

Refugees.

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The refugee population in Canada is particularly vulnerable in terms of mental health issues. While the mental health of refugees can become exacerbated by stressors relating to their migration, refugees also face post-migration challenges which can be detrimental to one's mental well-being (Kirmayer et al, 2011). What worsens this reality is that refugees often do not avail mental health supports (Ingleby, 2005). There is a clear need for practitioners to promote such supports amongst refugees.

Refugees face considerable difficulties before settling into Canada. They often experience torture, war, famine; they are forced to live in refugee camps, and have had no preparation in terms of what will happen to them upon fleeing from their homes and communities. Such events are emotionally disturbing and can be the catalyst for mental illness.

After coming to Canada, refugees must contend with various challenges such as language barriers; unemployment, racism and xenophobia. As well, transitioning into life in Canada often creates an identity conflict (Beiser & Hou, 2006). Unsurprisingly, there is a rapid rate of mental health deterioration for refugees settling in Canada (Asaam, 2015). Given this situation, the delivery of prompt mental health services need to be directed towards newly-settled refugee populations.

Despite this need, refugees often do not seek mental health support. One reason for this is that for many refugee communities, there is a stigma attached to the procurement of such support (Bokore, 2013). Added to this is that refugees often feel overtly visible within their respective cultural communities in Canada, due to the small size of their settled population. This feeling of visibility causes confidentiality concerns for many refugees, which hinders them from seeking mental illness support (Wynaden et al, 2005).

Canada's role in adopting refugees has only expanded over time. In 2014, 199 refugees found a home in New Brunswick, whereas 23, 265 settled into Canada (Asaam, 2015). While this number illustrates Canada's support for refugee populations, it also emphasizes the scale of support needed to attend to refugee issues.

There are three programs which are availed to refugees to find asylum within Canada. The Government-Assisted Refugee (GAR) Program is a sponsorship program supported by either the federal government or the province of Quebec. This program selects

primarily refugees living in refugee camps and grants them permanent resident status in Canada, as well as offers financial and other supports for up to a maximum of 3 years (CIC, 2015a). The Privately Sponsored Refugee (PSR) program allows for the private sponsorship of refugees and supplies each individual sponsor with financial support for a year. This program is notable, as it enables private citizens as well as community-led groups and organizations to sponsor refugees (CIC, 2015b). Private sponsorship has grown, as the general public has become aware of the federal government's inability to sponsor all those that are in need of asylum (Treviranus & Casasola, 2003). In addition, a refugee may find entry into Canada as an Asylum claimant. In order to be eligible for application, refugees arriving into Canada cannot be sponsored by the government or privately, and it is at this point of entry that refugees must apply for protection (CIC, 2015c).

As previously mentioned, refugees are confronted with various challenges that make them

vulnerable to mental illness. Refugees suffer from a rapid rate of mental health deterioration post migration (Kirmayer et al, 2011). They are ten times more likely to face post-traumatic stress disorder (PTSD) than the general Canadian public (Kirmayer et al, 2011). As well, one in five refugees will suffer from long-term mental health issues (Asaam, 2015). This situation reveals how the plight and vulnerability of refugees can become magnified upon migrating to Canada.

Many of these challenges occur post-migration. Individual, familial, institutional and societal variables all play a role. "[I]t takes 10–15 years for immigrants to become economically integrated" (Beiser & Hou, 2006, p. 147). One can assert that lacking economic independence and the ability to freely provide for one's family is emotionally difficult, and has the potential to create conflict within a family. Factors attributing to this outcome include language barriers, credentials of refugees not being validated within Canada, as well as refugees being overlooked as job candidates due to prejudiced attitudes (Beiser & Hou, 2006).

The discrimination faced by refugees is of particular concern regarding mental health. While self-esteem and emotional problems have been reported across studies to differ among genders and ethno-cultural groups, perceptions of discrimination have intensified these problems for refugees (Guruge & Butt, 2015). Such attitudes prove to only add to the mental anguish of those that have been forced to move to Canada.

Various family problems develop as a consequence of migration. Children may choose to adapt attitudes and behaviours from their Canadian environment, which are not reflected within their ethno-cultural heritage. Such situations strain families, as parents

often struggle to integrate the culture and traditions of their country of origin within the identities of their children (Ingleby, 2005). It is of concern from a mental health perspective, as refugees with stronger family bonds and supports have proven to better mitigate the stresses of pre- and post migration – having a healthier transition into life in Canada (Guruge & Butt, 2015).

Considerable financial demands are placed upon refugees as soon as they arrive into this country. Canada is the only country in the world that imposes interest on resettlement flight loans for refugees (Sadler & Clark, 2014). As such, sponsored refugees arrive in Canada with a growing debt, and are at a time of economic vulnerability. Such an imposition only proves to increase the mental anguish for refugees.

Refugees often carry the burden of not only providing for themselves and their families here in Canada, but also providing for their family members that live elsewhere in the world (Swinkels, Pottie, Tugwell, Rashid & Narasiah, 2010). Caring for family members outside of Canada has been identified as the main cause of stress and the primary challenge of integrating post-migration (Swinkels, Pottie, Tugwell, Rashid & Narasiah, 2010). Lacking integration means these newcomers will have a greater difficulty coping with their new lives in Canada – furthering the deterioration of their mental health.

A lack of adequate supports can add to the post-migration challenges. In particular, a lack of translation services is a concern for refugees (Ingleby, 2005). Translation services are integral for many refugees in seeking mental and physical health care. Not only do translation services make refugees likelier to receive health care services, but they also ensure refugees understand the advice and directives given to them within such engagements. Because this support does not exist for many, refugees often do not seek the health care services they need (Wynaden et al, 2005).

Due to deficits in terms of refugee support services, refugees place a greater emphasis on availing support from family and community members. Connection to one's ethno-cultural community can mitigate the mental strains endured by refugees (Kirmayer et al, 2011). A benefit of these communities is it avails people that can bridge over language and cultural barriers to address the presenting needs of refugees and help them settle into life in Canada (Wynaden et al, 2005). However, smaller cities and towns typically have very small ethno-cultural communities that refugees could hold membership with. Lacking the presence of such communities can lead to feelings of isolation and depression (Kirmayer et al, 2011). Given the geographical and population realities of Canada, it is a situation many refugees are likely to face.

Lacking such communities for refugees also means that they are less likely to trust mental health professionals. Refugees often prefer traditional remedies over Canadian health

services, as there is a lack of understanding and trust (Bokore, 2013). A collaborative approach from within a refugee's community is often necessary to obtaining mental health services (Wynaden et al, 2005).

Mental health work with refugees sometimes requires a communal approach. The traumas endured by refugees constitute themselves as communal experiences, which have caused social destruction (Bokore, 2013). It is for this reason that various refugee mental issues, such as PTSD, are best served by involving their community through support groups and other collaborative approaches (Bokore, 2013). However, a lack of such communities weakens the intervention prospects for mental health providers.

A framework that addresses the unique situation of refugees needs to be established. Legislative changes need to occur in order to reflect the challenges and vulnerabilities of refugees. Clinicians must also do their part by learning more about these populations and implementing a collaborative approach to practice – understanding that a refugee shows greater integration and resiliency by maintaining closeness with their ethno-cultural communities (Ingleby, 2005). In doing so, a more cohesive Canadian society can emerge.

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