places of worship, places of recreation, cemeteries, and jobs. Many of us have been to talks during which, at the beginning of the presentation, we are invited to write on a piece of paper our favorite things (our photo albums, our computers, our puppies, our very own pillows) and then instructed to tear that piece of paper up, to evoke some symbolic empathy with refugee experiences. In the age of the internet, of globalization, of borders that are at once more porous and more difficult to cross, this simplistic model of loss is not sufficient. Its most useful feature is that it does, briefly, turn the focus on the audience. And so I want to turn the framing of these articles back toward us. The contributions in this issue belong to a scholarly tradition of careful analysis, tentative conclusions, identification of sources, and, when possible, empiric validation. They also belong to another tradition, one that can lay claim to less neutrality and less objectivity. Each article asks what it means to care for people who have had their homes taken from them. This begets another series of questions: whom do we welcome to our shores and why? Several of the authors touch on this in their discussion of the definitions of “refugee,” or when they discuss how we conceptualize families or how we detain people at the border. And, after that, what do we expect of refugees in particular and immigrants in general? How much suffering do they experience, how much should they experience, and what should we be doing to alleviate that suffering? Should they be getting jobs? Should they be healthy, productive members of their host country? What sort of parents should they be? What sort of kids should they be? These are questions buried deep within these contributions.

Finally, the authors recognize how incomplete the research is that guides treatment decisions for these very vulnerable, but resilient populations. In this issue, authors consider individuals, parent–child dyads, families, and schools; the authors consider ways of telling stories and how to structure the encounter so that it is healing. But, as each author acknowledges, there is not a lot of evidence. If anything, I would hope that these articles form a backdrop against which we can move forward. The articles are full of questions worth asking and worth answering; I hope that they will inspire people to pursue further investigation.

Schuyler W. Henderson, MD, MPH
Division of Child and Adolescent Psychiatry
Columbia University/NYSPI
Unit 78, 1051 Riverside Drive
New York, NY 10032, USA

E-mail address: henderss@childpsych.columbia.edu