REFUGEE MENTAL HEALTH AND THE MEANING OF "HOME"[1]

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ABSTRACT

This article describes the functional and psychological significance of "home" and how refugee mental health and resettlement may be affected by the lack of social supports associated with the concept of home. Using illustrations from studies with refugee communities, the author suggests that the way in which refugees evoke experiences of "back home" reveals critical social and psychological gaps in their settlement and integration experiences.

REFUGEE MENTAL HEALTH AND THE MEANING OF "HOME"

For refugees who have been uprooted—that is, not only rendered homeless, but also forcibly displaced from their homelands--recreating a sense of home is essential for resettlement and good mental health. The concept (and memory) of home is rich in significance and purpose. Home is more than a structure or a place of everyday life. It is a locus of emotional support, a wellspring of identity, a physical connection to one's past and a potent symbol of continuity (Magat 1999; McMichael 2002; Warner 1994). "Home" may be many things for many people, and ideas about home often vary among refugees and policymakers (Black 2002). For many refugees, home may even be more than one place, but it is often "neither here nor there" (Al-Ali and Koser 2002).

The questions raised in this article are, how do functional and psychological meanings of "home" shape refugee mental health? More specifically, what might it take to make refugees feel at home in Canada?

EVOLVING APPROACHES TO REFUGEE MENTAL HEALTH

Approaches to refugee mental health have been evolving in recent decades. Research and advocacy in medicine and humanitarian relief services have tended to focus on identifying and treating acute pre-migration trauma and psychological disorders among refugees, often for good legal and moral reasons (Ingleby 2005). The alleviation of acute disorders such as PTSD of course requires immediate, professional health care. However, refugees often need social care as much as medical treatment. Thus, there has been a shift toward investigating social determinants of refugee mental health during resettlement, because a medical model of care gœs only so far when the social factors affecting refugee mental health are complex.

According to a recent review of global refugee mental health issues, only about 10% of refugees may be diagnosed with post-traumatic stress disorder (PTSD) and approximately 4-6% experience depression (Fazel et al. 2005). This suggests that the continued good health of the majority of refugees depends to a great extent on *post*-migration social experiences. We have increasingly turned our attention to social factors because we need to do more to mitigate mental health risks after refugees arrive in countries of resettlement.

Reestablishing a psychological and functional sense of home is a fundamental social determinant of refugee mental health. In fact, research shows that living conditions during resettlement have significant impact on mental health. In an important review of studies conducted from 1959 to 2002 of social factors associated with poor mental health among refugees, Porter and Haslam (2005) examined 56 reports (including 22,000 refugees) and found that worse mental health outcomes were experienced by refugees living in institutional accommodation, experiencing restricted economic opportunity, displaced internally, repatriated to a country they had previously fled, or whose initiating conflict was unresolved. Moreover, the loss of home is a more commonly shared, defining experience among refugees than is the experience of trauma (Papadopoulos 2002).

SOCIAL SUPPORTS, HEALING AND "HOME"

Experiences of "home" are not just centered on a place, but are also about the people who are there and their relationships to one another. Social support, defined as helpful social relationships, is an important determinant of mental health for everyone. Social supports are intimately linked with reciprocal relationships with family, friends and other community networks. Social institutions and government systems may also provide formal

supports. Reestablishing supportive social relationships and quality of life for refugees resettled in Canada is critical in meeting the many challenges of settlement in integration (Simich et al. 2005; Stewart et al 2008).

Where refugees feel at home has a great deal to do with proximity to extended family and peer social networks and what helpful relationships are intrinsic to those relationships. In our research with refugees, we have shown that seeking social support often shapes refugee secondary migration and resettlement patterns as well as satisfaction with life in Canada (Simich et al. 2002, Simich 2003; Simich et. al 2003). Government-assisted refugees moved away from their initially assigned destinations in order to be with family and friends, and this reason for moving was perceived to be even more important than employment opportunities.

