

Webinar: Supporting Adult Refugee Mental Health

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**Arab Community
Centre of Toronto**

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Centre for Addiction and Mental Health



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Health Association**
Mental health for all

**Association canadienne
pour la santé mentale**
La santé mentale pour tous

Webinar Goals

Our goal is to enhance your understanding of:

1. How to approach equity issues in mental health
2. Key mental health considerations for adult refugees
3. The Syrian refugees arriving in Ontario



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Approaching Equity Issues in Mental Health: Key Concepts

Sheela Subramanian, Policy Analyst
Canadian Mental Health Association, Ontario

CMHA Ontario's *Advancing Equity in Mental Health: Understanding Key Concepts*

<http://ontario.cmha.ca/equity>

- Launched in May 2014

Goals:

- Build common language and understanding
- Identify key equity issues in mental health
- Identify key population clusters
- Plan for action



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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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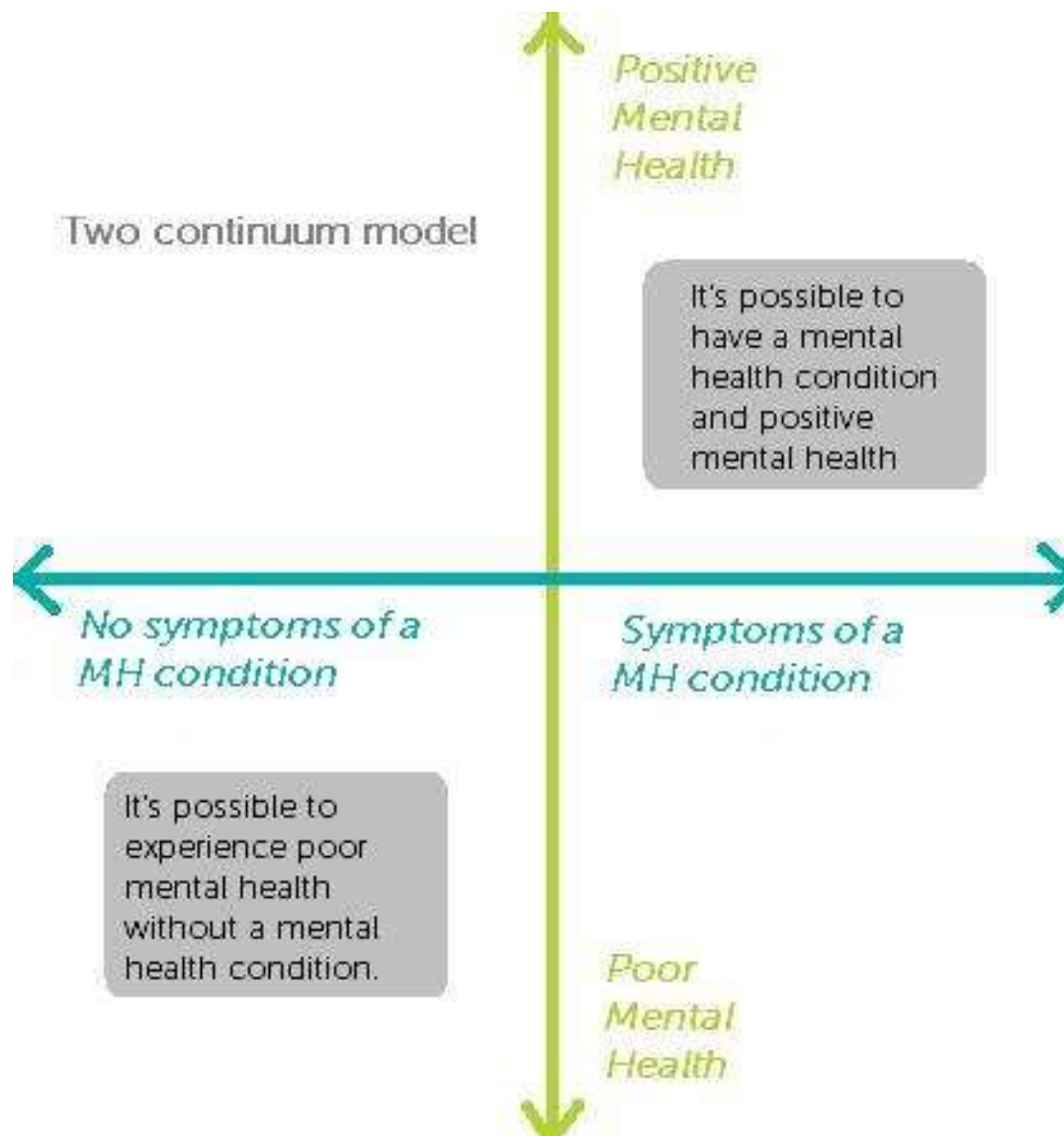
Defining Mental Health

- More than absence of a mental health condition/illness
- Two continuum model presents two dimensions of mental health
 - One continuum for presence/absence of symptoms
 - One for poor to positive mental health
- Mental health is not fixed
 - A person with a condition can experience positive mental health
 - A person without a condition can experience poor MH



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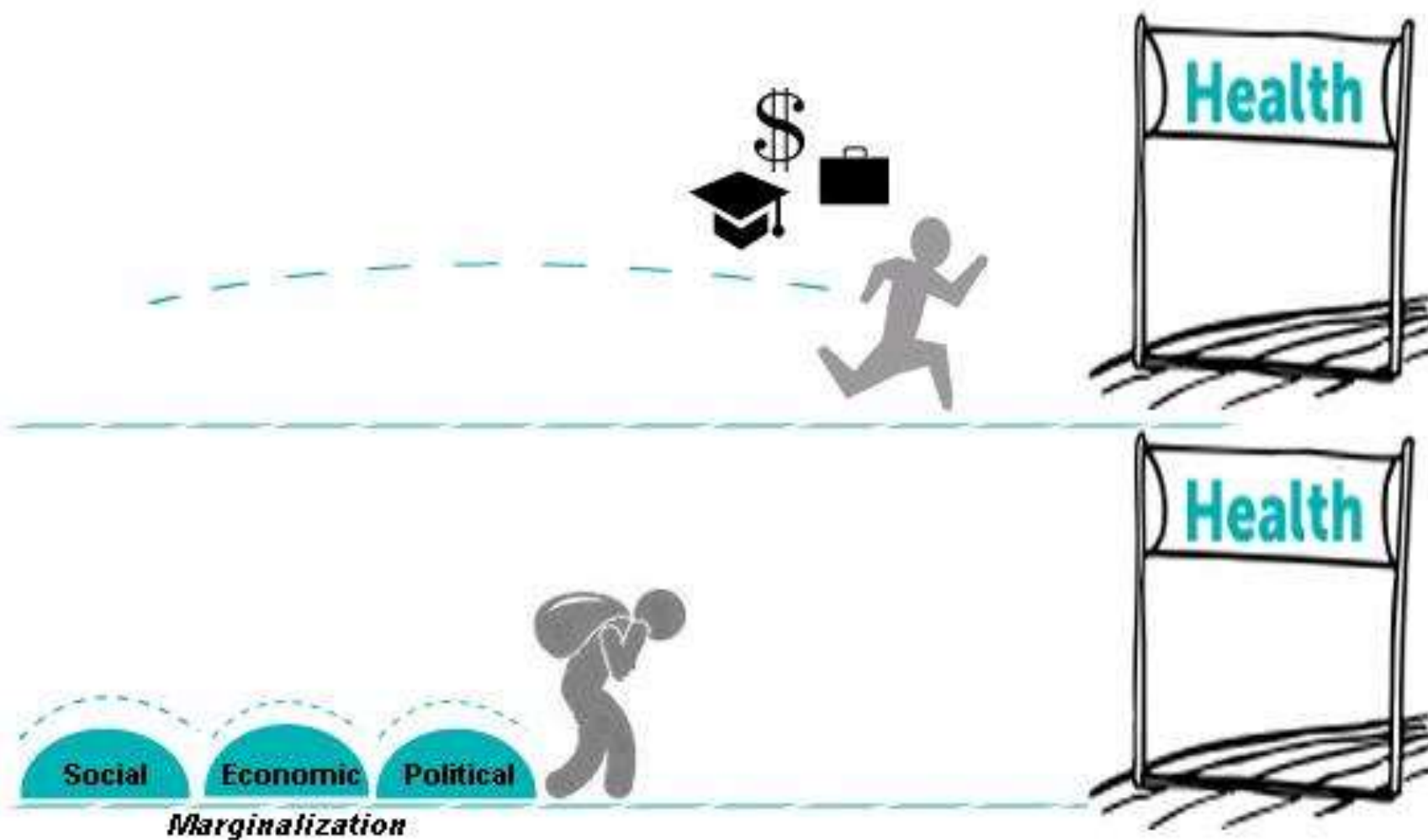
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Income
Disability
Health services
Early life experiences
Employment and working conditions
Sexual orientation
Education
Aboriginal status
Housing
Food insecurity
Gender
Social exclusion
Gender identity
Race



