



SOCIAL CONNECTEDNESS
FELLOWSHIP PROGRAM

**The Post-Migration Mental Health of Asylum Seekers
and Refugees in Quebec**

Understanding & Addressing the Mental Health Impact of
Forced Migration

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EXECUTIVE SUMMARY

As the province with the highest number of irregular border crossings and as the second most common destination for resettled refugees, Quebec is host to thousands of refugees and asylum seekers. Given Quebec's pivotal role in accepting refugees and asylum seekers, this report seeks to understand and analyze the emotional and psychological experience of forced migrants after arriving in Quebec by drawing on existing literature and first-hand testimony. Four key determinants of post-migration mental health are identified: legal processes, detention, integration challenges, and social connectedness/isolation. Tracing how each of these factors manifests in Quebec, this report highlights the psychological duress caused by detention, legal proceedings, integration challenges, and isolation as well as the psychological buffer that positive social experiences offer.

Two key recommendations are proposed to address the post-migration mental health of refugees and asylum seekers. Firstly, alternatives to detention must be implemented to avoid the trauma and distress associated with being incarcerated. Secondly, informal mental health interventions should be provided at multiple sites across the province with the aim of building social connectedness and offering practical support.

The latter recommendation was piloted through two art-based mental health interventions dubbed "Welcome Hives." While this initiative sought to build social connectedness within the refugee and asylum-seeking community, another initiative – an oral history series titled "What We Leave Behind" – sought to build social connectedness between local residents and newcomers by highlighting the commonalities between us.

Ultimately, the goal of the research conducted, recommendations proposed and initiatives organized is to pave the way for a more positive post-migration experience for refugees and asylum seekers in Quebec.

TERMINOLOGY

- In this report, the term '**refugee**' is used to describe anyone whose refugee claim was successful. Those who arrived as refugees and have since received permanent residency or citizenship are still referred to as refugees for the purpose of this project.
- The term '**asylum seeker**' is used to describe anyone fleeing persecution and looking for protection; the term can be applied to someone who may or may not be eligible to apply for refugee status. The term asylum seeker is often used interchangeably with '**refugee claimant**'
- The term '**forced migrant**' is used to describe anyone who flees their country due to a fear for their safety. It is used as an overarching term that encompasses everyone forced to flee, including refugees and asylum seekers.
- The term '**social connectedness**' is used to describe a feeling of belonging, a sense of connection to others.

INTRODUCTION

Canada's history of offering refuge traces back to 1776 when 3,000 Black Loyalists fled the oppression of the American Revolution and entered Canada. Refugees were officially recognized as a distinct class of immigrants in 1976 with the establishment of the Immigration Act.¹ Today, Canada commits to receiving upwards of 46,000 refugees and protected persons each year, as stated in its [2019-2021 Immigration Levels Plan](#). Quebec plays an integral role as a host for resettlement. After Ontario, Quebec is the second most common province for resettlement. Between January 2015 and April 2019, a total of 25,045 resettled refugees were admitted with the intention to settle in Quebec.²

The objective of this report is to analyze the impact of forced migration on mental health as experienced in a post-migratory context in Quebec. For the purpose of this research, the term post-migration is understood as the period after arriving in Canada. However, this may not be the end of the journey for all migrants, as some may have their refugee claim denied or choose to migrate elsewhere. Findings are based on a scoping review of literature on refugee mental health as well as outreach conducted in Montreal. During the course of this fellowship, I spoke to several asylum seekers, frequently attended welcome sessions for YMCA residents,³ and met with psychiatrists and community workers. These informal conversations informed my

¹ Citizenship Canada, "Canada: A History of Refuge." Government of Canada, Last modified November 14, 2018, <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/canada-role/timeline.html>.

² Immigration, Refugees and Citizenship Canada, "Resettled Refugees – Monthly IRCC Updates," Open Government Portal, April 2019, <https://open.canada.ca/data/en/dataset/4a1b260a-7ac4-4985-80a0-603bfe4aec11>.

³ Welcome Sessions are a joint initiative by the Samuel Centre for Social Connectedness (SCSC), Médecins Sans Frontières (MSF) Urban Spaces, PRAIDA (Programme régional d'accueil et d'intégration des demandeurs d'asile) and the Atwater Library's Connecting People to A Digital Lifestyle Project. The objective of this initiative is to welcome newly arrived (between 0-2 weeks) asylum seekers to Montreal and create an opportunity for community-building and shared-learning in an informal and intimate setting.

perspectives on forced migration and nuanced my understanding of the role of social connectedness, belonging and isolation in the post-migration experience. In this report, four issue areas are identified as focal points affecting mental health: legal processes, detention, integration challenges, and social connectedness/isolation. Considering the fact that most asylum seekers and refugees in Quebec reside in Montreal, evidence and key findings are predominantly collected from Montreal.

Mental health is a broad term that encompasses one's emotional, psychological and social well-being. Positive mental health assures one's ability to cope with stress, build and maintain relationships, and enjoy life.⁴ Psychological and physical well-being are intricately linked; poor mental health increases the risk for chronic physical conditions, and vice versa.⁵ Forced migrants often face greater mental health challenges given the stressful and, at times, traumatic experiences they undergo prior to, during and after migration. People who have been forced to flee their homes are not a homogenous population; there is diversity in age, gender, sexuality, race, and ability. Taking these various intersections into account, one must be mindful that certain social determinants of mental health affect particular groups of forced migrants more acutely than others. The psychological and emotional journey of each individual is unique and tied to the particular experiences of that individual. There are, however, certain shared experiences common to displacement and resettlement that have particular implications for one's mental health.

⁴ "What Is Mental Health?" *MentalHealth.gov*. U.S. Department of Health & Human Services, last modified April 5, 2019, accessed June 25, 2019, <http://www.mentalhealth.gov/basics/what-is-mental-health>.

