

Mental Health Policies & Procedures: A Manager's Toolkit

Mental Health & Immigrants/Refugees: Fact Sheet

Sources:

- Canadian Mental Health Association, http://www.ontario.cmha.ca/about_mental_health.asp?CID=23054
- Establishing collaborative initiatives between mental health and primary care services for ethnocultural populations. Canadian Collaborative Mental Health Initiative, 2006
- Mississauga Halton LHIN: Mental Health & Addictions: Detailed Planning and Action Team Report; www.ontla.on.ca/library/repository/mon/22000/285359.pdf

Mental Illness & Immigrants/Refugees:

- Immigrants have a lower rate of mental disorders than the native-born Canadian population, with the exception of post-traumatic stress disorder (PTSD). Among those immigrants and refugees who experienced torture, war, and persecution in their home countries, the incidence of PTSD is high.
- Stresses associated with immigration and resettlement may put immigrants and refugees at increased risk for developing mental health problems. Some of the stresses involved in resettlement may include an inability to speak one of the official languages, prejudice and discrimination from the host society, low socio-economic status, separation from one's family, and isolation from one's cultural background.
- Refugees who are older, more educated, and female, and who have higher pre-displacement socioeconomic status and rural residence, have worse mental health outcomes
- In a 2001 refugee health survey, the most common types of mental health concerns were depression/suicidal behaviour, anxiety, post-traumatic stress, alcohol and/or drug misuse, psychosis and adjustment problems

Stigma:

- Ethnic minorities experience mental illness stigma more harshly than majority groups. Due to family-shared shame, and different cultural perceptions of mental illness and its causes, many members of minority groups delay treatment.
- For members of ethnoracial and ethnocultural communities, the effects of stigma are characterized by:
 - o Myths in general understanding, causes and treatment alternatives
 - o Somatization (presenting emotional problems as *physical* problems)
 - o Shame
 - o Avoidance of help seeking

Accessibility:

- Services for immigrants must be both culturally and linguistically appropriate

Seeking Help:

- Different ethnic groups may explain symptoms, causes, illnesses and treatment in other ways than the majority group and this influences whether they access treatment and what treatment is acceptable to them. For example, alternative explanations may be in a context of religion or supernatural beliefs, Western medicine versus non-Western, factors within the individual or the environment, etc.
- Perceived service accessibility – Do people feel that they can access culturally, gender and language appropriate services? One study indicated people from mainland China and Korea did not feel they had access to appropriate services. Another study found that there is a “perception that available care providers would not understand or be prejudiced against the respondent’s culture and that professionals from their cultural background were not available”

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Refugee Integration Process

Source: "Cultural Diversity – A Handbook for Addiction Service Providers" by Beryl Tsang, Addiction Research Foundation.
http://atwork.settlement.org/sys/atwork_library_detail.asp?doc_id=1003494&passed_lang=EN

| 0-6 MONTHS AFTER ARRIVAL | | | |
|--|--|---|--|
| Thoughts & Feelings | Issues & Needs | Resources Required | Potential Resources Required |
| <p>Conflicting thoughts and feelings (e.g., sense of excitement and happiness but also preoccupation with safety and well-being)</p> <p>Relief at escaping persecution and torture or fear</p> <p>Disorientation and confusion</p> | <p>Fulfillment of basic physical needs (e.g., the need for work, shelter, food, etc.)</p> <p>Orientation to new institutions and services in new home</p> <p>Contact with those who share the person's culture, ethnicity, language, race, religion, spirituality or experiences</p> <p>Being cared for by "someone who knows"</p> | <p>Assessment of pre-arrival experience (e.g., time spent in refugee camp, family and friends left behind, experiences with violence or torture, etc.), to determine type and scope of health and human services required</p> <p>Determination of need for mental health services</p> <p>Legal assistance (if person is refugee claimant)</p> <p>Assistance meeting basic physical needs (e.g., the need for work, shelter, food and clothing)</p> <p>Language training</p> | <p>Life skills' training</p> <p>Vocational or professional accreditation</p> <p>Orientation to basic health and human services (e.g., hospitals, health centres, senior or youth groups, etc.)</p> <p>Support groups</p> |

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| 6 MONTHS TO 3 YEARS AFTER ARRIVAL | | | |
|---|--|---|--|
| Thoughts & Feelings | Issues & Needs | Resources Required | Potential Resources Required |
| Anxiety over separation from home | Desire to achieve something in new home | Connection with achievements in previous life (e.g., practicing old profession in new home) | Counselling or help to deal with anger and depression |
| Guilt about leaving friends and family behind | Desire to contribute to new home | Information on how to establish ties to former achievements | If alone, help finding or creating mutual aid or support groups to serve as surrogate families |
| Guilt about being safe when others at home may still be in danger | Desire to do something about what is happening in old home | New challenges and activities | Information on self-care |
| Ongoing fear for personal safety and well-being | Rising expectations | Assessment of skills, resources and knowledge; introduction of new ideas and opportunities | |
| Fear of further change | Sense of disillusionment at not being able to achieve something or meet basic expectations | Assistance identifying unsettling thoughts and emotions (e.g., thoughts of suicide or violence) | |
| Depression or disappointment over the indifference of host country about events at home (e.g., Canadians don't care about civil war in Somalia) | Frustration over inability to contribute in a meaningful way | Help learning to express thoughts and emotions | |
| Unexpressed anger and depression over inability to cope in a new environment. | Desire to bring friends and family to new home - sadness at not being able to | Validation of anger and depression | |
| | | Information on how to sponsor friends and family members | |

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| 3 TO 5 YEARS AFTER ARRIVAL | | | |
|--|--|--|---|
| Thoughts & Feelings | Issues & Needs | Resources Required | Potential Resources Required |
| Realization that there has been a permanent shift in values, practices and norms Sense of social dislocation Stress Uncertainty about self and future Withdrawal from friends, family and community Search for stability, control and new coping mechanisms Questioning of self and resources Possible loss of self-esteem Mourning what was left behind Desire to return to what is familiar | Physical manifestations Of uncertainty, stress and dislocation (e.g., colds, flu, aches, pains, difficulty eating and sleeping, etc.) Negative coping mechanisms (e.g., withdrawal from friends and family, substance use, idealization of former home) Conflict with friends, family and community Generational conflicts with children | Assistance dealing with symptoms of social dislocation Help establishing realistic goals and objectives Ongoing help establishing ties to former achievements Ongoing help finding new challenges and activities Ongoing help assessing skills, resources and knowledge Ongoing introduction of new ideas and opportunities Monitoring of psycho-social status | Ongoing counselling or help to deal with loss Ongoing help finding or creating mutual aid or support groups Ongoing provision of information on self-care |

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| 5 YEARS AND ONWARDS | | | |
|--|---|---|--|
| Thoughts & Feelings | Issues & Needs | Resources Required | Potential Resources Required |
| Sense of belonging, happiness Sense of resolution about new life and new home Realistic expectations Hope | Person has friends, interests and structure in life | Ongoing orientation to services and society Person becomes a resource for others | Orientation to rights and responsibilities as member of a larger society |