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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
- E.g. South Asian woman with bipolar disorder in a rural region



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

A woman 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, populations that experience inequities face greater risk of poor mental health and some mental health 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

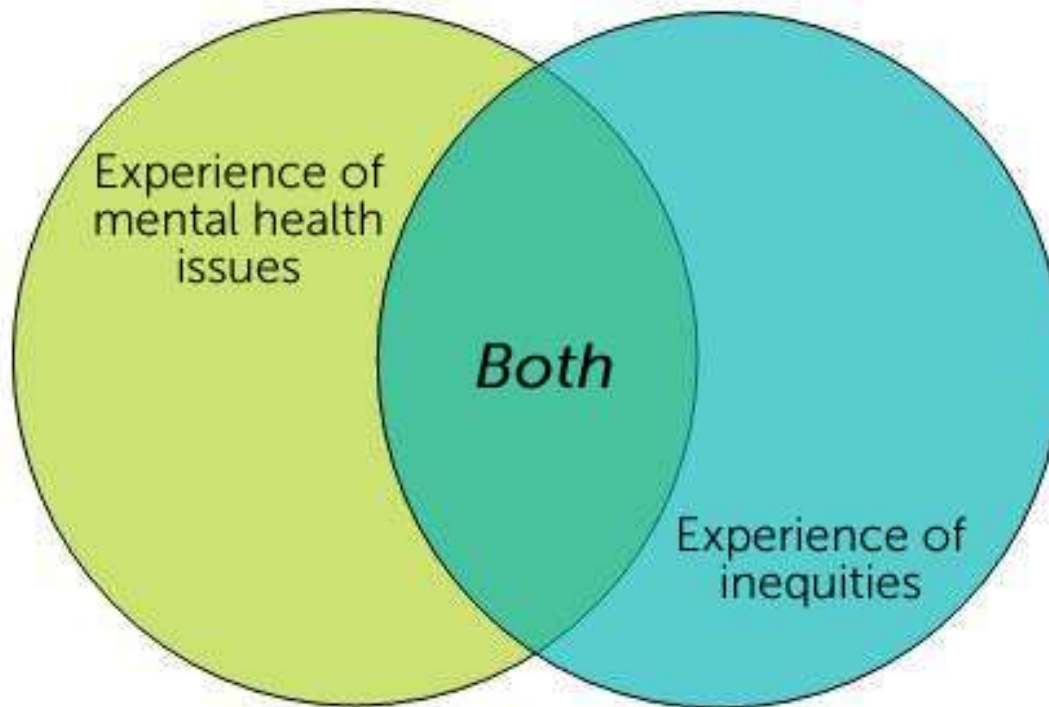


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Who is impacted?

3 population clusters emerge:



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Action Strategies

At the organizational, planning and policy levels:

1. Embed equity in mental health policy and planning
2. Expand the evidence-base for equity issues in mental health
3. Foster meaningful participation of PWLE and marginalized populations
4. Build healthy communities
5. Challenge discrimination, stigma and exclusion of PWLE