⁵ "Connection Between Mental and Physical Health." Canadian Mental Health Association Ontario, accessed June 25, 2019, <http://ontario.cmha.ca/documents/connection-between-mental-and-physical-health/>.

Global statistics at a glance:

- Meta-analyses reveal that refugees face higher rates of depression, chronic pain and other somatic complaints.⁶
- A study conducted on refugee populations in western countries revealed that given their exposure to war, violence and exile, refugees are ten times as likely to suffer from post-traumatic stress disorder than their age-matched counterparts in the resettled country.⁷
- Global studies indicate that up to 40 percent of resettled refugees suffer from anxiety; up to 44 percent of resettled refugees suffer from depression; and up to 36 percent of resettled refugees suffer from post-traumatic stress disorder (PTSD).⁸
- A study conducted in Quebec revealed that refugee youth had a higher prevalence of major depression and dysthymia compared to local adolescents.⁹

BACKGROUND

The Refugee Protection Division (RPD) and the Immigration and Refugee Board of Canada (IRB) hear and decide upon refugee claims. For a claim to be eligible, the claimant must either be a person in need of protection or fall under the UN definition of a Convention refugee. A person in need of protection is defined as someone who would risk facing torture, cruel and unusual treatment or punishment, or death if they returned to their country of nationality.¹⁰ A Convention refugee is defined as anyone with a well-founded fear of persecution due to their race, religion, nationality, political opinion, or membership in a particular social group. Canada

⁶ Laurence J. Kirmayer et al. "Common mental health problems in immigrants and refugees: general approach in primary care." *Cmaj* 183, no. 12 (2011): E959-E967.

⁷ Mina Fazel, et al., "Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review," *The Lancet* 365, no. 9467 (2005): 1309-1314.

⁸ Rachel Kronick. "Mental health of refugees and asylum seekers: assessment and intervention." *The Canadian Journal of Psychiatry* 63, no. 5 (2018): 290-296.

⁹ Michel Tousignant et al. "The Quebec Adolescent Refugee Project: psychopathology and family variables in a sample from 35 nations." *Journal of the American Academy of Child & Adolescent Psychiatry* 38, no. 11 (1999): 1426-1432.

¹⁰ "Refugee Claims Statistics," Immigration and Refugee Board of Canada, May 17, 2019, <https://irb-cisr.gc.ca/en/statistics/protection/Pages/index.aspx>.

clearly states that membership of a particular social group can include sexual orientation, gender identity, being a woman, and HIV status.¹¹

There are two possible routes to being accepted as a refugee in Canada: applications made from within Canada and the resettlement route. Applicants from within Canada include anyone fleeing persecution who is either inside Canada already or at the border. The resettlement route is for those who are outside of Canada and who are brought to Canada as government-assisted refugees (GAR), privately-sponsored refugees (PSR) or blended visa office-referred refugees (BVOR). Refugees under this category must be referred by either the United Nations Refugee Agency (UNHCR) or a private sponsorship group.¹²

The lived experiences prior to arriving in Canada for asylum seekers and refugees can be vastly different depending on the route of admission. Many asylum seekers entering Canada at the border arrive via the United States (U.S.), after having rebuilt their lives there after fleeing their country of origin months, years or even decades prior. Some even have children born in the U.S.. Under the Trump administration, [Temporary Protected Status](#) – a humanitarian program that protected certain communities fleeing situations of disaster or instability in their home countries – has been revoked for six countries. With few other options, many choose to seek protection in Canada. Others crossing into Canada by land arrive from their countries of origin, navigating arduous, and at times life-threatening, journeys spanning weeks or months as they traverse South and Central America, the United States, and finally, Canada.

¹¹ Ibid.

¹² Citizenship Canada, “Resettle in Canada as a Refugee,” Government of Canada, Last modified November 13, 2018, <https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-outside-canada.html>.

Meanwhile, refugees from the resettlement route arrive in Canada from the temporary resettlement country to which they migrated after fleeing their country of origin. Many lived for extended periods in refugee camps or struggled to get by in countries where they had no status and limited rights.¹³ Life in refugee camps can pose serious challenges, ranging from overcrowding and scarcity of food and water to poor sanitation and disease. Even when the aforementioned challenges are not an issue, extended periods in refugee camps, where people are living in a constant state of limbo, can take a toll on one's psychological well-being.

Given these differences in the journey leading to arrival in Canada, the post-migration challenges and ability to cope with particular post-migration stressors also vary vastly between different groups. For example, privately-sponsored family members may fare better than government-sponsored refugees due to pre-established roots in Canada, or they may fare worse due to intra-family conflict resulting from a change in family dynamics. Moreover, a migrant's ability to deal with post-migration stressors is often tied to their pre-migration experiences, including but not limited to their exposure to violence and war. Porter and Haslam explore trauma amongst refugees as a cumulative phenomena, highlighting how distressing experiences prior to and during migration are compounded by adverse post-migration experiences such as discrimination.¹⁴

It is difficult to speak of homogenous experiences and challenges across such a heterogeneous population; however, for the purpose of shedding light on the overall

¹³ "About Refugees and Canada's Response," Canadian Council for Refugees, n.d, Accessed June 20, 2019, <https://ccrweb.ca/en/refugee-facts>.

¹⁴ Matthew Porter and Nick Haslam. "Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis." *Jama* 294, no. 5 (2005): 602-612.

psychological well-being of refugees and asylum seekers in Quebec, this report will attempt to lay out the salient factors affecting mental health.

