PRE-MIGRATION AND POST-MIGRATION DETERMINANTS OF MENTAL HEALTH FOR NEWLY ARRIVED REFUGEES IN TORONTO

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ABSTRACT

Drawing on two community-based research projects, this article discusses pre-migration and post-migration determinants of mental health for newly arrived refugees in Toronto. The article examines the argument that settlement policies and services need to be more reflective of the unique challenges and needs faced by refugee groups.

INTRODUCTION

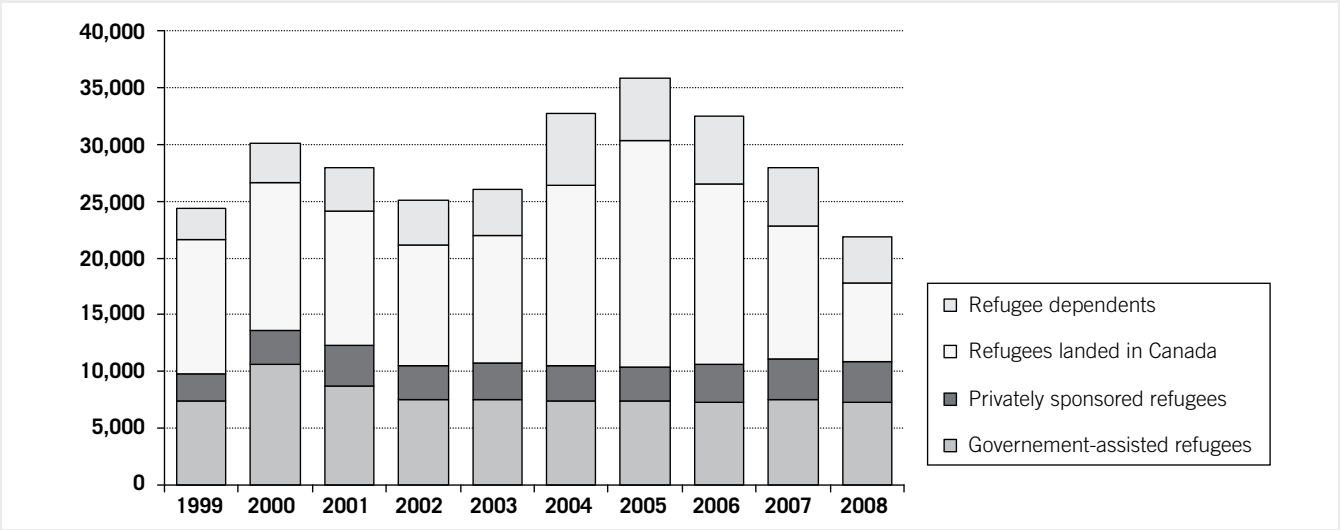
There is small but growing body of Canadian literature on refugee mental health. To add to this evidence, Access Alliance Multicultural Health and Community Services (Access Alliance) conducted two community-based research (CBR) projects focused on newly arrived refugee communities in Toronto from Afghan, Karen and Sudanese backgrounds. Both projects investigated determinants of refugee mental health with one project focusing on adult refugees (specifically Government Assisted Refugees) and the other one on refugee youth between the ages of 16 to 24.[1] Drawing on these two CBR projects, this article discusses pre-migration and post-migration determinants of mental health for newly arrived refugees. Findings from the two studies suggest that newly arrived refugees face unique and acute forms of pre-migration and post-migration stressors to their mental health.

REFUGEES RESETTLEMENT TREND IN CANADA

Once recognized as a world leader in global peace keeping efforts, humanitarian work, and for providing resettlement and other support for refugees around the world, Canada has granted protection to over 700,000 refugees since World War II. In 1976, the Canadian Immigration Act formally distinguished between refugees and immigrants. The Act laid out both a claim determination system for refugees landing in Canada as well as introducing a humanitarian category for government sponsored refugee resettlement. The introduction of the Immigration and Refugee Protection Act (IRPA) in June 2002 consolidated the commitment for Canada to proactively sponsor refugees primarily on humanitarian grounds and protection needs. This Act not only removed additional restrictions on "admissibility" based on medical or economic criteria for refugees but also strengthened the basis for resettling refugees who are particularly at high risk.

Since 1999, Canada has been welcoming between 25,000 to 35,000 refugees every year; this represents about 10-12% of the roughly 250,000 permanent residents (immigrants and refugees) that settle in Canada annually (CIC 2008). Refugee resettlement trend in Canada since 1999 is presented in Figure 1. On average, about 11,000 refugees come as "sponsored" refugees under the Refugee and Humanitarian Resettlement stream: 7,500 as

FIGURE 1: Permanent Resident Arrivals in Canada, Ages 15-24, by Category, 1999-2008



Source: Citizenship and immigration Canada. Developed by Access Alliance.

