

With Refugee Families: Mental Wellbeing Through Community and Connection

Community Assessment Report June 2014

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Key Terms:

Persons in Canada's Refugee Protection System: This term refers to both refugee claimants – those who have made a refugee claim upon or after arrival, but who have yet to receive their decision from the Immigration and Refugee Board of Canada – and refugees who have gone through the Inland Refugee Protection System and have been accepted in their claim (includes Convention Refugees and Protected Persons). This term does not include Government Assisted Refugees (GARs) or Privately Sponsored Refugees (PSRs).

Refugee Protection System: When an individual arrives in Canada and wants to make a refugee claim they may do so either at the border or airport they arrived at, or else by submitting an inland claim at the Citizenship and Immigration Canada (CIC) office. After submitting their claim, individuals must gather evidence, seek legal help and prepare for their refugee hearing with the Immigration and Refugee Board of Canada – Refugee Protection Division (IRB-RPD). On their hearing date the claimant appears before an IRB-RPD Member, who listens to their claim for protection, asks questions, and determines whether they merit protection in Canada. If accepted, the refugee can remain in Canada and apply for Permanent Residence. If rejected, the claimant may choose to voluntarily leave Canada, or (if they qualify) access the IRB – Refugee Appeal Division, or apply to the Federal Court for a judicial review of the decision.

Executive Summary:

While the complex issue of mental health affects all Canadians in one way or another, the reality for refugees in Canada is that they are simultaneously more likely to be affected by poor mental health than the average Canadian and yet less likely than other Canadians with comparable levels of distress to access mental health services and support.

This issue is especially problematic for refugee claimants, as they are particularly vulnerable to experiencing mental health challenges due to possible country of origin trauma, migratory stressors, and the added stresses of having to engage with the refugee protection system upon arrival in Canada. These stresses include having to cope with a precarious legal status and uncertain future, as well as having to tell and retell their history of trauma to a set of unfamiliar professionals who may question the validity of their story and identity. This, coupled with regional cuts to mental health care for refugees, has led to an overall deterioration of mental health among those in the refugee protection system.

Kinbrace Community Society (Kinbrace) and Journey Home Community Association (Journey Home), who both work closely with this vulnerable population in Metro Vancouver, have noted a lack of intentional mental health support, especially at the informal or community-based level.

Wanting to respond to the growing need for creative solutions to the mental health challenges of refugee claimants, Kinbrace partnered with the Community Action Initiative (CAI) (www.communityactioninitiative.ca) which stewards a sum of BC Government monies to support agencies working innovatively and collaboratively to address the mental health and/or problematic substance use of families in British Columbia.

Kinbrace proposed a research project / community assessment looking at integrating informal mental health support into the already existing housing communities of Kinbrace and Journey Home, in order to create a holistic service model that would be unique in Canada. CAI awarded a small Convening Grant to Kinbrace to conduct this research.

The following report summarizes the findings of the community research conducted by Kinbrace in preparation for developing a proposed project that fits the mental health needs of families in Canada's refugee protection system, and highlights the steps needed to move forward in serving the mental health needs of this population.

“When people come to Canada they need to regain a sense of identity which they have lost, this can be done through a supportive, welcoming community – this sets the basis for a good healing journey”
– Stakeholder

Methodology:

With the Convening Grant Kinbrace hired a Project Manager (Sophia Underhill), Project Designer (Andrew Kuipers) and Project Specialist (Laura Mansfield) to form the Convening Team.

At the beginning of April 2014 this team met with the leadership staff of Kinbrace and Journey Home, as well as with four Primary Partners who collaborated on the project – Inland Refugee Society, Bridge Clinic (Vancouver Coastal Health), Red Cross First Contact Program, and Vancouver Association for Survivors of Torture (VAST) – in order to begin developing a more detailed design for the proposed refugee mental wellbeing project.

Throughout the month of April 2014 the Convening Team conducted a community assessment in which 11 key stakeholders in the field of refugee mental health (including government representatives, regional health authorities, academics, and non-profits) and 11 refugee families (representing 32 individuals) were interviewed. Refugee participants represented a diverse group of individuals, with differing country of origin backgrounds, religions, levels of integration in Canadian society and levels of mental health.

The four main goals of the Community Assessment were to:

- understand **factors** which positively or negatively affect the mental health of families in Canada’s refugee protection system
- identify **gaps** in mental health services for this population
- explore the role that **community-based models** of support could play in addressing gaps in service
- learn how to strengthen **partnerships** among refugee service providers

On 1 May 2014, following this assessment, community members and interviewees were invited to a community validation event, where they were given the opportunity to hear the findings of the assessment and offer constructive feedback.

The findings gleaned from this community research were reviewed by the Convening Team and the leadership staff at Kinbrace and Journey Home and used to design the project to best fit the mental health needs of families in Canada’s refugee protection system.