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Refugee Mental Health

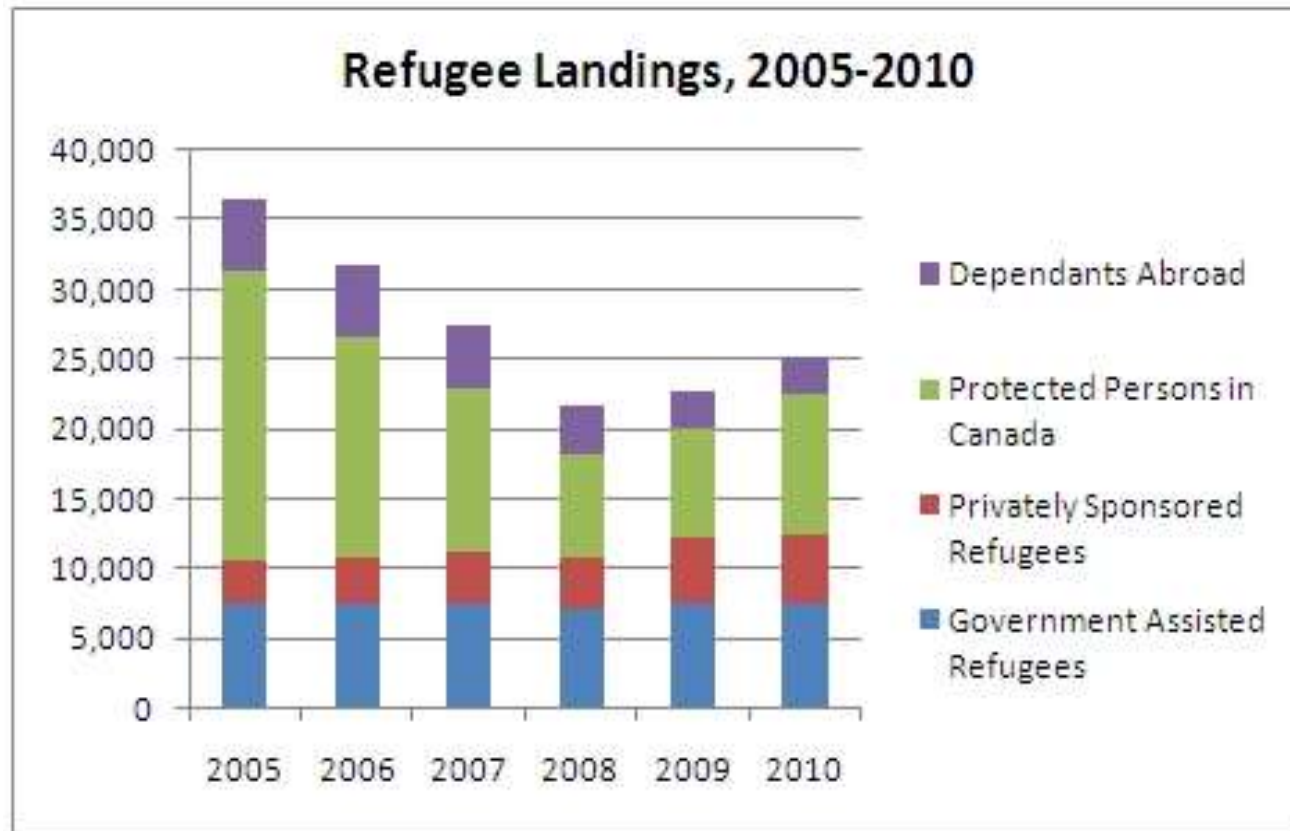
Branka Agic, MD, PhD

Outline

- Prevalence of mental health problems among refugees
- Key determinants of refugee mental health
- Responding to refugee mental health needs
- The Refugee Mental Health Project

Refugees to Canada

- Over 1.2 million refugees accepted since WWII



(CCR, 2011)

Refugee mental health



News / Canada

Refugees at high risk for mental health issues, experts say

Psychiatrist says he's happy Canadian government is interested in mental health of Syrian refugees coming to Canada



NEWS OPINION BUSINESS SPORTS ENTERTAINMENT LIFE HEALTH TECHNOLOGY TRAVEL

Canada unprepared for refugees' mental health issues, experts say

Many Syrians, including children, have 'witnessed war, murders and sexual assaults'

camh

January 25, 2016

HUFFPOST LIVING CANADA

Edition: CA

Region: ALL



Newsletters

FRONT PAGE POLITICS BUSINESS WORLDPOST PARENTS LIVING STYLE ENTERTAINMENT ARTS ALBERTA BC ALL SECTIONS

Living • Restaurants • Recipes • Healthy Inspiration • Women • Sex & Relationships • Fitness • Foods For Health • The Third Metric • Weddings • Home Decor • Thalassa
Living Videos



Syrian Refugees Show Pure Joy On Their First Toboggan Rides



More Syrian Kids Than Expected Part Of Canada's Refugee Efforts



Several Cities Willing To Accept Syrian Refugees, If Feds Pay

Syrian Refugees At High Risk For Mental Health Challenges

CP | By Kristy Kirkup, The Canadian Press

Posted: 11/25/2015 7:13 am EST | Updated: 11/25/2015 1:59 pm EST



NEWS CANADA

Syrian refugees expected to face mental health challenges

KRISTY KIRKUP, THE CANADIAN PRESS

FIRST POSTED: WEDNESDAY, NOVEMBER 25, 2015 04:21 PM EST | UPDATED: WEDNESDAY, NOVEMBER 25, 2015 07:42 PM EST





- What percentage of refugees is expected to develop a severe mental disorder?
 - a) 3%
 - b) 5%
 - c) 8%

Prevalence of mental disorders

WHO PROJECTIONS OF MENTAL DISORDERS IN ADULT POPULATION AFFECTED BY EMERGENCIES

	Before the emergency 12-month prevalence	After the emergency 12-month prevalence
Severe disorder (e.g., psychosis, severe depression, severely disabling form of anxiety disorder)	2% to 3%	3% to 4%
Mild or moderate mental disorder (e.g., mild and moderate forms of depression and anxiety disorders, including mild and moderate posttraumatic stress disorder)	10%	15% to 20%
Normal distress or other psychological reactions (no disorder)	No estimate	Large percentage

WHO & UNHCR, 2012

Mental health of Syrian refugees

- Widespread psychological and social distress
- Manifested in a wide range of problems:
 - **Emotional:** sadness, grief, fear, frustration, anxiety, anger
 - **Cognitive:** loss of control, helplessness, worry, hopelessness
 - **Physical:** fatigue, problems sleeping, loss of appetite, medically unexplained physical complaints
 - **Social and behavioural:** withdrawal, aggression, interpersonal difficulties

(Hassan et al., 2015)

Mental health problems

- Most are the result of ongoing violence, forced migration, multiple losses, everyday hardship
- Presence of psychological distress does not necessarily indicate presence of mental disorder
- Majority of refugees recover after reaching safety



(WHO, 2013; Hassan et al., 2015)

Vulnerable refugee groups

- Pre-existing mental illness
- Survivors of torture or severe trauma
- Women
- Older adults
- Unaccompanied children
- Disabilities
- Previous trauma
- Single adults





- Refugees are found to have higher rates of:
 - a) Depression
 - b) PTSD
 - c) Psychosis
 - d) All of the above

Mental disorders

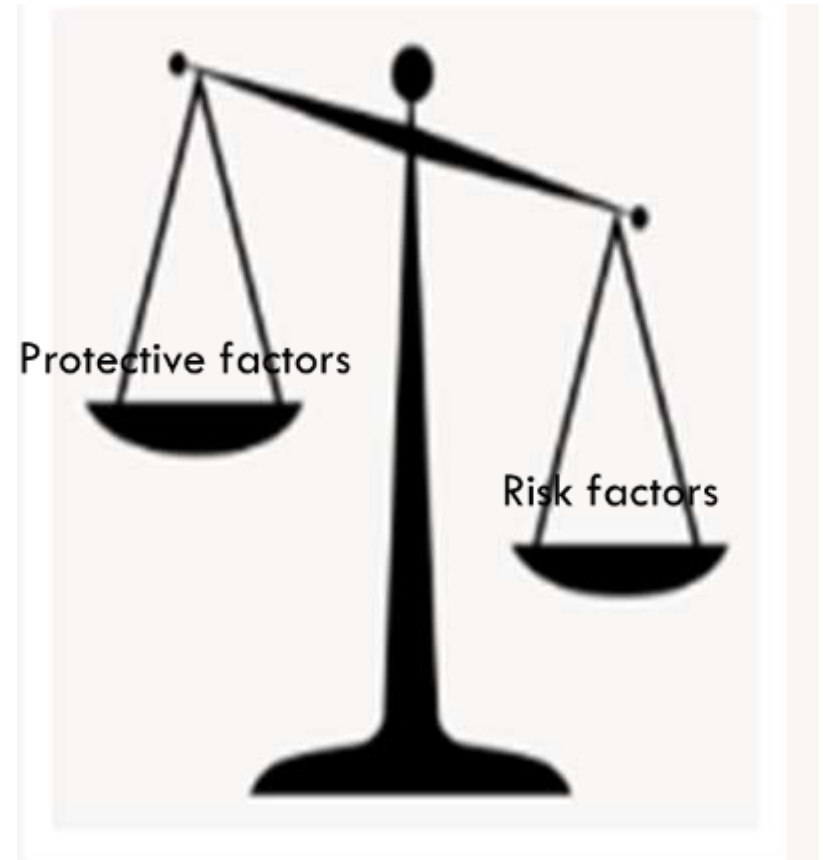
- Most prevalent: anxiety disorders, post-traumatic stress disorder (PTSD) and depression
- PTSD in resettled refugees 10-40%; depression 5-15%
- Higher rates of psychosis and of substance use problems