Government-Assisted Refugees (GARs) and 3,500 as Privately Sponsored Refugees (PSRs). Roughly 12,000 to 19,000 come to Canada through the "In-Canada Asylum" stream in which people apply as refugee claimants upon entering Canada and then become "permanent residents" once their claim process is approved by a quasi-judiciary body called IRB. The remaining 5,000 settle in Canada as family dependents of people who have come as refugees (CIC 2008).

PRE-MIGRATION FACTORS INFLUENCING MENTAL HEALTH

Responses from participants in both studies indicate that many of the newly arrived refugees in Toronto have undergone difficult and traumatic pre-migration experiences that constitute salient risks and stressors to their mental health. Many adult and youth refugees shared personal stories of having experienced or witnessed war, torture, violence, targeted persecution, forced labor, forced migration and family separation. One Afghan refugee summed the immense impact of thirty years of war in Afghanistan in the following way:

> *Of course there was war in Afghanistan for almost thirty two years and people lost family, people lost their homes and they experienced a lot of difficulties. That is one of the most challenge of their life.*

Participants discussed numerous mental health impacts of these pre-migration stressors including worry, sadness, depression, and going 'crazy.' According to one participant:

> *The country situation was not good and we had to worry all the time. The bad news, the torture, the oppression did not only affect our physical being but also our mental being.*

Refugees (adults and youth) from all three communities also pointed out that experiences of living for protracted periods in under-serviced refugee camps in 'transition countries' as 'stateless' individuals resulted in diminished rights and opportunities, increased exposure to discrimination and abuse, and undermined mental health. An Afghan refugee mentioned how:

> *In Pakistan they don't treat Afghani [sic] people the right way. They tell them why you are here? You destroy your country, now you want to destroy ours? They don't like Afghani people*

Another participant likened the confined life in refugee camp to living in a pig's pen:

> *But, life in refugee camp was like the pig's pen. {Idioms ~ strictly confined in a place where you have no way out}. It was very difficult to travel and work. ..This was the greatest oppression. We had to live in confined refugee camps*

One refugee youth recalled how he had to do difficult manual labor (without anything to eat) that exceeded his capacity:

> *In [the refugee camp], you go and work outside, you get nothing to eat, but you have to handle heavy work, and thus you do you grow well…In [the refugee camp],*

> *people sometimes help you out. But, the point is, you have to carry too heavy things that you can't carry.*

Beiser, Simich, and Pandalangat (2003) research on Tamil refugees in Canada also identified similar pre-migration determinants of mental health including war, displacement (within and outside of country of origin), living as IDPs or in refugee camps, harassment from authorities, family separation, and economic hardship.

Existing studies on refugee mental health have found strong correlation between traumatic pre-migration experiences and PTSD. For example, a study of Tamil refugees in Canada found that during pre-migration, 1/3 of participants had directly witnessed a traumatic event such as rape or combat, and 12% of the study group suffered from PTSD (compared with a general population prevalence rate of 1%) (Beiser, Simich, and Pandalangat 2003). Rummens (2007) found that 50% of refugee children who have witnessed violence are likely to experience PTSD. In fact, in the United States the rates of PTSD range from 25% to 50% among refugee children and youth (Kinzie, Jaranson, & Kroupin). Torture was found to be the strongest pre-migration predictor of PTSD (Lidencrona, Ekblad, and Hauff 2008) and is unfortunately a common refugee experience: 20% of all refugees are believed to be primary or secondary victims of torture (International Rehabilitation Council for Torture Victims 2008).

In both studies, refugees also highlighted some positive aspects of their lives before arriving in Canada. In particular, they talked about the strong family and community bonds and supports that they develop in refugee camps. To this extent, leaving family and community behind to come to Canada appear to have serious emotional impacts on refugees.

Service providers highlighted that the bulk of pre-migration mental health issues go undetected and unaddressed. This is primarily due the limited understanding and capacity of settlement and healthcare providers to address mental health issues faced by refugee groups.