In the landscapes of the mind, "home" is where the heart often returns. The immediate proximity of family and friends helps refugees feel at home in Canada, but transnational ties to the homeland also continue to be important in reality and imagination for many diaspora populations (Abdelhady 2006; Lam 2005; Stone et. al. 2005). Academic perspectives on transnational networks are often reduced to theoretical linkages created by macro-level labour migration and circulation of other forms of capital. Much less is understood about the powerful psychological and experiential ties that bind refugee and other migrant populations in Canada to their kin and homelands abroad (Lewin 2001).

Thoughts of home are not always positive, of course, and feelings are often contradictory (Sussman 2000). Sometimes a refugee's first visit "back home" transforms the meaning of home, resulting in 'reverse culture shock' (Graham and Khosrav 1997). Going back home can also act as a catalyst for renewed engagements with the host country as well as the country of origin; conditions in both places impact refugees' decision-making and can ultimately cœxist (Muggeridge and Dona 2006). Psychological ties can sometimes lead to a sense that migration is only temporary, especially when social and economic integration in Canada is hard to achieve.

Yet, transnational psychological ties may also promote healing and mental wellbeing in Canada. For example, when the Asian tsunami struck in December 2004, about one-quarter of the approximately 200,000 people in the Tamil Sri Lankan diaspora in Toronto were tragically affected by the loss of extended family members and home villages. Given the mental distress many Tamils had already experienced due to war and persecution in Sri Lanka, scientists, physicians and community service providers were concerned about the psychological impact of the natural disaster (Simich et al. 2008). Despite facing new adversity, the Tamil community exhibited resiliency by activating local and transnational ties to provide direct emergency relief to Tamils back home. This collective action not only helped affected Tamils but also supported Canada's role in international disaster response.

SOURCES OF MENTAL DISTRESS ASSOCIATED WITH "HOME"

Refugee groups are heterogeneous, but examining some refugees' perceptions of home and mental wellbeing is illuminating. Below, we draw on findings from two recent community-based studies with Sudanese who have arrived in Canada in the last ten years. In the first study of Sudanese settlement, which was conducted in seven cities in Ontario, we identified a perceived need to have places where people could gather to socialize and solve problems. We also identified family adaptation and economic integration as top priorities, and examined the relationship between these two priorities. We found that many Sudanese experience mental distress due to economic hardship and unmet expectations in Canada, suggesting that social inequities and related post-migration disadvantages seriously compromise the mental health of refugees.

Specifically, we found that Sudanese for whom life in Canada was not what they expected and those who experienced economic hardship (as measured by worry over having enough money for food or medicine) experienced poorer overall health and reported a greater number of symptoms of psychological distress. Individuals who were experiencing economic hardship were between 2.6 and 3.9 times as likely to experience loss of sleep, constant strain, unhappiness and depression, and bad memories as individuals who do not experience hardship (Simich et al. 2006).

What seemed most interesting was why this was so. Essentially, underlying the expression of mental distress was the unfulfilled need to support family "back home." As this Sudanese man in Ottawa said,

> "Life here is very difficult. … [Refugees] have more bills that they have had to pay for than any other time in their life. The pressure to make a living here is terrible and they have a lot of responsibilities.…
> "If you think you're not able to even help some of your people there [in Sudan], then it affects you, as if you have neglected your duty. You have failed. You are no longer thinking of bringing this person [to Canada]. You are not sending even a little money home. You've forgotten about them, so you really feel useless or cut off. You become very selfish, for yourself or your own family…

> this is stressful to think like that--that you've let people down, that you're not caring about others (Simich et al. 2006, p. 435)."

Thus, one important reason for psychological distress is not simply relative or material deprivation in Canada *per se*, but rather how it diminishes one's ability to care for others and to fulfill obligations to loved ones still at risk in the home country.

CONTRASTING IMAGES OF HOME: FUNCTIONAL AND PSYCHOLOGICAL GAPS

In a second, in-depth study of Sudanese family adaptation and community wellbeing in Ontario and Alberta, we continued to explore factors that affect refugee resettlement and integration. A preliminary review of this qualitative data showed that refugees use the term "home" only rarely to describe life in Canada. Most often, the word "home" was used in a comparative sense, contrasting positive images of "back home" with the *loss* of many characteristics of home in Canada. Contained within the phrase "back home" is more than just nostalgia for an ideal place or a golden time. Rather, the image evokes what is actually needed to reestablish a functional and psychological sense of home in Canada.