ISSUE, EVIDENCE AND KEY FINDINGS: FACTORS AFFECTING POST-MIGRATION

MENTAL HEALTH

Although Canada offers safety from persecution, war and violence, asylum seekers and refugees face various other psychosocial stressors upon arrival that take a toll on their mental health, contributing to a cumulative trauma. When met with favourable post-migration conditions such as access to satisfactory housing and employment or strong social supports, however, the deleterious impact of pre-migratory trauma is significantly reduced.¹⁵

Four factors are identified as key determinants of mental health in the post-migration context in Quebec: the legal process, detention, integration challenges, and social connectedness/isolation. Relying largely on testimony by asylum seekers and refugees, this section explores the emotional and psychological struggles associated with each of these factors as well as the potential that certain spaces offer in assuaging these struggles by way of building social support systems.

Legal Processes: Claiming refugee status and family reunification

“I’m scared [they will] debark me again to my country, scared they do not accept to bring my family. It’s like somebody put a gun to your head and you are waiting for them to shoot you, I feel like this.”

- Male asylum seeker from the Middle East¹⁶

¹⁵ Michel Tousignant et al., "The Quebec Adolescent Refugee Project," 1426-1432.

¹⁶ Liana E. Chase and Cécile Rousseau, "Ethnographic case study of a community day center for asylum seekers as early stage mental health intervention," *American Journal of Orthopsychiatry* 88, no. 1 (2018): 48.

The legal process for claiming asylum, proving one's status as a refugee, and filing for family reunification can be an emotionally turbulent experience.

For asylum seekers applying for refugee status from inside Canada, the current processing time is 20 months.¹⁷ The uncertainty and fear of deportation during these long processing times can cast a looming shadow over the initial integration experience. For legacy cases – claims registered before December 15, 2012 – the situation is even worse. These claimants are subject to severe backlog due to a change in the refugee determination system introduced in 2012 that prioritizes newly-arrived claimants. As they wait years for their claims to be heard, many have already built strong local community ties and established careers, with their children having been integrated into school. Not only do these claimants face exorbitant wait times of four years or more,¹⁸ vulnerable to being uprooted once again, but they are also ineligible to apply to stay based on [humanitarian and compassionate consideration](#) (H&C) and cannot access a [Pre-Removal Risk Assessment](#) if their claim gets denied.¹⁹ The acceptance rate for legacy cases in 2018 was roughly 47 percent, with all other claims either being rejected, withdrawn or abandoned.²⁰

Maida*, a recently arrived Zimbabwean woman in the process of claiming asylum was shaken when she overheard a fellow Zimbabwean woman crying in her immigration lawyer's

¹⁷ Citizenship Canada, "Check processing times," Government of Canada, Last modified August 14, 2019, <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/check-processing-times.html>

¹⁸ Ashley Burke, "Canada's Forgotten Refugees: 'Legacy Claimants' Still Living in Limbo," CBC News, CBC/Radio Canada, May 2, 2017, <https://www.cbc.ca/news/canada/ottawa/ottawa-forgotten-refugee-new-task-force-1.4091221>.

¹⁹ "Legacy Cases: Recommendation for Regularization," Canadian Council for Refugees, n.d, Accessed June 15, 2019, <https://ccrweb.ca/sites/ccrweb.ca/files/legacy-cases-regularization-recommendation.pdf>.

²⁰ "Refugee Protection Claims (Legacy) by Country of Alleged Persecution – 2018," Immigration and Refugee Board of Canada, February 15, 2019, <https://irb-cisr.gc.ca/en/statistics/protection/Pages/RPDLegStat2018.aspx>.

office – the woman’s husband had been denied asylum and sent back to Zimbabwe, where a week later his body was found.²¹

For refugee claimants, newly-arrived and legacies alike, everything depends on the IRB believing their claim. Although the IRB attempts to minimize re-traumatization,²² the process of proving the veracity of one’s claim as well as coherently re-telling distressing events in a manner that is consistent with their initial Basis of Claim form can be emotionally and psychologically grueling.

Kalende, a Ugandan activist who applied for asylum on the basis of sexual orientation, reflects on the refugee claim process stating that,

They wanted the names of my girlfriends and all of my previous relationships and their support letters to prove that. It made me feel horrible. They just focused on these private, intimate things about my partners, sex life and breakups, instead of the way I was persecuted back home. There’s something about the (asylum) process that breaks you down, that breaks your emotions down.²³

²¹ Anonymous (refugee claimant) in discussion with author, May 30, 2019.

²² Janet Cleveland, Cécile Rousseau, and Jaswant Guzder. "Cultural consultation for refugees." In *Cultural Consultation*, p. 262. Springer, New York, NY, 2014.

²³ Nicholas Keung, "Canada's asylum system re-victimizes LGBTQ refugees," The Star, Toronto Star Newspapers Ltd., September 29, 2015, <https://www.thestar.com/news/immigration/2015/09/29/canadas-asylum-system-re-victimizes-lgbtq-refugees.html>.

Begum, Bangladeshi woman, 30 years old

Begum fled Bangladesh with her 4-year-old son after repeated domestic violence. The agents who arranged her transport to Canada via New York raped her in New York before sending her onwards.

When she arrived in Canada, she applied for refugee status and filed her initial written claim. During her hearing, her testimony did not align perfectly with her written claim and she was rejected by the IRB. Her testimony and written claim differed not because she lied or attempted to deceive the Board, but simply because she was too ashamed to recount the instances of rape both within her marriage and en route.

The subsequent appeal process took 6 years. During this time, she suffered from depression and suicidal tendencies, terrified of returning to both Bangladesh or New York. She threatened to kill herself and her children as she grappled with depression and PTSD. Her parents back home, who had helped her leave her abusive husband and flee Bangladesh, passed away as Begum awaited a decision. Begum's poor mental health affected her children as well, who suffered from depression.

