



SOCIAL CONNECTEDNESS
FELLOWSHIP PROGRAM

**Policy Brief:
Addressing the Mental Health Impact of Forced
Migration**

By Priya Nair
Social Connectedness Fellow 2019
Samuel Centre for Social Connectedness
www.socialconnectedness.org

August 2019

ISSUE AND EVIDENCE

Refugees and asylum seekers arrive in Quebec fleeing persecution, violence, and war, leaving behind everything they have considered home. As a host society, Quebec offers safety from persecution, but there are many other of other factors that contribute to the mental duress of forced migration after being displaced.

Studies conducted in low, middle and high income countries indicate that amongst resettled refugees, 4 to 40% suffer from anxiety; 5 to 44% suffer from depression; and 9 to 36% suffer from post-traumatic stress disorder (PTSD).¹ Key issues contributing to poor mental health during resettlement include 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. Recommendations in this brief 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

RECOMMENDATION #1: ALTERNATIVES TO DETENTION

Every year, approximately 4,500 asylum seekers and denied refugee claimants are detained across Canada. Detention can have severe impacts on one's psychological wellbeing. It

¹ Rachel Kronick. "Mental health of refugees and asylum seekers: assessment and intervention." *The Canadian Journal of Psychiatry* 63, no. 5 (2018): 290.

instills a sense of powerlessness, which can aggravate depression or other mental health issues.² A study undertaken in Montreal and Toronto amongst detained asylum seekers found that levels of PTSD, depression, and anxiety were significantly higher after a median incarceration period of 17.5 days.³ Most detainees are not held due to criminal suspicion, but rather as a precautionary measure while their identity is verified. Moreover, although Canadian legislation affirms that children should only be detained as a last resort, 151 children were detained in the fiscal year 2017-18. Quebec accounted for 67.5% of these detentions.⁴

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

² Kirmayer et al., “Common Mental Health Problems in Immigrants and Refugees,” *Cmaj* 183, no. 12 (2011): 961

³ 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): 413.

⁴ 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>.

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

RECOMMENDATION #2: 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.⁵ Testimony from asylum seekers and refugees corroborates this data, indicating a mistrust in healthcare institutions.⁶ This suggests the need for a new, informalized 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.⁷

Within Montreal there are 14 community organizations mandated to assist asylum seekers find housing, which would be ideal community partners for contacting refugee and asylum-seeking families interested in this service (listed in the infographic). In terms of the

⁵ 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.

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

⁷ 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.

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, who is looking to implement this model as a long term intervention in collaboration with the Welcome Collective.

Addressing mental wellbeing 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 wellbeing of all refugees and asylum seekers. Community organizations and government institutions must work collaboratively to constantly reassess and address mental health needs.

BIBLIOGRAPHY

- Buccitelli, Andie Saša, and Myriam Denov. "Addressing Marginality and Exclusion: The Resettlement Experiences of War-Affected Young People in Quebec, Canada." *Children* 6, no. 2 (2019): 18.
- Cleveland, Janet, 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.
- Government of Canada, Canada Border Services Agency. 2018. "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>.
- Kirmayer, Laurence J., Lavanya Narasiah, Marie Munoz, Meb Rashid, Andrew G. Ryder, Jaswant Guzder, Ghayda Hassan, Cécile Rousseau, and Kevin Pottie. "Common mental health problems in immigrants and refugees: general approach in primary care." *Cmaj* 183, no. 12 (2011): E959-E967.
- Kronick, Rachel. "Mental health of refugees and asylum seekers: assessment and intervention." *The Canadian Journal of Psychiatry* 63, no. 5 (2018): 290-296.
- McKenzie, Kwame, Branka Agic, Andrew Tuck, and Michael Antwi. *The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations*. 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.
- Miller, Kenneth E., and Lisa M. Rasco. "An ecological framework for addressing the mental health needs of refugee communities." In *The mental health of refugees*, pp. 13-76. Routledge, 2004.
- "Beyond Detention - National Action Plan Canada." UNHCR, Oct. 2015. Accessed July 18, 2019. www.unhcr.org/protection/basic/5631eb5c6/beyond-detention-national-action-plan-canada.html.