For Sudanese refugees (and perhaps others whose lives have been similarly disrupted), images of "back home" tend to be associated with several functional and psychological factors: having customary emotional support; solving problems and conflicts; fulfilling the needs of the family, meeting social expectations, maintaining dignity and fostering growth. By contrast, refugees talk about home life in Canada as marked by the absence of extended family; increased family conflict; lack of means of resolving conflict; unbalanced gender roles; disabling underemployment; and lack of opportunity.

What refugees say about "back home" reveals what is missing in Canada. For Sudanese, as for many other immigrants and refugees, the lack of social support received from extended family that are not in Canada also contributes to an ongoing sense of loss and displacement, as some refugees explained:

> "When I came [to Canada], people were not as open as back home. You sit down, where you always talk to each other, you visit each other. People [in Canada] don't have time for one another. I found that very strange and I was very lonely."
>
> "Most of us share the same issues because we have relocated from one country to the other and … that emotional support that we usually get from our mothers, aunts and uncles is not here anymore. One of the biggest challenges is baby sitting."

Family roles and ways of resolving conflicts are also central to the concept of home:

> "Back home … a man is the head of the family and he is the last decision maker and he is the person who is responsible for everything and everything is on his neck back home. Now here in Canada it is so different. That is the big challenge for both the man and the woman."
>
> "Back home [conflict resolution] occurs by simple traditional laws that are our own and are a very peaceful traditional way … but here it is so problematic. Once the police get involved in family problems…the man is not comfortable about being in the house. Some end up packing, going back home and leaving their families here."

Refugees appreciate the relative safety and security of Canada and many express hopes for the future. But the twin pressures of expectations "back home" and in Canada are always psychologically present. There is also profound sense of being cut off from "home," and of simultaneously being marginalized, or even kept down, in Canada.

> There is a saying, "there is nowhere like home." It's so good you are here [in Canada]. I'm not worried about getting shot by a bullet, but the problem is, you miss your own people…..
>
> I went to school for one year and that is it. I can't do it, because I need to work to support our families back home, because they need help, too. The government dœsn't give you enough money for food, rent, clothes other necessities and so there is need to work.

Not having a complete sense of home and the support of people who have shared similar experiences makes coping with the stresses of resettlement a lonely experience. It may magnify mental distress, undermining successful resettlement. As one refugee said,

> With no family here, sometimes you don't want to share your problems with people you don't know…. There are not a lot of people who can sit down to talk about the problem. *And the problems are even bigger than the ones back home.*

FILLING THE "HOME" GAP AND PROMOTING REFUGEE MENTAL HEALTH

The evidence above suggests that refugee mental health depends on feeling at home in Canada and points to some critical gaps in the resettlement experience. On a pan-Canadian level, these gaps may be filled in the mental health sector by taking into account the impact of forced migration and settlement in developing mental health care and health promotion strategies. In the immigration and settlement sector, strengthening family reunification in policy and practice might be helpful. The evidence also suggests the benefits of investing in employment and educational opportunities for refugees, providing culturally-appropriate mental health and family counseling and alternative means of conflict resolution, and designing programs and social supports that are tailored to refugee communities, which may occur on both national and provincial levels. Using these strategies to negotiating new meanings of home and creating a greater sense of belonging may help refugees in Canada to recover a sense of dignity and wellbeing that comes from being functionally and psychologically "at home."

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NOTE

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Canadian Issues
Temporary Foreign Workers Issue

This edition of Canadian Issues/Thèmes Canadiens focuses on temporary foreign workers (TFWs) in Canada. It examines research and statistics related to TFWs across Canada to provide an analytical profile of this group of immigrants. Additionally, it looks at the federal and provincial policy tools in place to promote and regulate temporary migration to Canada. Finally, it explores the social, economic, health, safety and legal issues arising from TFW programs in Canada and provides future directions for research and policy development.