Ultimately, Begum's refugee claim was approved, which led to considerable improvement in her psychological state, but her children continue to struggle with mental health problems.

(Case study source: Cleveland, Janet, Cécile Rousseau, and Jaswant Guzder. 2014. "Cultural Consultation for Refugees." Essay. In *Cultural Consultation: Encountering the Other in Mental Health Care*, 245–68. Montreal: Springer.)

In addition to the personal challenges, the uncertainty, and the strain of proving one's 'legitimacy,' many asylum seekers and refugees struggle with the pain and anxiety of having been separated from their family during migration. Depending on the circumstances of the separation, they may also fear for their family's safety. Canada does have a family reunification program that allows refugees to bring their families to Canada; however, only spouses and children under 18 who were mentioned on the refugee claimant's immigration forms are applicable for unification under this program. Siblings, parents and grandparents fall through the cracks of this narrow definition.²⁴ For those spouses and children who are eligible for reunification, processing times

²⁴ "Family Reunification," Canadian Council for Refugees, n.d., Accessed June 21, 2019, <https://ccrweb.ca/en/psr-toolkit/other-useful-info-family-reunification>.

are still very long. According to the Canadian Council for Refugees, the average processing time for the reunification of refugee dependents is 38 months.²⁵ These protracted wait times can have a significant psychological impact on parents and children alike.

“Yes, my child is still with his father in [West African country] and that is what makes me sad today. Because when his father calls me . . . [my child] says, ‘I want you to come tomorrow. . . .’ That discouraged me. I cannot explain to him. He cannot understand. He is six years old. What are you going to tell him? What are you going to tell him so that he will understand me? ‘Mom, when are you going to come back?’ He cannot understand.”

- Female asylum seeker²⁶

Nadia, a mother who was separated from her daughter, recalls, "Mariam was separated from us for three years and now, ten years later, I know that she still does not fully see or trust me as a mother. The government is punishing children who did not do anything wrong."²⁷

Detention

For some asylum seekers arriving in Canada, the first post-migration experience is detention. For other denied claimants, it is their last experience in Canada. Roughly 4,500 asylum seekers and denied refugee claimants are detained across Canada every year. In 65 percent of cases, detainees are held in Immigration Holding Centres (IHCs); in the remaining 35 percent of cases, people are held in provincial jails.²⁸ Conditions in IHCs are not much better than jails, with omnipresent guards, surveillance cameras, and stringent rules. Most detained asylum seekers are held while their identity is verified; only six percent of detained refugee claimants are held

²⁵ “Family Reunification,” Canadian Council for Refugees.

²⁶ Liana E. Chase and Cécile Rousseau, "Ethnographic case study of a community day center for asylum seekers as early stage mental health intervention," 52

²⁷ “Excluded Family Members,” Canadian Council for Refugees, March 2016, Accessed Jun 20, 2019, <https://ccrweb.ca/en/117-9-d-infographic>.

²⁸ Rachel Kronick, Cécile Rousseau, and Janet Cleveland. "They Cut Your Wings over Here... You Can't Do Nothing." *Detaining the Immigrant Other: Global and Transnational Issues* (2016): 195.

due to a suspicion of criminal activity. The average duration of detention is approximately one month.²⁹

Detention can have severe impacts on one's psychological well-being. It instills a sense of powerlessness, which can aggravate depression or other mental health issues.³⁰ A study undertaken in Montreal and Toronto found that levels of PTSD, depression and anxiety were significantly higher amongst detained asylum seekers after a median period of incarceration of 17.5 days.³¹

When interviewed, families recalled feelings of terror and shame when being arrested, particularly when the arrest occurred in front of their children.³² Although Canadian legislation dictates that children should only be detained as a last resort, 151 children were detained in the fiscal year 2017-18 – seven of whom were unaccompanied minors. Quebec accounted for 67.5 percent of these detentions.³³

Children are normally held in a special section with their mothers, separated from their fathers or older male siblings. They would often be very anxious about the wellbeing of separated family members, even when there were regulated opportunities to meet. One 11-year-old girl would constantly ask her mother about her father. She was detained for nearly three months,

²⁹ Janet Cleveland and Cécile Rousseau. "Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada." *The Canadian Journal of Psychiatry* 58, no. 7 (2013): 409-416.

³⁰ Kirmayer et al., "Common Mental Health Problems in Immigrants and Refugees," 961

³¹ Janet Cleveland and Cécile Rousseau, "Psychiatric symptoms associated with brief detention of adult asylum seekers in Canada," 413.

³² Rachel Kronick, "They Cut Your Wings over Here... You Can't Do Nothing," 198.

³³ Government of Canada, Canada Border Services Agency, "Arrests, Detentions and Removals - Annual Detention Statistics - 2012-2017," CBSA, October 25, 2018, <https://www.cbsa-asfc.gc.ca/security-securite/detent/stat-2012-2018-eng.html>.

and over the course of her detention she began to refuse meals, asking that the food be given to her father instead.³⁴ According to Kronick, separation can cause a re-traumatizing effect due to various pre-migration traumas.³⁵

Integration Challenges

Once an asylum seeker's claim has been accepted, the security of having legal status can bring hope and optimism, positively affecting one's mental well-being. For a gay refugee claimant from Saudi Arabia, being in Canada provides the relief of being able to express his identity: "I don't have to hide, it was so much weight on my chest and I just took it off. I've never wanted to be alive as much as I do right now. I feel like I have hope."³⁶

However, these positive emotions can abate quickly in the face of resettlement challenges, migration-associated losses, or unrealized hopes and dreams. Qualitative research reveals that the principal causes of post-migration stress include social and economic strain, social alienation, discrimination and status loss, and exposure to violence.³⁷ Certain groups of refugees experience additional challenges and barriers to resettlement due to the intersection of race, gender identity, sexual orientation, ability, and age.