(Anderson et al., 2015; Parrett & Mason, 2010; Kroll et al., 2011; Kirmayer et al., 2011)

Mental health problems

- Influenced by the **nature of the migration experience** in terms of adversity experienced before, during and after resettlement

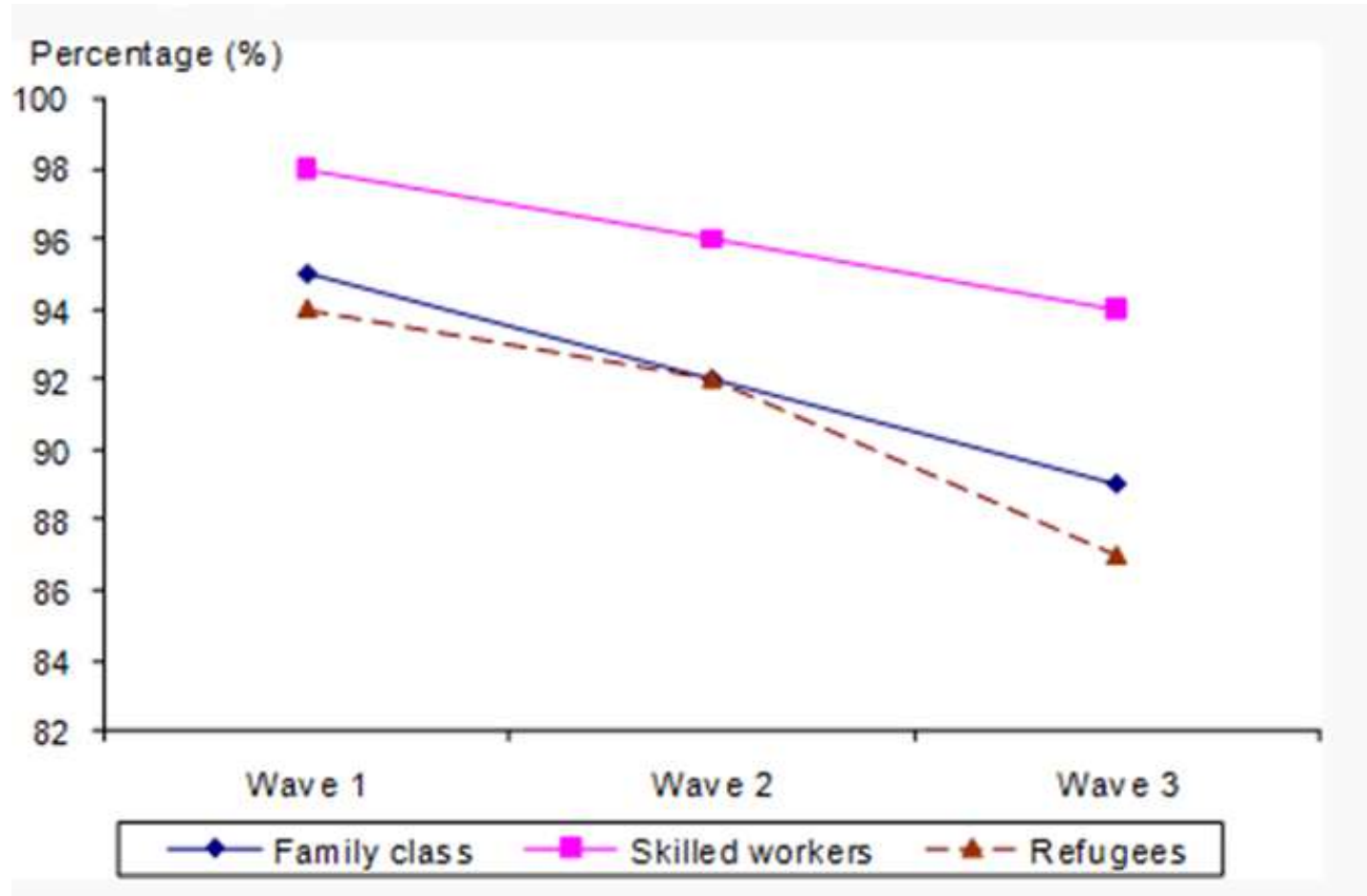
(Kirmayer et al., 2011)





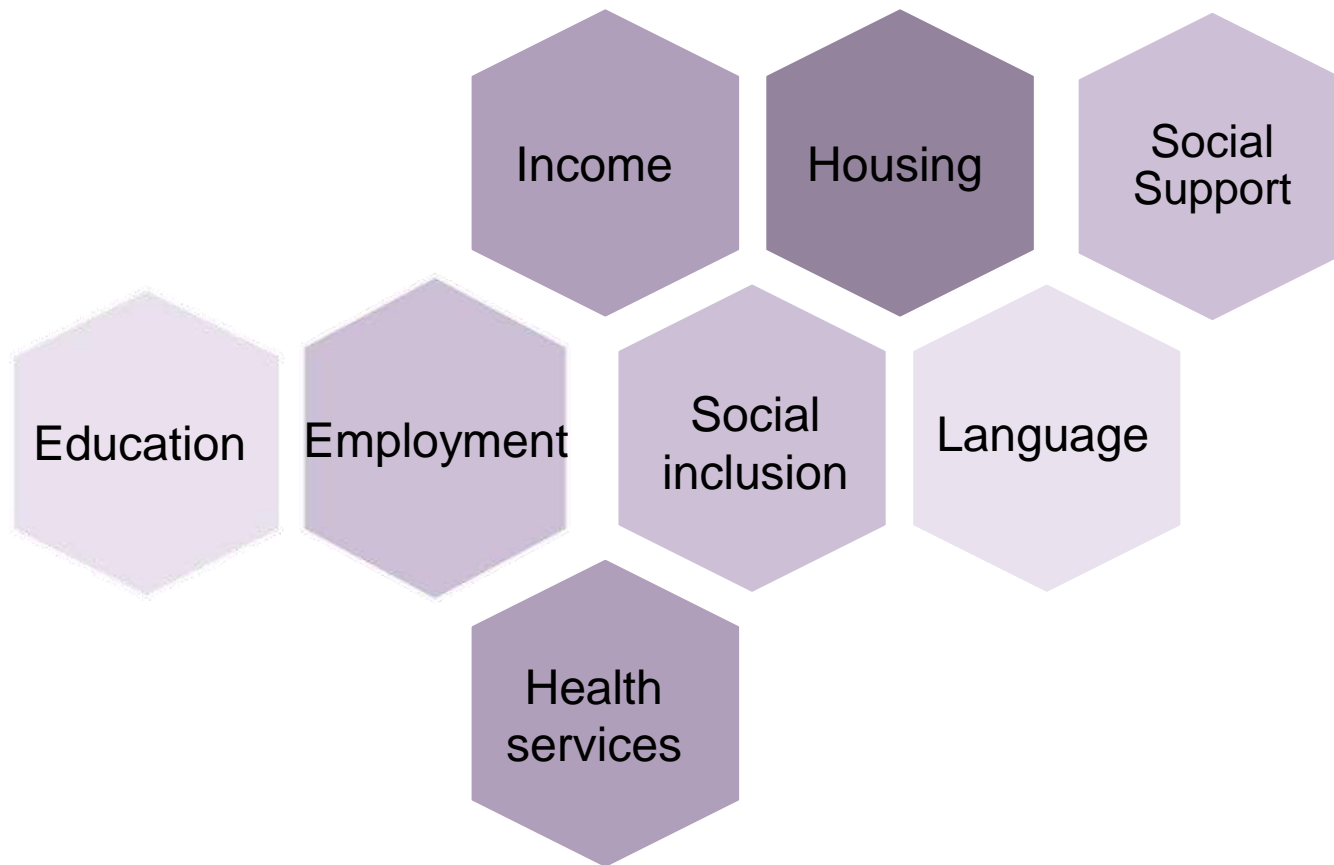
- After migration, health status of refugees tends to
 - a) Improve
 - b) Decline

