



Mental health and refugees: position paper

Newcomers to Canada show great adaptability. Although some, especially those who come to Canada as refugees, have endured traumatic experiences before arriving in Canada, they respond with resilience to those experiences, as well as to the stress of settling in a new country. Family and community support, spiritual and cultural practices, art, recreation and other non-medical interventions play an important role in promoting positive mental health.

Nevertheless, mental health issues for refugees need to be better addressed by Canada. We must create the conditions that provide refugees with the best opportunity to be mentally healthy, and offer better support for them in overcoming mental health challenges.

This paper gives a brief outline of the CCR's main concerns relating to refugees and mental health. It focuses on refugees, but many aspects apply to other newcomers, particularly those who have suffered serious human rights abuses, such as survivors of trafficking, and those with precarious status, such as migrant workers.

Trauma and mental health

Refugees' mental health may be affected by the traumatic experiences (such as torture, sexual assault, war) that they have gone through before coming to Canada. The impacts may be felt by children, youth and adults, by men and women, and by family members of those directly affected by trauma. Refugees are not the only people in Canada having experienced trauma: survivors of residential schools, people who have experienced violence such as sexual assault and members of the military may have similar needs.

Migration and mental health

Even without trauma, the migration experience is inherently stressful. The 1988 report "After the Door has been Opened"¹ recognized that the settlement and adaptation process has significant mental health aspects. Separation from family, loss of social support, language barriers, cultural adjustments and challenges in finding a home, work and community all contribute to stress and make a person more vulnerable to mental health issues.

Some refugees may experience additional challenges due to the intersection of factors such as race, gender and gender identity, age, sexual orientation and immigration status. Newcomer youth attending the CCR's 2015 Youth Action Gathering identified mental health as a priority issue.

While rare, serious mental illnesses may be triggered or compounded by traumatic experiences and migration-related stresses, but may go unrecognized.

Impacts of immigration policies

Immigration policies can support or conversely threaten refugees' mental health. Policies that respect their dignity and human rights, ensure timely and secure status and reunite family members help refugees maintain good mental health. On the other hand, immigration policies can have serious consequences on people's mental health when they:

¹ Report of the Canadian Task Force on Mental Health Issues Affecting Refugees and Immigrants.

- **Keep families separated** (e.g. long processing delays, barriers such as Excluded Family members (R. 117(9)(d)) and lack of family reunification for unaccompanied minors).
- Result in **immigration detention** (even for short periods).
- Deny access to **secure permanent status** (e.g. refugee claimants in backlog (legacy cases), threat of cessation applications, long delays for permanent residence applications – including for refugees waiting for resettlement, barriers and delays in access to citizenship).
- Impose the **burden of transportation loans** (creating serious financial stress).
- Impose **overly short timelines** for the refugee hearing (creating stress because of the lack of time to prepare adequately; also making psychological assessments difficult).

In addition, the immigration system does not always provide the necessary support and adaptations for people with serious mental illnesses. Refugees with mental illness are more likely to be detained (yet the detention centres are ill-equipped to deal with people who have a mental illness). Without appropriate support, they may also have difficulty securing and keeping immigration status.

Immigration and border officials and the Immigration and Refugee Board need to be better equipped to avoid retraumatizing refugees and to address appropriately the situation of persons with mental health issues.

Social impacts

Refugees' mental health is also affected by their social and economic situation in Canada. Factors such as isolation, struggles to find affordable housing and educational opportunities or a fulfilling job, and experiences of racism and xenophobia undermine mental health. On the other hand, a supportive community, a welcoming environment and access to the necessities of life promote good mental health.

Access to mental health services

There have been longstanding issues of access to health care for refugees, especially for those covered only by the Interim Federal Health Program (IFHP). Despite its shortcomings, the IFHP did historically provide coverage for services for refugees suffering from trauma, although coverage is limited to licensed psychologists and psychiatrists. The 2012 cuts have had a devastating impact on access to services, as documented by the CCR.² Starting April 2016, the IFHP is to be restored to its status before the 2012 cuts. Questions remain about who will be covered, what services will be covered and whether health service providers will offer services covered by IFHP.

Mental health support and services appropriate to refugees and immigrants

The CCR supports community-based preventative and healing measures. The Western focus on medical approaches to mental health issues is not well-adapted for many refugees and other newcomers. Yet non-medical (e.g. counselling) approaches, which may be more culturally appropriate, are often not covered by funding programs (IFHP, provincial health care).

We should explore and make accessible alternative culturally-appropriate approaches, including those that focus on family- and community-centred care and support, that reduce stigma and provide dignity and hope.

² CCR, "Refugee health survey by province and by category", February 2015, ccrweb.ca/en/refugee-health-survey-2015

Mental health service providers are not always aware of specific issues faced by refugees as a result of their experiences of persecution and forced migration. This includes the differing needs and realities of children and youth, LGBT individuals, and women fleeing gender-based persecution. Service providers may not be familiar with working with interpreters or know how to access them. Appropriate services need to be available in all regions of Canada, not just the major centres.

Service providers need to be sensitive to the ways in which individuals interpret their own experiences, including through non-Western cultural lenses. Non-Canadians may fear the stigma attached to mental illness even more than Canadians.

Recommended directions

1. Listen to people who are going through or have gone through the refugee experience. Involve them in service planning and decision-making processes.
2. Reform immigration and refugee policies and practices to minimize negative impacts on mental health, by ensuring full dignity and respect for rights, secure status, timely family reunification and appropriate support and adaptations for people in refugee process.
3. Support community-based programs and supports to foster resilience and good mental health.
4. Work towards providing the best social and economic context for refugees: supportive communities, a welcoming environment and access to the necessities of life.
5. Provide more training for settlement workers, health professionals including psychiatrists and psychologists, social workers, immigration and border officials, decision makers, interpreters, educators, shelter staff, etc.
6. Ensure that restored IFHP provides adequate coverage for appropriate mental health services and that all those who need it have access.
7. Improve access to information on available mental health services (e.g. clearing house for mental health resources across the country).
8. Support the development and provision of alternative, culturally-appropriate approaches to addressing mental health problems, and document their effectiveness.
9. Support research on the prevention of mental health problems and effective services for those with mental health issues.
10. Make connections with others, e.g. provincial strategies on mental health, indigenous community approaches.