When refugees arrive, many have to leave behind a large part of their material possessions, which can include properties and businesses. Arriving into relative poverty, refugees must build their lives again from the ground up. For GARs, part of the economic strain is arriving

³⁴ Rachel Kronick, "They Cut Your Wings over Here... You Can't Do Nothing," 201

³⁵ Ibid.

³⁶ Jesse Feith, "Fear — and hope — for gay asylum seeker from Saudi Arabia," Montreal Gazette, Postmedia Network Inc, February 11, 2019, <https://montrealgazette.com/news/local-news/fear-and-hope-for-gay-asylum-seeker-from-saudi-arabia>.

³⁷ Kirmayer et al., "Common Mental Health Problems in Immigrants and Refugees," 962.

to Canada in debt due to transportation loans. This loan is offered by the government of Canada to pay for all transportation costs associated with coming to Canada (i.e. airfare, service fees, medical exams, en route accommodation, etc.). A study conducted in Toronto with GARs revealed that these loans are a source of anxiety and stress for refugees and that refugees often accept this loan out of desperation, without fully comprehending the implications.³⁸ Given that recipients must begin paying the loan back in monthly installments 30 days after arrival, the pressure to secure employment becomes even more profound.³⁹

Among all the provinces in Canada, Quebec has one of the lowest rates of recognition for foreign work experience.⁴⁰ This coupled with the challenge of acquiring French and potentially English add to the barriers to gaining employment. Initially, the burden of unemployment causes poor mental health largely due to the economic responsibilities. As time progresses, however, unemployment and underemployment affect refugees' self-esteem as well as their economic stability.⁴¹

Poor mental health can often trap people in a vicious cycle that hinders resettlement and integration, adding further psychological strain. For example, while unemployment predicts a high risk of depression, those who suffer from depression are also more likely to be laid off

³⁸ Ruth Marie Wilson, Rabea Murtaza, and Yogendra B. Shakya, "Pre-migration and post-migration determinants of mental health for newly arrived refugees in Toronto," *Canadian Issues* (2010): 45.

³⁹ "How Do I Repay My Travel Loan If I Am a Refugee or Protected Person?" Ontario Council of Agencies Serving Immigrants, June 12, 2018, <https://settlement.org/ontario/immigration-citizenship/refugees/after-you-arrive/how-do-i-repay-my-travel-loan-if-i-am-a-refugee-or-protected-person/>.

⁴⁰ René Houle and Lahouaria Yssaad, "Recognition of Newcomers' Foreign Credentials and Work Experience," Statistics Canada, September 29, 2010, <https://www150.statcan.gc.ca/n1/pub/75-001-x/2010109/article/11342-eng.htm>.

⁴¹ Morton Beiser, "Resettling refugees and safeguarding their mental health: Lessons learned from the Canadian Refugee Resettlement Project," *Transcultural psychiatry* 46, no. 4 (2009): 571

work.⁴² Similarly, refugees who have suffered traumatic experiences prior to arriving in Canada, may find it harder to concentrate and acquire a new language,⁴³ which in turn hampers their ability to participate in the economic and public spheres, increasing their risk of social alienation and depression.

Seniors often face particular challenges, especially when they join their families who have already resettled. The change in cultural context, the respect they may have garnered as an elder in their former society, as well as loss of familiar surroundings, extended family and community members can lead to social isolation. Coupled with a slower rate of learning the local language, dependency on others for translation, reduced mobility, change in family dynamics, and lack of opportunities for meaningful work, senior refugees are at a risk of higher rates of depression, anxiety and other mental health problems.^{44,45} Poor mental health among isolated seniors can have a direct impact on physical health as well: there is an increased risk of mortality from coronary heart disease and stroke. Moreover, isolated seniors are more likely to delay visiting the hospital when in poor health.⁴⁶ Although seniors face a higher risk of social isolation, the refugee and asylum-seeking population as a whole is vulnerable to being marginalized and isolated in their new host society.

Social Connectedness and Isolation

"If I am alone in my home, it's not good for me... I sink again into my problems and I start to cry and cry."

⁴² Ibid., 558

⁴³ Wilson et al., "Pre-migration and post-migration determinants of mental health," 45.

⁴⁴ Kirmayer et al., "Common Mental Health Problems in Immigrants and Refugees," 962

⁴⁵ Employment and Social Development Canada, "Social isolation of seniors," Government of Canada, November 19, 2018, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-immigrant-refugee.html#h2.5-h3.6>

⁴⁶ Ibid.

Establishing new roots in a country and fostering a sense of belonging requires building new relationships – these relationships can be as fleeting as a smile exchanged with a stranger or as long-lasting as a lifelong friendship. Social connection is a fundamental human need. Feeling connected to one’s family, school, peers, and community offers a buffer for other risk factors and has a salutary effect on one’s psychological well-being.⁴⁸ Conversely, the lack of this connection, can lead to social isolation and impair one’s mental health.⁴⁹

Asylum seekers and refugees coming from communal cultures can find it difficult to build new social support systems in North America’s individualistic culture. Nonetheless, there are various spaces that have the potential to act as hubs for social connection in the resettlement context, including schools, healthcare facilities and community organizations. Considering the experiences of newcomers within these spaces in Quebec, this section will evaluate the extent to which these spaces have managed to foster a sense of belonging and connection.

I. Schools and Welcome Classes

“The first time I reached it, it was very, very good for me to talk—to make communication; to make relationships with others [at school].”

–Obed, Youth resettled from war-affected context⁵⁰

For children and youth, schools can be a focal point for social connection – with peers, teachers, or even principals. In Quebec, asylum seekers and refugees alike can attend public

⁴⁷ Liana E. Chase and Cécile Rousseau, "Ethnographic case study of a community day center for asylum seekers as early stage mental health intervention," 52.