POST-MIGRATION FACTORS INFLUENCING MENTAL HEALTH OF REFUGEES

Existing literature on refugee health suggests that post-migration factors impacting refugees may compound mental health issues faced by this group (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees in Canada 1998, Gifford, Bakopanos, Kaplan & Correa-Velez 2007). Further, in the context of resettlement, experiences of poverty, interracial conflict, family instability, parental psychosocial distress, youth unemployment and intergenerational conflict were all found to be sources of poor mental health among refugee youth (Hymen et al., 1996). Findings from our two studies add to this body of evidence. In referring to the compounding pre-migration and post-migration challenges that she faces, one refugee participant summed up her sense of despair in the following way:

> *Whenever I think about my problems and what is going on right now, I almost get crazy. Not only getting crazy, I don't even want to live anymore.*

While being selected for resettlement in Canada is viewed positively by most government assisted refugees (GARs), particular policy anomalies and process challenges related to refugee resettlement in Canada themselves appear to worsen rather than alleviate mental health issues that refugees face. Stressors related to refugee resettlement process include delays in processing applications, errors in the paper work, delays in family reunification, lack of information, and having little or no input into which province or city GARs get settled in Canada. Our study on GARs mental health also found that the transportation loan (covering airfare and initial settlement costs for the family) that GAR families are required to repay was a major source of worry, anxiety and stress.

Several participants from this study recall that the contractual obligation to take and repay the transportation loan was signed more out of vulnerability and desperation rather than through informed choice.

> *There are a number of documents that need to be signed when you are in the process to come to Canada. You because you are so desperate to come to Canada they make you sign some documents in Egypt. You just sign any document [including the loan document] just to come to Canada.*

Findings from both research projects indicate that the critical post-migration mental health stressors that newly arrived refugees in Canada face include labor market challenges (difficulties finding decent jobs, non-recognition of foreign credentials, having to make do with precarious jobs), poverty, linguistic barriers, difficulties in learning (particularly learning English), adaptation to new culture/context, isolation and discrimination. While non-refugee groups may also face these barriers and challenges, our findings reveal that refugee groups experience these determinants in acute and unique ways. The acute impact on refugees result from traumatic experiences that refugees may have faced and/or due to gaps in educational, economic and political opportunities before coming to Canada

For example, while non-refugee newcomers may also face linguistic barriers, refugees face this barrier in acute

ways because many of refugees arrive with limited education, low literacy and low English language fluency. The following quote illustrates the intense difficulties that refugees face in learning English even though they are trying their best and their teachers are giving their best:

> *The language barrier is the most difficult circumstance for me in Canada. It becomes a big worry and concern for me and some times I get mad at myself...I try my best, I don't seem to improve my language skills... the teachers try their best in class, but we just don't understand them and lost concentration*

A service provider working closely with refugee groups highlighted the impact of trauma on learning capacity for refugees:

> *In general we know that trauma has an effect on people's concentration and memory and ability to learn language. So in my experience with working with refugees, people who experienced trauma, I did work with people who were highly educated, they were professionals in their countries. They came to Canada and were unable to move from level one to level two, and that contributed to their depression because some of them put lots of effort into learning new language, but because of trauma, still they didn't know it was because of trauma, they were not able to learn language, new information, concentrate, you know memorize new things. And it just contributed to their depression*

Others researchers have shed light on the relationship between trauma and learning (Freire 1990; Mojab and McDonald 2008; Stone, 1995). They emphasize that language training and other training programs geared at refugees need to be grounded on pedagogical framework that incorporates potential histories of trauma, interrupted schooling, multiple language backgrounds, gaps in literacy platforms, disassociation, and difficulty in concentrating.

Due to limited literacy and English language fluency combined with gaps in educational and career experiences before coming to Canada, refugee groups are more likely to face additional barriers in the labor market and experience unemployment and poverty levels that are much higher than for non-refugee groups. An internal client survey conducted by Access Alliance in 2008 found that over 70% of refugee clients remain unemployed even after 3 years of arrival in Canada.

Findings from both studies indicate that discrimination is a salient stressor that both adult and youth refugees face. An Afghan refugee mentioned that:

> *Since September 11, most people are even afraid to go to the mosque to pray. They are in fear of being accused of terrorism.*

Based on one's social position, marginalized people may face multiple layers of discrimination and disadvantage. The label of 'refugee' itself can become an added layer of discrimination that refugee groups face. For example, a female refugee youth from Sudan characterized the multiple discrimination and disadvantage she faces in the following way:

> *That is what I am saying double disadvantage. First you are refugee second you are black and third you are female. Have so many things pushing you down.*

Many refugee youth pointed out that education and 'studying hard' were their strategy for achieving happiness in Canada and going beyond past experiences of hardships. However, multiple barriers including financial pressure and discrimination hinder their academic aspirations.