Share of Immigrants Self-Reporting as “Healthy” by Immigration Category



(Zhao, Xue & Gilkinson, 2010)

Post-migration factors



Social determinants of mental health

- Poor housing, poor access to jobs and education, detention and poor social support increase mental health problems
- Refugees suffering economic hardship are 2.6 - 3.9 times more likely to experience loss of sleep, constant stress, depression, bad memories
- Improvement of living conditions can moderate the impact of trauma and contribute significantly to improving refugee mental health, often more than psychiatric intervention

(Simich et al., 2006; Vasilevska & Simich, 2010; Pottie et al., 2015, Hassan et al., 2015)

Social support

- Socially isolated refugees are at higher risk of mental health problems
- Strong family and community support among the key protective factors
- Promotes physical and mental health, enhances empowerment and integration, buffers acculturative stress, reduces isolation

(Stewart et al., 2008; Vasilevska et al., 2010)

Pathways to care

- First line of support: family, friends, lay healers, faith leaders
- Primary source for information or referral: family physician
- Emergency services is the common pathway into care for those experiencing severe mental health problems
- Barriers to care: language, shame, service accessibility, desire to seek alternatives to medical treatment, cost, transportation, competing priorities

(Hansson et al., 2010, Tuck et al., in press)

Refugee strength and resilience

- *Refugees have been functioning individuals who have taken great risks and overcome immense hardships. They have strong survival motivations and they have planned sufficiently to escape successfully. Refugees are people with enormous strengths and capacities to overcome adversities.*




(UNHCR, 1999)


Supporting mental health of refugees to Canada

- Address social determinants of refugee health
- Focus on wellness, resilience, mental health promotion and prevention
- Offer early and appropriate interventions for the minority of refugees who develop mental illness

Refugee Mental Health Project





The Refugee Mental Health Course



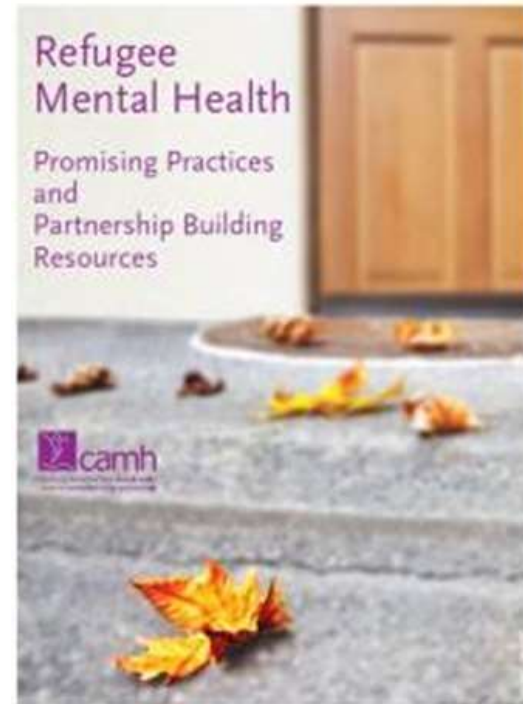
The Refugee Mental Health Project is based at the
Centre for Addiction and Mental Health (www.camh.ca)

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Funded by:  Citizenship and Immigration Canada
Financé par:  Citoyenneté et Immigration Canada

Refugee Mental Health Project

- A follow-up of the national Refugee Mental Health Practices study
- Aims to build health, settlement and social service providers' knowledge and skills regarding refugee mental health and promote inter-sector and inter-professional collaboration.



**Funded by Citizenship and Immigration Canada
(now Immigration, Refugees and Citizenship Canada)**

Refugee Mental Health Project



Two self-directed online courses



Community of Practice (CoP)



Webinar series



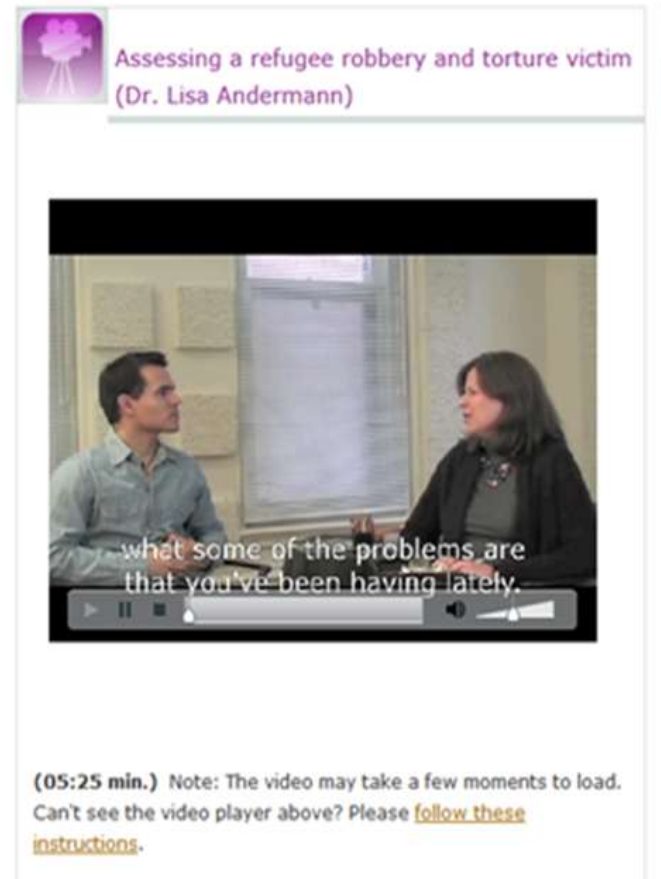
E-Newsletter



Toolkit of resources

Online courses in English and French

- Accredited by the Office of CPD, Faculty of Medicine, University of Toronto
- Approved for:
 - The College of Family Physicians of Canada—11 Mainpro-M1 credits
 - Royal College of Physicians & Surgeons of Canada—11 Section 1 credits



Acknowledgement

- **Project team**

- Dr. Branka Agic, Project Lead
- Dr. Kwame McKenzie, Project Lead
- Janet Ngo, Project Coordinator
- Diliana Chopova, Francophone Coordinator

- **Project advisory committee**

- **Subject matter experts**

For more on the Refugee Mental Health Project

- visit: <https://www.porticonetwork.ca/web/rmhp/home>
- or inquire at: RMHproject@camh.ca

Thank you

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The Arab Community
Centre of Toronto

مركز الجالية العربية
في تورنتو

Welcoming Syrian Refugees into our Healthcare System

Thursday February 11, 10:30 AM – 12:00 PM

CMHA, Ontario Webinar Series Part 1

Topics

- About the ACCT
- What do we know about the Syrian refugees coming to Canada?
- What can we expect when caring for Syrian newcomers?
- What are the potential service and accommodation needs?
- Resources and tools

Who we are:

Arab Community Centre of Toronto:

The Arab Community Centre of Toronto (ACCT) is a non-profit, non-political, non-religious organization that aims to help all newcomers to Canada, especially Arabs, and to provide a friendly place to socialize and reach services and opportunities.