⁴⁸ Cynthia Ewell Foster, et al. "Connectedness to family, school, peers, and community in socially vulnerable adolescents." *Children and youth services review* 81 (2017): 321-331.

⁴⁹ John T. Cacioppo and Stephanie Cacioppo, "Social relationships and health: The toxic effects of perceived social isolation," *Social and personality psychology compass* 8, no. 2 (2014): 58-72.

⁵⁰ Andie Saša Buccitelli and Myriam Denov, "Addressing Marginality and Exclusion," *Children* 6, no. 2 (2019): 18.

schools free of cost. The medium of instruction is in French, and most immigrants and refugees attend intensive Welcome Classes (*Classes d'accueil*) for ten months to facilitate their transition into the mainstream classes and Quebecois society. These classes teach French as well as Quebecois values and customs.

Refugee youth testimony suggests that when there is some level of common ground or an attempt to understand the experience of forced displacement, schools can act as an important social support system. Particularly with respect to Welcome Classes, the feeling of having peers who have been through similar experiences, or who share the same language, culture and values, contributes to a sense of belonging and connection for these students.

“And also in the class there were a lot of immigrants, there were a lot of Colombians. So during the break time, during the lunch time, we would always hang out together. We would speak Spanish, because we could always keep our culture, and we knew that we all have around the same values, the same...the same customs, you understand? [...] It felt good, because at least we could express ourselves. [. . .] we could at least talk to each other. Because it feels bad not to really have any friends in your classes. You feel discouraged, you feel depressed.”

- Rodrigo, Youth resettled from war-affected context⁵¹

In regular classes, however, there is less common ground between students, which makes it more difficult to forge connections.

“Because it’s obvious that at school, they see us like an immigrant. It’s there that I feel the difference between being an immigrant and you as a person, what you [experienced/lived through]. [...] I have Quebecois friends and they don’t go further than that. Because they change the subject, talk about something else. Then they don’t get to know you beyond that. They don’t feel attached to you. You don’t get enough of a connection.”

- Anna, Youth resettled from war-affected context⁵²

The divergent experiences of students who were forcibly displaced and students who grew up in safe environments manifest in class through comments and perceptions that risk

⁵¹ Ibid.

⁵² Ibid.

deepening the gulf between refugee and local youth. One girl, Alina, recounts how the kids in her class would find war and violent movies funny. Cognizant that these comments come out of a lack of awareness of the realities of war, she puts the onus on the teachers to prevent comments when they go “too far.”⁵³

Encounters with authority figures, such as teachers and principals, differ slightly. Some youth highlight how teachers are not well-trained to handle the realities of students arriving from war-affected contexts, whereas others reflect on how teachers and principals have helped them feel supported and understood.

“When I started school, the principal, she was a support to me... I don’t know how to even describe it; the fact that she believed in and [...] I had teachers that encouraged me—because I was scared, I was scared to, to not be able to integrate and above all I was scared not to be able to succeed.”

- Leah, Youth resettled from war-affected context⁵⁴

“For the teachers to be more...to pay more attention, or for them to know more. Because in my French class, there is also a girl from Rwanda. And the teacher said, ‘We’re going to the cinema to watch a Québécois film.’ And the film talked about the genocide in Rwanda. And the girl cried through the whole film. And in fact there were no resources at that time to help her. Everyone felt bad, and yes, we listened and everything, but it wasn’t great. And I’m sure that after, there was no follow-up, there was no one... she didn’t meet with anyone. So that’s it. The teachers should really be informed about that... if they knew more...”

- Alina, Youth resettled from war-affected context⁵⁵

II. Healthcare Facilities: CLSCS, Clinics, Hospitals

Institutional facilities such as *Centres locaux de services communautaires* (CLSCs), clinics and hospitals also have the potential to provide social support. Mental healthcare services in particular can help assuage feelings of loneliness. However, despite this potential, testimony

⁵³ Myriam Denov and Natasha Blanchet-Cohen, "The Rights and Realities of War-affected Refugee Children and Youth in Quebec," *Canadian Journal of Children's Rights*, no. 1 (2014): 34.

⁵⁴ *Ibid.*

⁵⁵ Denov and Blanchet-Cohen, "The Rights and Realities of War-affected Refugee Children and Youth in Quebec," 35.

from asylum seekers and refugees largely indicate that such institutional spaces marginalize and demoralize individuals. There is a lack of trust in institutional facilities.

“[. . .] Refugees come here, all they want is the support to have safety. But, no, they don’t feel safe. Because the same people they’re talking to are the same person who is in the system. Social workers here, one of the greatest biases they have is that they don’t see it from the client’s own view. They see it from their own theories. [..] People don’t trust the system. Maybe I don’t trust it. I know a lot of people don’t trust it. People don’t even like to go to the hospital because they know. They don’t have to tell them, “We don’t want you here.” Psychologically, the way they treat you, you feel it. That’s all I can say.”

- David, Youth resettled from war-affected context⁵⁶

José, a refugee claimant from the Dominican Republic shared this sentiment. Sitting in a waiting room for a protracted time without being seen, he felt mounting despair and frustration: “They don’t really tell you directly but the way they act is...make you wait overnight and like more than [any] other person, so they make you feel so uncomfortable that you give up.”⁵⁷ Many asylum seekers feel marginalized when faced with a seemingly ‘uncaring’ healthcare system, associating long wait times with their immigration status. A woman from Burkina Faso who had attempted suicide called a health clinic, explaining her suicidal feelings and previous attempt, and stated that, “They said that it was not really urgent and you had to go on Tuesday or Thursday without an appointment.” Receiving an appointment two weeks after this call, she associated this lack of urgency with the fact she had divulged her immigration status over the phone.⁵⁸

Currently, instead of being a space where vulnerable populations can access social support for mental and physical ailments, Quebec’s healthcare infrastructure is marginalizing and isolating refugee claimants. Unless Quebec’s healthcare facilities can repair the trust that should exist in this system, refugee claimants will continue to feel unsafe.