A Sudanese refugee youth pointed out how teachers sometimes perpetuate racism instead of helping to fight it:

> *Teachers assume that you are stupid when you are black.*

The following quote by a Sudanese female youth exemplify how acute income insecurity and lack of supportive systems can force newly arrived youth into having to choose between 'shelter, food or school':

> *Financial way school wise you have to buy books and you can't buy certain books because you are thinking of okay, if I spend this amount of money. Because OSAP they didn't tend to give out enough money and to buy books and laptop and here you are and working limited job and don't have enough money and trying differentiate which one come first: shelter, food or school. So in that cases you buy certain books and the rest, library, photocopy, all this. So it is really a lot of pressure. Sometimes you just tend to drop out and take a semester off and think okay, if I work I might be able to help.*

RECOMMENDATIONS

Findings from the two research projects on refugee mental health indicate that (1) newly arrived refugees in Toronto have faced critical pre-migration stressors including war, violence, torture, persecution, precarious migration and protracted stay in underserviced refugee camps; and (2) pre-migration determinants, particularly gaps in educational and economic opportunities, exacer-

bate post-migration stressors that refugees face.
To this extent, we recommend the following:

a. Implement innovative refugee-centred mental health services and community empowerment strategies that can enable refugee families overcome pre-migration mental health issues (particularly PTSD and other trauma)
b. Enhance resettlement policies and process in ways that minimize risk for refugee families, including getting rid of the transportation loan repayment requirement.
c. Make settlement services including English/French language training and employment preparation services more sensitive to the unique needs of refugee population
d. Recognize that settlement is a health issue and promote active collaboration between health and settlement sector.
e. Implement anti-racism/anti-oppression process for proactively overcoming the multiple layers of discrimination that refugee groups face.
f. Design services within rights-based, equity framework in ways that enable refugee groups to overcome perceptions of dependency and helplessness that they might be feeling.
g. Engage marginalized refugee groups in 'critical pathways' (including research, policy development planning, decision making, etc) to promote social inclusion.

REFERENCES

Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees in Canada. 1988. *After the door has been opened: mental health issues affecting immigrants and refugees in Canada*. Health and Welfare Canada.

Beiser, M., Simich, L., and Pandalangat, N. "Community in distress: mental health needs and help-seeking in the Tamil community in Toronto." *International Migration* 41.5 (2003): 233 – 245.

Freire, M. "Refugees: ESL and Literacy Trying to Reinvent the Self in a New Language". *Refuge* 10.2 (December 1990): 3-6.

Gifford, S., Bakopanos, C., Kaplan, I., and Correa-Velez, I. "Meaning or Measurement? Researching the Social Contexts of Health and Settlement among Newly-arrived Refugee Youth in Melbourne, Australia". *Journal of Refugee Studie*s 20.3 (2007): 414-440.

Hyman, I., Beiser, M., & Vu, N. (1996). "The Mental Health of Refugee Children in Canada." *Refuge* 15.5 (1996): 4-8.

International Rehabilitation Council for Torture Victims. "Remember tortured refugees." 2009. http://www.irct.org/Default.aspx?ID=159&M=News&PID=549&NewsID=1405. (19 June 2009).

Kinzie, J.D., Jaranson, J., and Kroupin, G.V. 2007. "Diagnosis and Treatment of Mental Illness." In P. Walker & E. Barnett (eds.), Immigrant medicine. Philadelphia: Saunders. 639-651.

Lidencrona, F., Ekblad S., and Hauff E. "Mental health of recently resettled refugees from the Middle East in Sweden: the impact of pre-settlement trauma, resettlement stress and capacity to handle stress." *Social Psychiatry and Psychiatric Epidemiology* 43 (2008):121-131.

Mojab, S. and McDonald, S. 2008 (in press) "Women, Violence and Informal Learning", in K. Church, N.Bascia, and E. Shragge (Eds.) *Learning through Community: Exploring Participatory Practices*. Springer Press

Rummens, J. A. 2007. "Research on immigrant and refugee health in Canada." [Powerpoint Slides] presented at the McMaster Refugee Child Health Conference, Settlement and Integration Services Organization (SISO), Hamilton, Ontario, May 23, 2007.

Stone, N. 1995. Teaching ESL survivors of trauma. *Prospect*. 10, 3. (The Journal of the National Centrefor English Language Teaching and Research, Macquarie University)

FOOTNOTES

[1] Both CBR projects employed qualitative methods comprising of focus groups and interviews; the research on refugee youth included a short survey. The research on adult refugees (Co-Principal Investigators: Dr Carles Muntaner and Dr Yogendra Shakya) was funded by the Centre for Addiction and Mental Health and completed in 2008. The research on refugee youth was initiated in 2008 (Co-Principal Investigators: Dr Sepali Guruge, Dr Michaela Hynie, Rabea Murtaza and Dr Yogendra Shakya) with funding from Laidlaw Foundation and Citizenship and Immigration Canada and is expected to be completed by March 2009.