“Even though we each have our own background we all have the same main point, that is being rejected, losing your previous life, not knowing if you will have life again. When you come to that point you even lose yourself, you forget who you are, you don’t know how to define yourself... People see you like nothing, people forget you are well educated; that feeling puts you really down, but once you find people that can say we love you, you are smart, you can do this, you have a way to go, this helps a lot.”

– Refugee Participant

Key Findings:

The following section summarizes the key findings and learning from the community assessment and research.

Factors negatively affecting mental wellbeing:

Interviews with stakeholders and refugee participants revealed that there are numerous factors that combine to negatively affect the mental wellbeing of individuals in Canada's refugee protection system. While mental health is certainly affected by trauma experienced in the home country, interviews indicated that there is an additional set of stressors caused by trauma in the host country. Prior to the refugee hearing these stressors include:

- Interrogation upon entry into Canada
- Detention
- Lack of basic needs including food, shelter and clothing
- Uncertainty and fear of the future
- Re-living of past trauma in preparation for refugee hearing
- Loss of identity and self

For those who are successful in their refugee claim, additional post-determination stressors include:

- Resurfacing of unhealed emotional trauma
- Changes in power dynamics within the family unit
- Unemployment – resulting in loss of purpose or meaning
- Social isolation
- Family separation

Factors positively affecting mental wellbeing:

When discussing factors that contribute to improved levels of mental wellbeing interviewees suggested that one very important factor is the presence of safe and loving relationships and community. Interviewees also indicated that recreational and arts-based activities that occur in the context of a supportive community are an important tool for reducing feelings of isolation and idleness. Another critical factor is practical and holistic settlement support, including housing and employment support.

When asked about clinical mental health services approximately half of the refugees interviewed stated they found counselling services helpful and important, while the other half described it as either a negative or unhelpful experience. In general, trauma counselling experiences were more positive when there was a two-way conversation between the refugee and the counsellor – as opposed to when refugees were expected to talk with no response from the counsellor – and when there was an educational component to the session where counsellors shared information about topics such as coping mechanisms or relaxation strategies.

“You can give someone everything, but if that person doesn’t feel loved, whatever you are going to give him or her that is not going to mean anything, but if you are loved then that is the main point.”

– Refugee Participant

Gaps in service:

Numerous gaps in service exist which prevent refugees and refugee claimants from obtaining meaningful mental health support. As Kinbrace is interested in strengthening the efficacy and accessibility of mental health services, interviewees were asked to identify what they viewed as some of the most critical gaps. Four main gaps emerged:

- Limited mental health support available for families as a whole – especially for children and youth
- Mental health support from the beginning is lacking, leaving claimants without support during the critical initial months – as a result, mental health services act in reactively, rather than preventatively
- Disconnect between formal and informal mental health support
- Mainstream counselling not accessible to refugees due to cost, language barriers, and a lack of training among counsellors to deal with war-related or violent trauma in a culturally appropriate manner

“Remember the solution is inside the refugee, the survivor, but they need someone to help find the way”

– Refugee Participant

Role of housing and community-based models of support:

With dwindling trauma counselling services in Metro Vancouver, numerous gaps in mental health support, and an increasingly vulnerable refugee population due to the more complex and fast-paced refugee protection system, Kinbrace set out to discover

what role a community-based model of support situated in the context of supportive, transitional housing, could play in improving the sense of wellbeing and belonging experienced by families in Canada's refugee protection system.

Interviewees indicated that one of the strengths of community-based models is that, with a focus on creating safety, stability, and trust, they allow individuals to move from survival mode into a place where they can begin their healing journey and regain a sense of self and value. In addition, individuals are less likely to develop unhealthy coping mechanisms – such as relying on addictive substances – when a supportive community surrounds them.

While community-based models are certainly not a substitute for clinical mental health services they can provide an environment where alternative, informal support can occur, either through peer support initiatives or simply by facilitating a safe space where listening, talking and exploring can occur.

“People need a lot of support, to be embraced, to find comfort and to be listened to when they are ready to talk. People need to be revalued and re-vindicated again, especially if they have been abused or tortured.”

– Stakeholder

Moving Forward....

Kinbrace remains committed to fostering resilience among refugees and refugee claimants, as well as pursuing creative and alternative ways to intentionally address the mental health of this vulnerable population and walk alongside them on their journeys toward integration and wellbeing.

We recognize that intentional mental wellbeing initiatives, inserted into the context of a community-based transitional housing model, not only strengthens the model itself, but provides exponential opportunity to build refugee claimants' capacities to integrate into Canadian systems, engage in ongoing community services, build lasting relationships, and settle into permanent housing.

“Mental health work is not so much about having two chairs in a room, but about having a place where peer-to-peer support can happen”

– Stakeholder