⁵⁶ Buccitelli and Denov, “Addressing Marginality and Exclusion,” 28.

⁵⁷ Refugee claimants’ access to healthcare in Quebec: subjective experiences and contested media representations

⁵⁸ Ibid.

III. Community Organizations and Spaces

Institutions such as schools and healthcare facilities offer the potential for social connectedness as a byproduct or supplement to their primary function; community organizations and spaces, on the other hand, are often designed with the objective of fostering a sense of community and belonging. Given this, they are elemental in building connections, establishing new networks and developing meaningful relationships. This ‘social capital’ can help newcomers orient themselves by providing practical support in addition to emotional support.

“Through the church I found lots of people who helped me out of the goodness of their hearts, who really supported me in the process, who showed me the city, explained to me how things work in Québec.”

- Ronaldo, Youth resettled from war-affected context⁵⁹

For Ronaldo, it was the church that played a key role in providing support. For others, the YMCA residence – the first home for mostly newly arrived asylum seekers in Montreal-- acted as a focal point of connection.

“... it was really such a community. You get connected through people who were at the [YMCA] just before you. Like say you arrive and there’s this overlap of people. And they were just so help for. They will, and it will say, ‘Hey, my landlord is looking for.’ So, it was always easy. People were always connected. It was incredible the network that was going on.”

- Andy, Youth resettled from war-affected context⁶⁰

In the immediate weeks following one’s arrival in Quebec, the primary concerns of most asylum seekers are practical – finding housing, learning French, having credentials recognized, to name a few.⁶¹ During this window, building or tapping into community networks is essential for tackling daily stressors associated with integration challenges. The YMCA residence creates a

⁵⁹ Denov and Blanchet-Cohen, "The Rights and Realities of War-affected Refugee Children and Youth in Quebec," 38.

⁶⁰ Ibid, 37.

⁶¹ Anonymous (refugee claimant) in discussion with author, July 23, 2019

space for these community networks through the residents themselves as well as through workshops and information sessions offered by organizations such as PRAIDA and individual volunteers.

At the same time, however, fostering a sense of 'home' goes beyond accessing networks for practical support. As Simich puts it, home is a "locus of emotional support, a wellspring of identity, a physical connection to one's past and a potent symbol of continuity."⁶² Establishing this sense of 'home' requires social supports – reciprocal relationships with family, friends and community members. The Day Center at the YMCA residence went a long way in fostering new friendships and creating a means of remaining connected with one's past. Equipped with a call room and an Internet room, residents were able to maintain contact with family and friends back home. In terms of creating new emotional supports, one woman from West Africa states: "When I came here to [the Day Center], I know so many friends. We make a relationship. If you talk to [other] asylum seekers, it helps. They just tell you, 'It is ok, it is in God's hands,' this kind of thing."⁶³ Other women mention the Day Center was "all about breaking solitude" and that it acted as a "second home."⁶⁴ The activities offered at this center helped some asylum seekers open up: "I was sad, I didn't know anybody. Here there were activities, and it is here where I really opened up. Since coming here, I feel somewhat relieved. I have found my smile again."⁶⁵ Unfortunately, the Day Center has been discontinued, reducing the capacity of the first physical home of most asylum seekers to provide emotional and practical support in equal measure.

⁶² Laura Simich, "Refugee Mental Health and The Meaning of" Home" 1," Canadian Issues (2010): 68.

⁶³ Liana E. Chase and Cécile Rousseau, "Ethnographic case study," 52.

⁶⁴ Ibid.

⁶⁵ Ibid.

RECOMMENDATIONS

This report outlines four key issues contributing to poor mental health during resettlement: detention, legal processes associated with filing for refugee status and family reunification, integration challenges (i.e. employment, language acquisition, housing, etc.), and a lack of belonging in society. The recommendations proposed target the issues of detention and informal mental health interventions that build social connectedness and offer practical support to ease integration challenges:

- Recommendation #1: Immigration, Refugees and Citizenship Canada (IRCC) should implement alternatives to detention.
- Recommendation #2: Civil society organizations and community actors should form a coalition to provide informal mental health interventions at various locations across Montreal and Quebec.

Alternatives to Detention

Given the deleterious psychological impact of detention and the lack of criminal suspicion for the vast majority of detainees, the IRCC must implement **alternatives to detention (ATD)** while processing deportation, identity verification or other bureaucratic proceedings. This recommendation has also been put forward by the UNHCR in its global “Beyond Detention” campaign and its [National Action Plan](#) within Canada. The [Toronto Bail Program](#) is an alternative already being implemented, which screens asylum seekers and refused refugee claimants, releasing selected applicants under supervision. Although the IRCC stipulates that officers must be aware of ATD and has published a [guide to alternatives to detention](#), in practice there is no uniform implementation across provinces and the number of ATD facilities are limited. In order to standardize this practice across all provinces and end the detention of children, women, and men with no criminal suspicion, the federal government must make ATD part of its official

immigration and refugee policy, while allowing for agencies such as the UNHCR to monitor its timely implementation across all provinces.

