

Webinar:

Supporting Child and Youth Refugee Mental Health

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research, and teaching centre



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Webinar Goal

Our goal is to enhance your understanding of:

1. How to approach equity issues in mental health
2. Key mental health considerations when working with child and youth refugees
3. When and how to appropriately intervene



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Approaching Equity Issues in Mental Health: Key Concepts

Sheela Subramanian, Policy Analyst
Canadian Mental Health Association, Ontario

What is Mental Health?

Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.

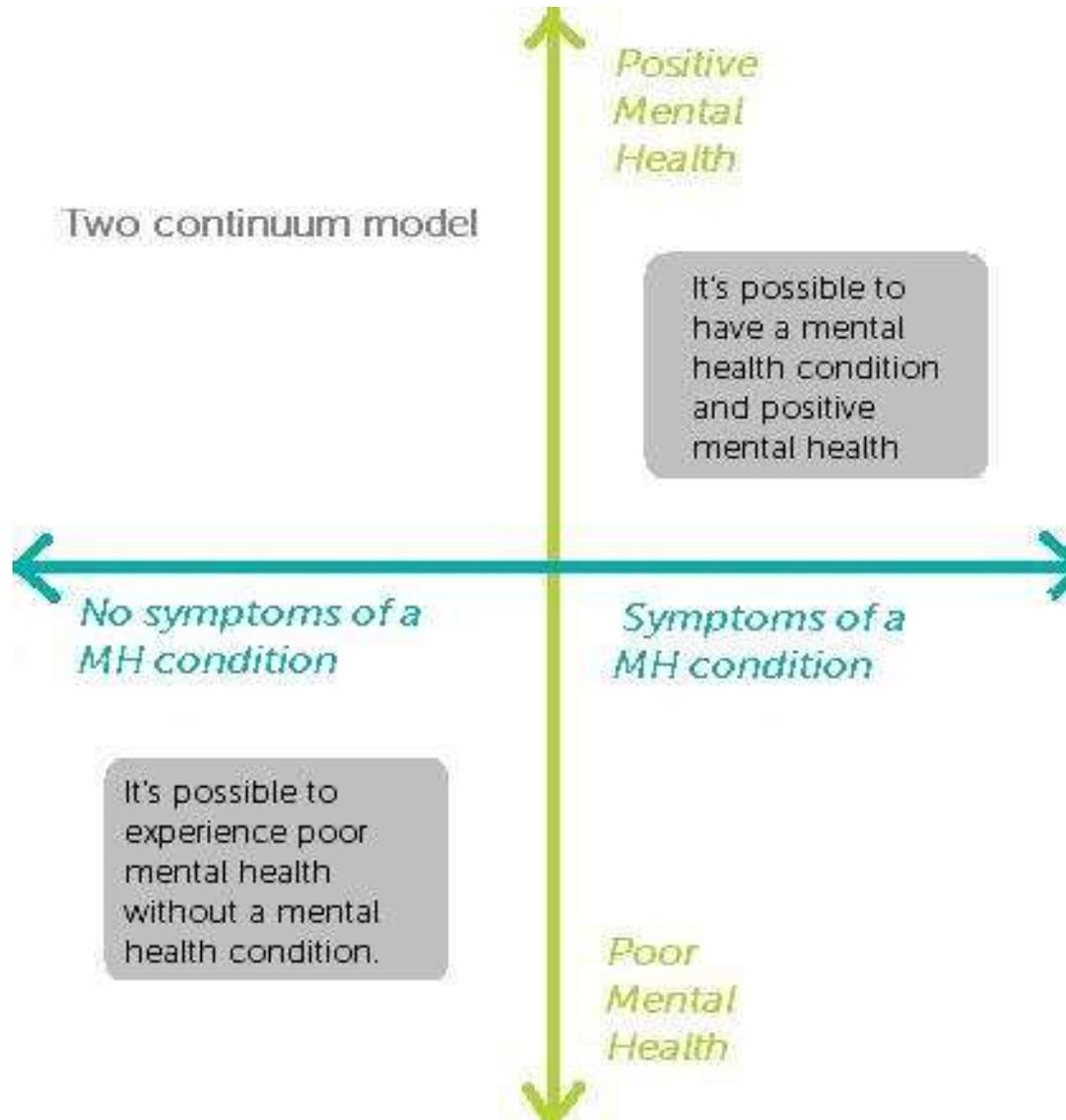
Source: Public Health Agency of Canada. (2006) The Human Face of Mental Health and Mental Illness in Canada 2006. Ottawa: Minister of Public Works and Government Services



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Two continuum model



Social Determinants of Health

- Socio-economic conditions shape our lives

Three are especially significant for mental health:

1. Discrimination and violence
2. Social exclusion
3. Poverty or access to economic resources

Source: Helen Keheler and Rebecca Armstrong. (2006) [Evidence-based mental health promotion resource](#).