Federal:

Immigration, Refugees and Citizenship Canada (IRCC)

***Only fully Arabic
staffed
settlement
agency in
Canada***

Provincial:

Ministry of Citizenship, Immigration & International Trade (NSP)

Municipal:

City of Toronto (CSP & IIN)

Centre for Addiction & Mental Health (Counselling)



ACCT

What we do:

ACCT Settlement & Community Agency:

Mission Statement:

- Offer an array of programs aimed at promoting the full participation of immigrants of Arab and other origins in all aspects of Canadian life;
- Provide initial and long-term settlement and integration services for landed immigrants and refugees of Arab and other origins;

Services

- Orientation/information/referral
- Interpretation/translation
- Counselling: trauma
- Education – certification of degrees referral
- Support groups for adults, seniors and women
- Youth programs
- Citizenship classes
- Conversation circles and computer classes



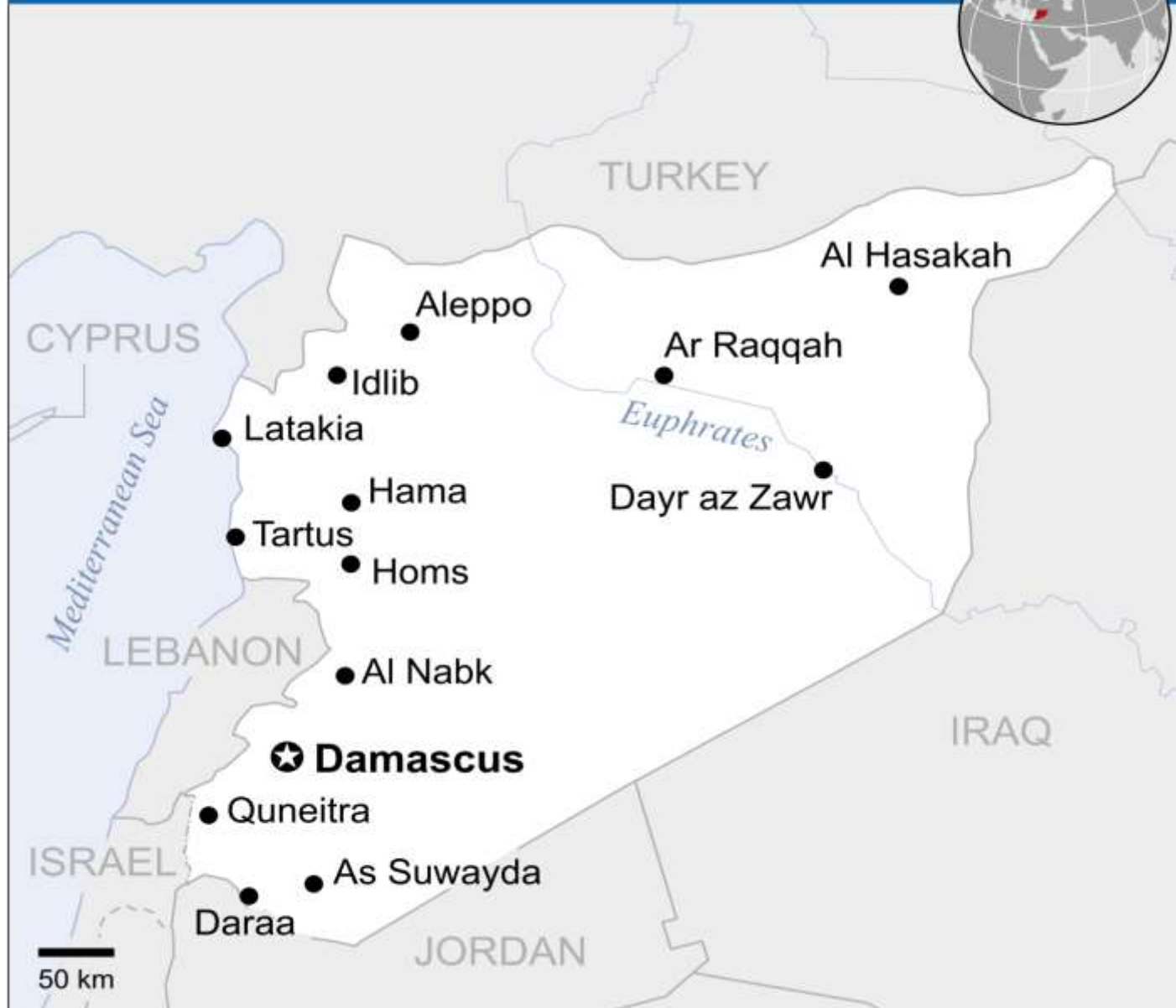
ACCT

Syria Pre-2011



ACCT

SYRIAN ARAB REPUBLIC





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Syria:

Freedom of Speech

160	Libya	63,50	↓↓
161	Somalia	66,00	↑↑
162	Kazakhstan	68,50	↓↓↓
163	Uzbekistan	71,50	↓↓
164	Tunisia	72,50	↓↓↓
165	Vietnam	75,75	↑↑
166	Cuba	78,00	↑↑
167	Equatorial Guinea	79,00	↓↓
168	Laos	80,50	↑↑
169	Rwanda	81,00	↓↓↓
170	Yemen	82,13	↓↓
171	China	84,67	↓↓
172	Sudan	85,33	↓↓↓
173	Syria	91,50	↓↓
174	Burma	94,50	↓↓
175	Iran	94,56	↓↓
176	Turkmenistan	95,33	↓↓
177	North Korea	104,75	↓↓
178	Eritrea	105,00	↓↓

Reporters without Borders

2010 SCORES

PRESS STATUS

Not Free

PRESS FREEDOM SCORE
(0 = BEST, 100 = WORST)

83

LEGAL ENVIRONMENT
(0 = BEST, 30 = WORST)

29

POLITICAL ENVIRONMENT
(0 = BEST, 40 = WORST)

33

ECONOMIC ENVIRONMENT
(0 = BEST, 30 = WORST)