Informal Mental Health Interventions

Despite acute health needs, studies find that refugees utilize health services at a much lower rate than their situations might necessitate.⁶⁶ Testimony from asylum seekers and refugees corroborates this data, indicating a mistrust in healthcare institutions.⁶⁷ This suggests the need for a new, more informal model of mental healthcare. It is recommended that regular informal mental health interventions be provided at multiple sites across Montreal and Quebec with the aim of building social connectedness and offering practical support. This intervention would offer asylum seekers and refugees practical support (i.e. workshops on digital literacy, CV assistance, etc.), psychosocial support (i.e. facilitated discussions about challenges and anxieties or informal conversations while engaging in creative art activities), and build social capital (i.e. create a space to build new friendships and social ties). This model would be based on an ecological framework, which addresses mental health by focusing on various levels including the individual, the family, the community, and society as a whole.⁶⁸

Within Montreal there are 14 community organizations mandated to assist asylum seekers find housing, which would be ideal community partners for contacting refugee and

⁶⁶ McKenzie et al., *The Case for Diversity*, Ottawa: Mental Health Commission of Canada, 2016, Accessed July 12, 2019, https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf.

⁶⁷ Andie Saša Buccitelli and Myriam Denov, "Addressing Marginality and Exclusion," *Children* 6, no. 2 (2019): 18.

⁶⁸ Kenneth E. Miller and Lisa M. Rasco, "An ecological framework for addressing the mental health needs of refugee communities," In *The mental health of refugees*, p. 37, Routledge, 2004.

asylum-seeking families interested in this service. In terms of the locations for these gatherings, a network of public libraries, YMCAs and community centres should be created.

This recommendation was formed in collaboration with Dr. Rachel Kronick, a child psychiatrist and researcher at SHERPA,⁶⁹ who is looking to implement this model as a long-term intervention in collaboration with the Welcome Collective.

Addressing mental well-being is a vast and complex issue given the interconnectedness of factors such as past experiences, current experiences, psychiatric disorders, and social determinants. These combined factors make up one's psychological and emotional state. As such, alleviating some of the mental duress that refugees and asylum seekers suffer in the places where they ultimately reside will require a multi-pronged approach that considers and addresses various factors. The recommendations outlined above address some of the factors contributing to mental distress and are a good starting point, but they do not offer a one-step solution to establishing the psychological well-being of all refugees and asylum seekers. Community organizations and government institutions must work collaboratively to constantly reassess and address mental health needs.

⁶⁹ SHERPA is a research institute dedicated to the advancement of knowledge and best practices pertaining to frontline intervention in the context of multi-ethnicity. <http://sherpa-recherche.com/>.

IMPACT

In addition to understanding the mental health impact of forced migration by way of research, this project also sought to address the mental health impact of forced migration by building social connectedness. Two initiatives were undertaken in this respect – one initiative was an informal mental health intervention (as outlined in the recommendation), designed to build social ties within the asylum-seeking and refugee communities, while the other initiative was an oral history project, designed to build ties between newcomers and local residents.

Two informal mental health sessions were conducted, dubbed “Welcome Hives”. Over 97 asylum-seekers, adults and children alike, were reached through the course of these two sessions. During the sessions, families shared food, conversed, engaged in art activities (collage-making, photo-frame making, drawing), presented their art, and made music together. The response to these sessions was overwhelmingly positive: parents and children alike thoroughly enjoyed themselves and mentioned that it “reduced stress” and helped them get to know others. After the event, one woman reached out saying, “Thanks for integrating us into your community.” These sessions were organized in collaboration with SHERPA and the Welcome Collective and acted as pilots to inform a long term psychosocial intervention based on a similar model.

The oral history initiative is a mini series titled “[What We Leave Behind](#),” that seeks to paint a picture of the lives that people had built before they were forced to flee their countries. These stories highlight the common threads between us, emphasizing how each of us share a connection to people, places, and memories, regardless of where we may be from or where we

may be going. A total of three people were interviewed for this series within the scope of this fellowship, although the goal is to continue collecting stories beyond the fellowship as well. The project was brought to the attention of the public through its feature on [CBC](#).

CONCLUSION

Mental health in a post-migratory context cannot be distilled into a singular, homogenous experience for all refugees and asylum seekers. Experiences differ based on a variety of factors including pre-migration trauma, legal routes of arrival (i.e. GAR, PSR, BVOR, asylum seeker), sexual and gender identities, race, age, and ability. Nonetheless, there are certain overarching factors that act as major determinants of psychological well-being in the country or province of resettlement – in this case, Quebec. The four key determinants identified and analyzed in this report include legal processes, detention, integration challenges, and social connectedness and isolation. The uncertainty of the legal process, the anxiety of being in a state of limbo, the pain of family separation, the feeling of powerlessness in detention, the loneliness of isolation, and the difficulty of language acquisition and securing employment and housing all contribute to the psychological duress of the post-migration resettlement process.

However, the negative impact of these stressors can be buffered by positive resettlement experiences that build social connectedness and create a sense of belonging. Among the three spaces evaluated as potential hubs for social connection – schools, healthcare facilities, and community organizations – community organizations were found to have the most ubiquitously positive response among asylum seekers and refugees. While some refugee youth also

mentioned building important social support systems at school, there were mixed responses. Meanwhile, experiences in healthcare facilities largely left asylum seekers feeling marginalized as opposed to connected and valued.

It is likely that refugees with disabilities face even greater barriers to integration and thus are susceptible to increased mental health challenges and isolation. Unfortunately, given the dearth of literature available on the experiences of refugees with disabilities in Quebec, this report was not able to directly address the specific mental health challenges associated with resettlement as a refugee with a disability.

Moving forward it is imperative that we understand the diverse experiences of refugees and asylum seekers in order to appropriately advocate for measures that holistically consider the psychological well-being of forced migrants. There is no one-step solution to establishing the psychological well-being of all refugees and asylum seekers. Community organizations and government institutions must work collaboratively to constantly reassess and address mental health needs.

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