Melbourne: Victorian Government Department of Human Services.

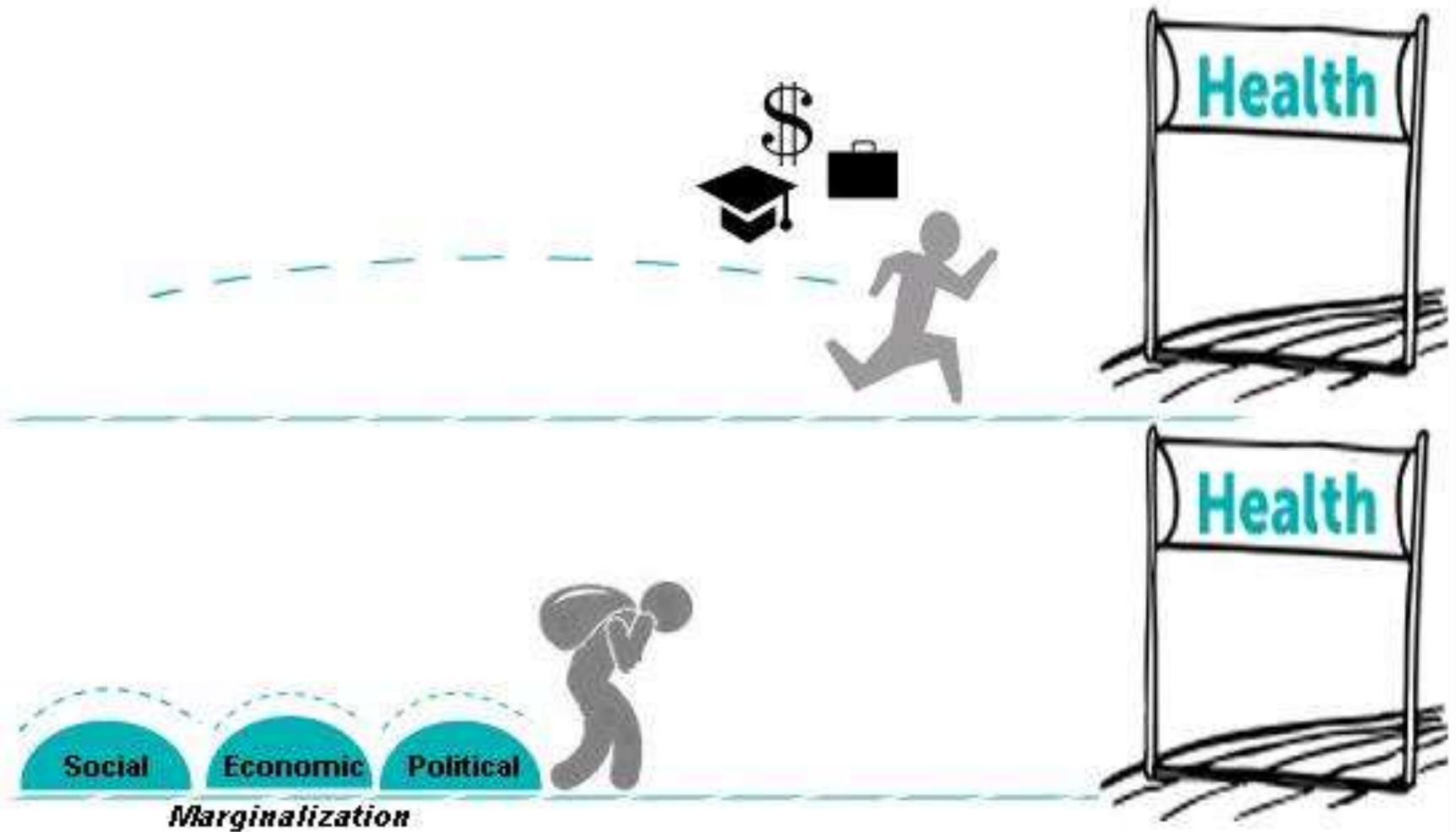


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Income
Disability
Early life experiences
Health services
Employment and working conditions
Sexual orientation
Gender
Gender identity
Race
Social exclusion
Food insecurity
Aboriginal status
Education
Housing





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Defining Equity

Equity is...