21

Freedom House

Syria: Democracy



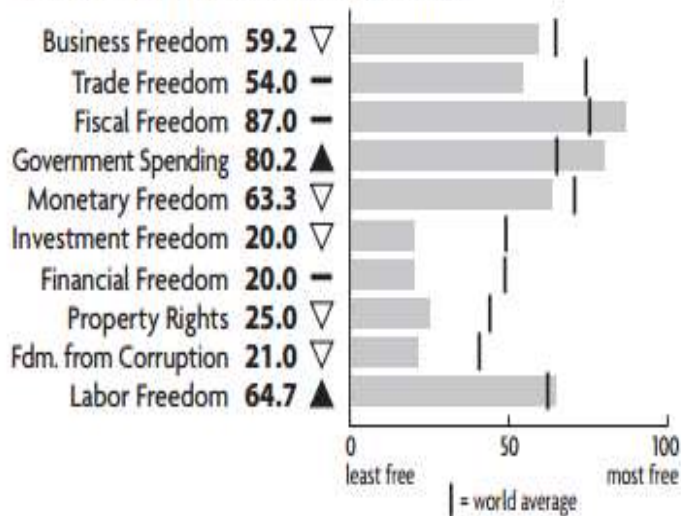
Democracy Index 2010

	Rank	Overall score	Category scores				
			I Electoral process and pluralism	II Functioning of government	III Political participation	IV Political culture	V Civil liberties
Afghanistan	150	2.48	2.50	0.79	2.78	2.50	3.82
Sudan	151	2.42	0.00	1.43	3.33	5.00	2.35
Eritrea	152	2.31	0.00	2.14	1.11	6.25	2.06
Syria	152	2.31	0.00	2.50	1.67	5.63	1.76
Djibouti	154	2.20	0.83	1.43	1.11	5.00	2.65
Dem Rep of Congo	155	2.15	2.58	1.07	2.22	3.13	1.76
Laos	156	2.10	0.00	3.21	1.11	5.00	1.18
Guinea-Bissau	157	1.99	2.08	0.00	2.78	1.88	3.24
Libya	158	1.94	0.00	2.14	1.11	5.00	1.47
Iran	158	1.94	0.00	3.21	2.22	2.50	1.76
Equatorial Guinea	160	1.84	0.00	0.79	1.67	5.00	1.76
Saudi Arabia	160	1.84	0.00	2.86	1.11	3.75	1.47
Central African Republic	162	1.82	1.75	1.07	1.11	2.50	2.65

The Economist

Syria: Economic Freedom

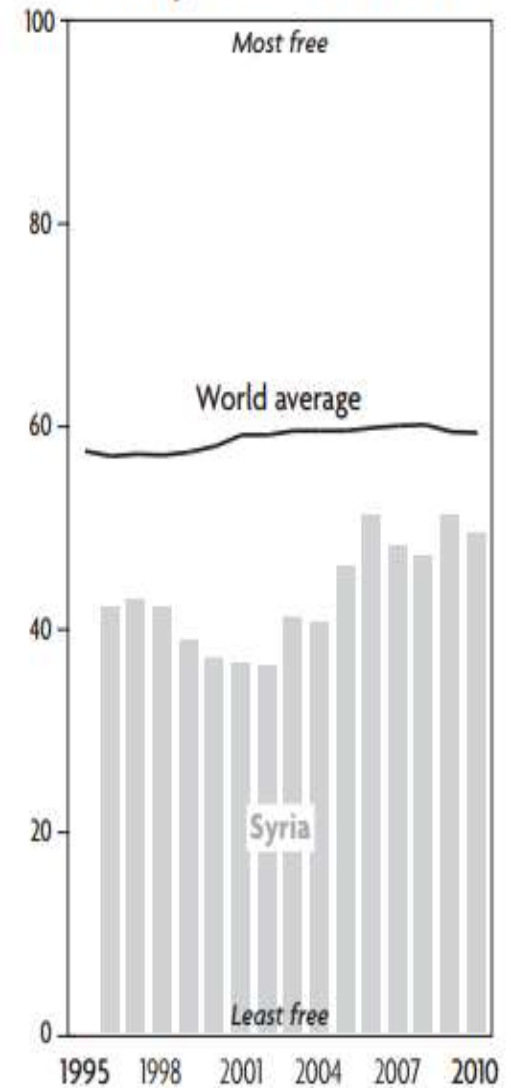
SYRIA'S TEN ECONOMIC FREEDOMS



Economic Freedom Score



Country's Score Over Time



ACCT

The Heritage Foundation

Syria: Demographics and Education

- Population of 22 million (2011)
- Median age of 22 (39)
- Birth rate of 22.76 (10.29)
- Literacy rate of 85%
 - 90% male literacy
 - 77% female literacy



Syria: Ethnic Composition

Arabs make up 90%

Kurds make up 9% of the population

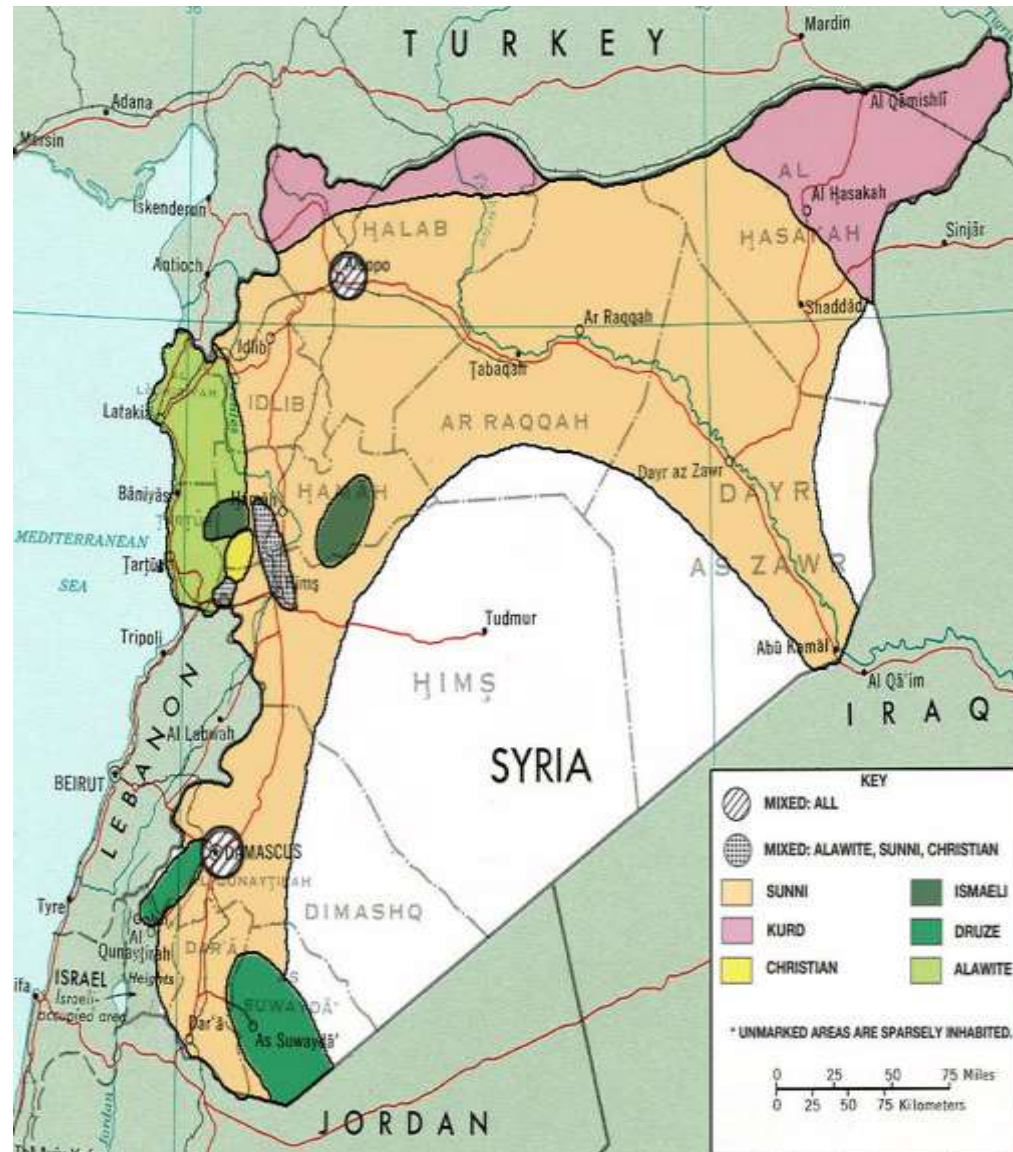
Syriac Arameans/
Assyrians, Armenians,
Circassian, Syrian
Turkmen, Greeks make
up 1%



