

Supporting Mental Health in Refugee Youth

A Presentation for NARHC, 2016

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Introduction

“Refugees perhaps more than any other group confront the challenges of the present and future in the context of a tumultuous past. For young people with a refugee background, the desire for better futures is more poignant as they seek to establish secure futures not only in a new social, cultural and geographic space but also in a *new adult space as well*”.

(Brough, Gorman, Ramirez and Westoby, “Young Refugees Talk about Well-being”, 2003)

Learning Objectives

- Moving from an Illness → Resilience model when conceptualizing refugee youth mental health
- Prioritizing Resilience promotion over Illness management
- Barriers to engaging youth with mental health concerns
- Potential models that promote refugee youth resilience

Refugees from Syria: Canada prepares



Youth resilience

- Resilience and mental health
- From individual to ecosystemic understandings of resilience
- Resilience challenging and resilience promoting factors operate on individual, family, peer, school, community, societal levels
- Interventions can be directed to micro, meso and macro levels

(Khanlou and Wray, 2014)

Resilience challenging factors

Family

- Unaccompanied youth
- Parental stress/coping
- Widening of intergenerational conflicts

Peer

- Struggles to “fit in”
- Vulnerability to delinquent peer groups

School

- Educational disruption/academic difficulties
- Differences in school culture

Community/Society

- Stressful asylum claims process
- Limited access to healthcare, higher education, employment
- **POVERTY**

Resilience promoting factors

Family

- Strong family-oriented settlement support

Peer

- Supportive friendships
- Pro-social peer group

School

- Programs that emphasize social connection
- Academic and vocational support

Community/Society

- Programs that emphasize social connection
- Equal access to healthcare, higher education, employment
- Reduction of socio-economic disparity
- Fair and compassionate refugee policy

Psychiatry, PTSD and the Globalization of North American Health Models

- Psychiatry is problematized in the model of resilience promotion for refugees
- Illness model ignores the refugee experience as Social Suffering (Kleinman, Das, Locke, 1997)
- Psychiatry as a culture-specific practice; PTSD as a local explanatory model
- (and yet!) Globalization of biomedicine and western-based trauma therapies
- Clinically we encounter hybrid idioms of distress, differing expectations about what could be helpful

“I do not mean to suggest that some people didn’t indeed experience horrific events that created some mental health problems, but what I’m contesting is the use of the word “trauma” and how it is not only used to describe the experience of every refugee but also casually thrown about in explaining the difficulty of adjusting to life in a new country, that is usually the experience of every newcomer. But because you are a refugee, assumed to be a traumatized individual, you need to “see a professional” for something that, for another immigrant, would be an opportunity for growth, thus robbing you of your sense of agency, your independence.”

(Dushimiyimana, 2016)

Barriers to engaging refugee youth

- Distrust of authority and/or systems
- Stigma of mental health services
- Linguistic and cultural barriers
- Primacy and prioritization of resettlement stressors

(Ellis, Miller, Baldwin and Abdi, 2011)

Toward a more balanced approach...

Social Science & Medicine 70 (2010) 7–16



Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks

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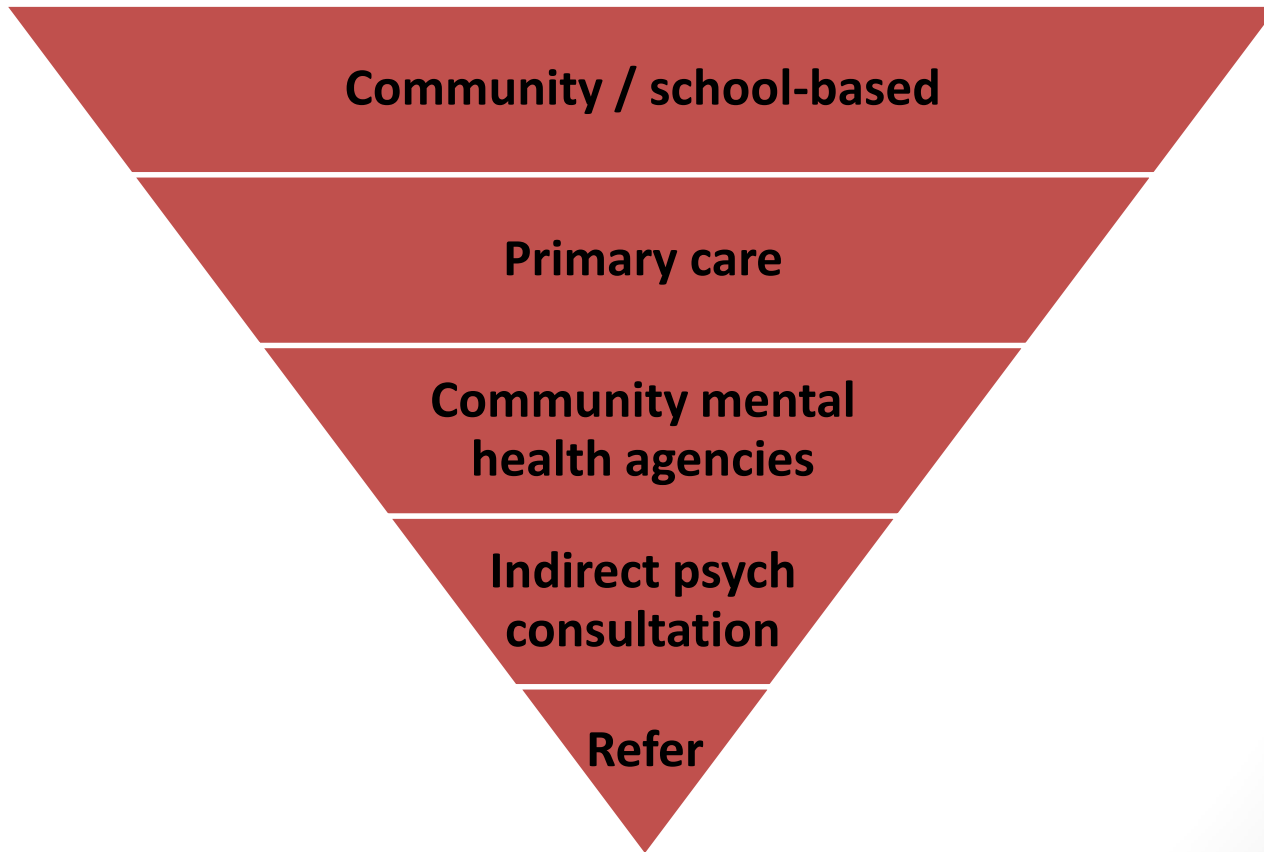
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One model: Embedding psychiatric/psychological expertise within community agencies

- Migration Consultation Team, Toronto
- Community Consultations, Montreal
- The Canadian Centre for Victims of Torture, Toronto
- And many others!

A preferred model of mental health support



Questions? Thoughts?