- A way to understand and respond to marginalization
 - Uneven distribution of power/resources in society
- An understanding that different populations need different actions to achieve similar outcomes

Intersectionality

- Different experiences of marginalization intersect





- What different factors **intersect** to shape day to day life for...?

A teen who has recently arrived in Ottawa as a refugee



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Equity & Mental Health: Relationships

1. Equity impacts on mental health
2. Mental health impacts on equity
3. Intersectionality matters



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1. Equity impacts on mental health

Due to the social determinants of health, marginalized populations are more likely to face poor mental health and some conditions

- LGBT people face higher rates of depression and anxiety, and LGBT youth face approx. 14 times risk of suicide than heterosexual peers (Rainbow Health Ontario, 2011)
- Ontario women are twice as likely to report depression than men (POWER Study, 2009)
- People in Ontario's low-income neighbourhoods more likely to report depression than highest-income neighbourhoods (POWER Study, 2009)

Lowest-income Canadians 3-4 times more likely to say MH is fair to poor (Statistics Canada, 2002)



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2. Mental health impacts on equity

People with lived experience face discrimination, stigma and social exclusion

- Ontario Human Rights Commission (2012) documents extensive discrimination in housing, employment and services
- Significant unemployment for PWLE, particularly those with severe and persistent disability
- Discrimination against PWLE who have come into contact with justice system results in barriers to accessing mental health and social services and violence/victimization in correctional system

24% of
Canadians
surveyed are
afraid of people
with MH
conditions

(Salvation Army, 2010)



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3. Intersectionality matters

People who experience intersecting mental health issues and marginalization face added inequities

- Immigrant, refugee and ethno-racial groups face language gaps, discrimination, ineffective/inappropriate service models, overlapping SDOMH when accessing services
- Some groups (e.g. temporary workers, international students, visitors, undocumented) excluded from provincial health insurance
- Bisexual Ontarians report significant need for, but negative experiences of MH services

Northern Ontarians report higher rates of depression, higher use of medication and higher hospitalization rates, but have access to a less comprehensive, available and accessible basket of services



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Action Strategies

At the individual, organizational and policy levels:

1. Make equity a focus
2. Build an evidence-base
3. Engage PWLE and marginalized populations
4. Build healthy communities by tackling SDOH
5. Challenge discrimination, stigma and exclusion faced by PWLE



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Supporting Child and Youth Refugee Mental Health

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What's the first thing people need to know about child and youth refugee mental health?

- Resilience and adaptation is the norm
 - as long as resilience-promoting factors in place
- Studies of prevalence rates vary
- Blanket screening discouraged



What factors contribute to poor mental health for some refugee children or youth? How do I know if a young person needs support?

- Types of trauma
- Resilience-challenging factors
- Signs and symptoms of difficulty

What's the best way to work with families from different backgrounds?

- Keep in mind intra-group diversity
- Consider issues around interpreters
 - Don't use family members
 - Complex dynamics
- “Culture” ... what does it mean?
- Be aware of POWER differential!



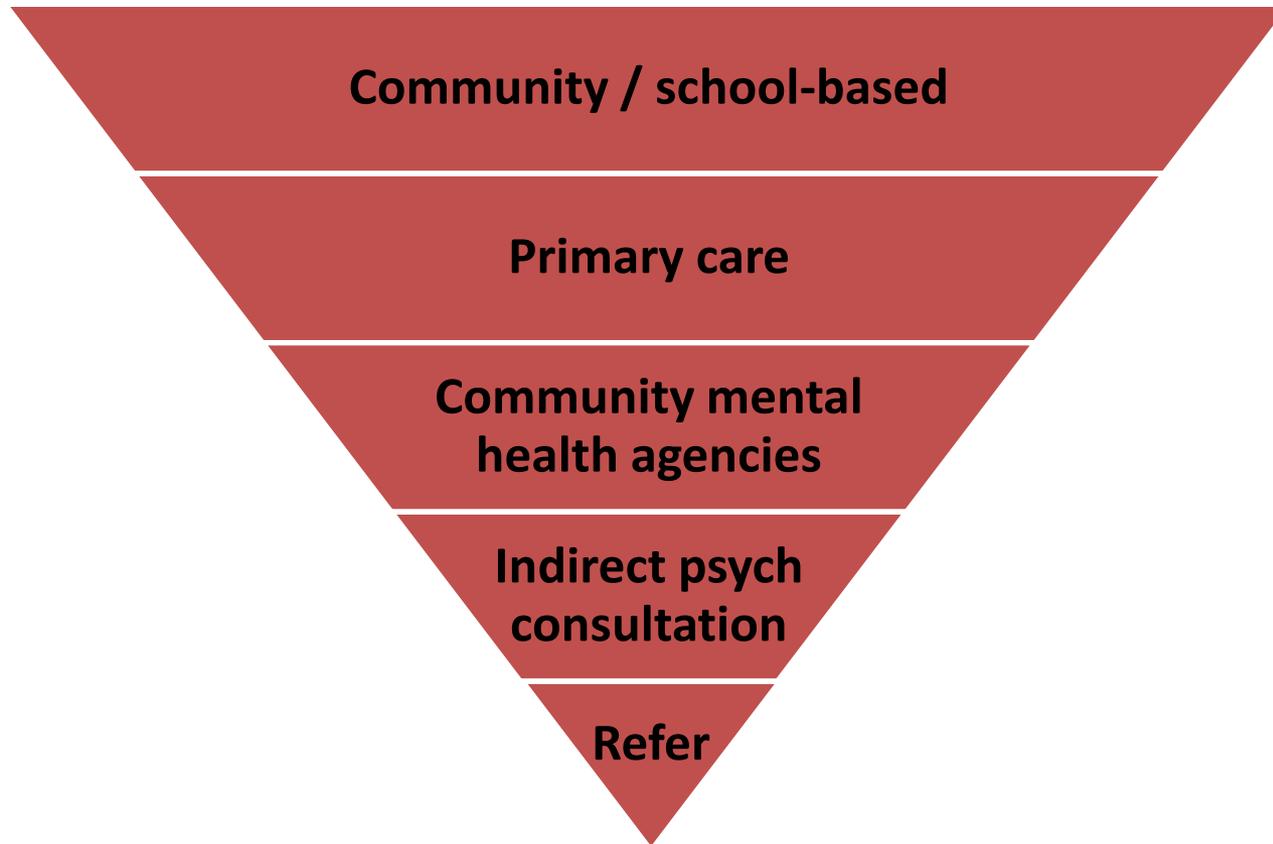
You've identified that a child or youth needs support. How do you start the conversation?

- Check in with other supporting adults first
- Start with clarifying your role
- Explain confidentiality and its limits
- Avoid probing into past traumatic experiences
 - *or...* listen effectively, contain and reassure
- Follow family's lead

What are helpful questions to ask? What kinds of interventions should I consider?

- Start with family's perspective on problem and potential solutions
 - use their language and terms
- Interventions
 - ADVOCACY
 - Coping strategies
 - Manualized therapies → as long as flexible, attuned
 - Cultural value of “catharsis”...?
 - Making use of family narratives and solutions

Outside of the clinic, what else can be done to support refugee families?



How do you know if a child or youth needs to see a professional?

- Safety issues: thoughts of seriously hurting self or others, risky behaviours (substance, sex, self-harm)
- Focus on **function** over symptoms... eg:
 - Poor physical health (eg food refusal, not sleeping)
 - School refusal
 - Severe social withdrawal
- **Always ask... is the parent supported?**

What can we start doing now to be ready to support child and youth refugees?

- **Be prepared to help with basic needs**
- Ensure good avenues for social connection and social support in community
- Consider the “funnel” ... connect with supports available at each tier
- Identify local expertise
- Join a community of practice!

Questions?



For more information,
please contact:

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https://www.surveymonkey.com/r/child_webinar