ACCT

Syria: Religious Composition

- Syria's population is 90% Muslim
 - 74% Sunni
 - 16% Alawite, Druze and Ismaili
- Christians make up 10% of the population
 - Including Greek Orthodox and Catholic
 - Syriac Christians
 - Aramaic-speaking Christians
 - Armenian Orthodox and Catholics
- Yazidi community linked to Zoroastrianism and ancient Mesopotamian religions



Syria: Society

Religion

- Religion is a large part of one's daily life – secular state
- Family law is influenced by religion

Family

- Families include parents, children, grandparents, aunts, uncles and cousins
- Family reputation is as important as individual freedom







Refugees in Neighboring Countries



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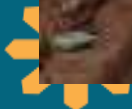








JOSEPH EID via Getty Images



ACCT



© AFP/Getty Images



ACCT

As 150 refugees land at Pearson today – among the first of the 25,000 – on behalf of the Star and our readers, we say:

WELCOME TO CANADA

أهلاً بكم في كندا

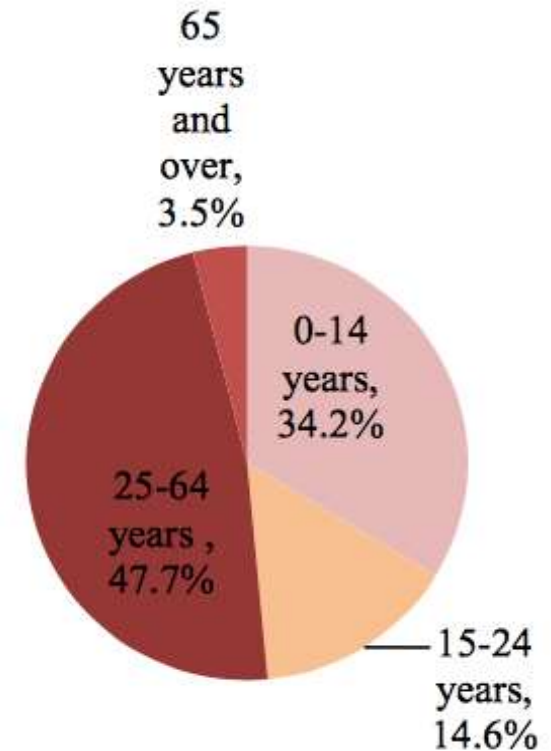


PHOTO COURTESY OF THE TORONTO STAR

Ahlan wa sahlan.

Syrian refugees to Canada: 2 Streams

1. **Government sponsored** (few so far): referred by the UNHCR, high-needs population
2. **Privately sponsored** (majority so far): currently being processed, special refugee clinics are being set up to serve them in the Greater Toronto Area



Age distribution of Syrian Refugees settled in Canada in 2014. Source: CIC



What are the anticipated challenges for physicians dealing with Syrian newcomers?

Language & cultural barrier:

- Idioms of distress
- Medical interpretation training
- Recommended dialects: Lebanon, Jordan, and Palestine



Caring for Syrian Refugees: What to Expect

- Poor knowledge around system of General Physicians & Specialist Referrals
- Reliance on group/communal support when seeking health care
- More descriptive communication around symptoms
- One-way reception of services
- Lack of trust around confidentiality and /or consent

Caring for Syrian Refugees: **Equitable** **Care**

Stereotypes and Assumptions Influencing Care

Do not assume:

- ✗ Men speak for all family members
- ✗ Women do not make decisions

Gender



- ✗ Link between beliefs and health care decisions

Religion



- ✗ Disrespectful or offensive to discuss sexual orientation

Sexual
Orientation



- ✗ Shame and shyness discussing sexual history and reproductive health

Reproductive
Health



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Caring for Syrian Refugees:

Suggestions

- Check assumptions and stereotypes
- Introduce your role and how you'll be caring for them
- Use simple language, avoid the use of labels
- Explain consent and confidentiality
- Use available tools from Health Equity departments

When in doubt:
JUST ASK!

Refugee-specific Resources & Links

Refugee Health Screening:

[Government of
Canada's Interim
Federal Health
Program \(IFHP\)](#)

[Sample IFHP
Certificate](#)

[Sample IME Report](#)

Canadian Collaboration for Immigrant and Refugee Health:

[CanMeds-based Refugees and Global Health e-Learning
Program](#)

[Cochrane Refugee Podcasts](#) is series of 19 family
medicine cases and recommendations; easy access to
the evidence behind CCIRH recommendations.

[Canadian Paediatric Society: Kids New to Canada](#)

[Centre for Addiction and Mental Health: The Refugee
Mental Health Project](#)

[CMAJ Refugee Health Resources](#)



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Refugee-specific Resources & Links

Ministry of Health and Long-Term Care:

Fact Sheet: [Health Care Services Contact Information for Health Care Providers](#)

Fact Sheet: [Refugee Health Line: Request for Health Care Providers to Provide Transitional Care for Refugees](#)

Fact Sheet: [Syrian Refugee Health Care Options in Ontario](#)

Information on the Ministry's [Emergency Management Branch - Syrian Refugees](#)

Pediatric Care:

Canadian Pediatric Society's website offers resources for health professionals caring for immigrant and refugee children, youth and families [in English](#) and [French](#).



Refugee-specific Resources & Links

Publications & Articles:

[Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict](#), United Nations Refugee Agency (UNHCR), 2015

[Caring for a Newly Arrived Syrian Refugee Family](#), CMAJ, December 2015

[Citizenship and Immigration Canada: Population Profile Syrian Refugees](#) November 2015

[Health Status of Newly Arrived Refugees in Toronto, ON - Part I: Infectious Diseases](#) and [Part 2: Chronic Diseases](#), Canadian Family Physician, July 2015

[Evidence-Based Clinical Guidelines for Immigrants and Refugees](#), CMAJ, September 2011

[Common Mental Health Problems in Immigrants and Refugees: General Approach in Primary Care](#), CMAJ, September 2011



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Thank you!

Questions?

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Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous