



**LEVEL**  
YOUTH POLICY PROGRAM

# Eliminating Barriers to Accessing Refugee Mental Health in Canada

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The LEVEL Youth Policy Program takes place on the traditional and unceded territories of the xʷməθkʷəy̓ əm (Musqueam), Skwxwú7mesh (Squamish), & səliilwətaʔ (Tseil-Waututh) Coast Salish peoples.

## ABOUT THE LEVEL INITIATIVE

LEVEL is a youth-engagement initiative of Vancouver Foundation that aims to address racial inequity. We do this by investing in the leadership capacity of Indigenous, racialized, immigrant, and refugee youth to create more opportunities throughout the non-profit and charitable sector.

Despite being the fastest-growing youth population in British Columbia, Indigenous, immigrant, and refugee youth don't have the same opportunities as other young people. Race continues to be a factor that hinders their ability to have a say in decisions that impact their lives.

LEVEL empowers these youth by building their capacity to challenge and change those systems that hinder their ability to build a more just world.

LEVEL CONSISTS OF  
THREE PILLARS OF  
WORK TO ADVANCE  
RACIAL EQUITY:



### ABOUT THE LEVEL YOUTH POLICY PROGRAM

The LEVEL Youth Policy Program (LEVEL YPP) brings together young people between the ages of 19 and 29 from across British Columbia who identify as being Indigenous or racialized immigrants or refugees. Indigenous and racialized Newcomer youth are disproportionately impacted by certain public policies and are rarely included in the development and implementation of public policy process. The LEVEL YPP aims to provide these youth with equitable training and leadership opportunities to better navigate the public policy landscape, and to develop new tools and skills to influence, shape, and advocate for policy changes that are relevant in their own communities. Having young people directly involved in shaping policies that impact their lives is essential to creating systemic, meaningful change. The LEVEL YPP's training is grounded from and within Indigenous peoples' worldviews, which the program acknowledges, could vary from person-to-person or nation-to-nation. Indigenous worldviews place a large emphasis on connections to the land. This perspective views the land as sacred; where everything and everyone is related and connected; where the quality of the relationships formed are key in life; where what matters is the success and well-being of the community, and where there can be many truths as they are based on individual lived experiences.<sup>1</sup> As such, an important premise of this training is to centre and place a particular focus on the fact that the work that has gone into developing this training, as well as the training itself, has taken and will take place on unceded (never given away/stolen) territories of the hən̓d̓əmin̓əm̓-speaking Musqueam peoples, of the Halkomelem-speaking Tseil-Waututh peoples, and of the sn̓íchim-speaking Skwx\_wú7mesh (Squamish) peoples.

1 <https://www.ictinc.ca/blog/indigenous-peoples-worldviews-vs-western-worldviews>



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Susan Arieyeh Timayo is set to graduate from the University of Victoria in 2020 with a Bachelor of Arts degree in Political Science and Public Administration. Her interests include decolonizing academia, mental health advocacy, and championing safe, inclusive community spaces. She describes herself as a curious learner, intersectional feminist, and a comedic intellectual. She currently supports a women's empowerment initiative in her hometown of Kaju Keji, South Sudan and looks forward to serving on the 2019/2020 City of Victoria Youth Council.

## EXECUTIVE SUMMARY

Refugees experience difficult migration journeys and many challenges by leaving home and adapting to a new country (Salami, Salma & Hegadoren, 2018). These stressful and, in many cases, traumatic experiences often lead to adverse mental health outcomes; especially when met with lack of adequate support and resources (Salami, Salma & Hegadoren, 2018). By focusing on resettled refugees, we do not intend to suggest that only refugees experience barriers accessing appropriate mental health care services. We recognize that while refugees are a uniquely vulnerable population, racialized Canadians, low-income populations, immigrants, Indigenous Canadians, and members of the LGBTQIA+ community also face barriers accessing supportive and appropriate mental health care services. We focus on refugee mental health because we recognize that refugees are a growing demographic in Canada who are especially vulnerable to developing poor mental health and mental illness. We believe that a truly equitable healthcare policy is one that seeks to provide all Canadians with affordable, high-quality culturally and linguistically appropriate care in a timely manner (White-Means, Gaskin & Osmani, 2019).

The stressful pre-migration and migration experiences of refugees are made worse by lack of access to appropriate mental health services upon arrival in Canada. Additionally, refugees' experiences of isolation, discrimination, prejudice, and racism post-migration can worsen feelings of negative mental health and experiences of mental illness. While Canada continues to be a global leader in refugee resettlement, it does not have a comprehensive, equitable, and accessible mental health care policy that meets the needs of refugees. Many refugees experience long wait times for referrals, difficulty affording out-patient mainstream treatment, language barriers, cultural differences, and discrimination while trying to access the support they need. This means that despite having a greater risk of developing poor mental health and mental illnesses, refugees are amongst the least likely to utilize existing mental health services and programs. Canada is well-positioned to support refugee mental health through a coordinated comprehensive mental health policy. To meet the needs of refugees, Canada must invest in an institutional strategy that seeks to bridge the gaps between service providers and mental health programs. For effective policy changes to mental health services Canada must seek to effectively and meaningfully engage resettled refugees in the planning, and implementation of a policy seeking to improve their mental health. Canada has a responsibility to provide equitable and accessible mental health care services to its resettled refugee population. Developing an equitable response to address refugee mental health requires addressing systemic barriers such as language barriers, lack of culturally appropriate methods of service, and treatment. It also involves prioritizing coordination between settlement services and mental health care providers.



### MENTAL HEALTH AND MENTAL ILLNESS

The World Health Organization (WHO) defines mental health as ‘a state of well-being in which an individual realizes their own potential and can deal with the normal stresses of life’ (Silove, Ventevogel & Rees, 2017). A person with good mental health is able to work more productively, fruitfully, and is able to make meaningful contributions to their community. WHO and the United Nations Office of the High Commissioner (UNHCR) stress the importance of good mental health and regard it as an essential human right. Mental health problems and mental illness are clinically significant patterns of behaviour or emotions and are associated with distress, suffering or impairment in areas such as school, work, social, and family life (Hanson, Tuck, Lurie & McKenzie, 2010). Mental illness occurs as the result of a complex interaction among social, economic, psychological, and biological or genetic factors and may have different causes and treatments (Hanson, Tuck, Lurie & McKenzie, 2010).

## PROBLEM DEFINITION AND BACKGROUND

According to the Centre for Addiction and Mental Health, one in every three people in Canada will develop or experience mental health problems in their lifetime. For refugees and various ethno-cultural communities accessing services and support for mental illness is made difficult by various systemic barriers. Refugees are a particularly vulnerable population to developing mental health issues due to exposure to war, trauma, pre-migration, migration, and post migration stressors (Javanbakht et al., 2018). The experience of a resettled refugee involves many losses including loss of family and social connections, loss of connection to language and cultural practices, loss of job(s), and an already established way of life (Javanbakht et al., 2018). Additionally, the experience of migration and resettlement involves many stressors such as isolation, feelings of displacement, and experiences of racism, discrimination, and prejudice (Javanbakht et al., 2018). Evidence shows that refugees are at greater risk to develop mental health issues such as anxiety, depression, psychosis, or Post Traumatic Stress Disorder (PTSD) due to exposure to trauma (Hameed, Sadiq & Din, 2018). Comorbid mental health disorders, such as unipolar depression, bipolar disorder, and symptoms of psychosis are more likely to develop the longer that PTSD goes untreated (Chessen, Comtois, & Landes, 2011). Early detection of psychotic symptoms and depression are crucial for effective treatment (Srihari et al., 2014). A consequence of untreated mental health issues such as PTSD and psychosis with a wider-spread effect is the cost. Some studies based in Europe have found that it costs the federal government approximately \$10 billion more in the indirect costs of the untreated disorders than it would for the direct costs of appropriate and accessible health care (Srihari et al., 2014). Additionally, stressors experienced post migration and feelings of isolation can lead to refugees to experience high rates of anxiety and depression (Hameed, Sadiq & Din, 2018).

Canada is a global leader in refugee resettlement. In 2017, 44,000 resettled refugees and protected persons were welcomed into the country through compassionate public-policy considerations (Immigration, Refugees and Citizenship Canada, 2018). Despite its leadership status, Canada is failing to provide refugees with accessible, linguistically and culturally appropriate mental health care services. According to a 2018 study, just over 61% of refugee youth in Ontario had their first mental health care contact at the ER, compared to 57.6% of non-refugee immigrant youth, and 51.3% of Canadian-born youth (Saunders et al, 2018). Living with untreated mental illness such as PTSD for example, can have many negative impacts on an individual's life and the lives of those around them. These negative impacts include poorer quality of life (Priebe et al., 2009), high risks of unemployment, societal isolation, higher risks of substance abuse, and violence (Srihari et al., 2014).

Refugees are amongst the least likely of Canadians to utilize outpatient mental health care services (Salami, Salma & Hegadoren, 2018). Barriers to accessing services are tangible and systematic such as financial barriers to accessing therapy or counselling sessions, lack of affordable and reliable transportation to get to and from sessions, lack of childcare services (which particularly affects women and mothers). Barriers to access are also caused by lack of knowledge of services available, lack of familiarity with mainstream Western mental-health treatments, stigma around mental health in country of origin, lack of linguistically and culturally appropriate available (Salami, Salma & Hegadoren, 2018) as well as experiences of racism, prejudice, and discrimination while accessing services. Additionally many refugees and settlement service providers stress that the lack of coordination and collaboration between settlement service providers and mental health care services is a major barrier.

## POLICY RECOMMENDATIONS

### 1. INVEST IN LINGUISTICALLY DIVERSE METHODS OF MENTAL HEALTH SERVICE PROVISION

Refugees are more likely to experience challenges and discrimination caused by language barriers than non-refugee Canadians when seeking out or utilizing mental health services. Whether a person can access mental health services in their language of choice is an indicator of equity in access to mental health services, and is central to getting adequate care and treatment. A language barrier, or experiences of discrimination due to a language barrier, can deter refugee patients from seeking out the services they may need.

#### Implementation Strategies

- Invest in providing and training language interpreters who can attend counselling and treatment sessions with patients. Interpreters should be knowledgeable in mental health terminology and should be able to develop a good rapport with patients and professionals, while understanding their place in the process.
- Invest in grants and scholarships for multilingual students (preferably students from non-Western backgrounds) seeking to pursue an education in clinical psychology or counselling psychology.

### 2. PROMOTE INTER-SECTOR COLLABORATION AND COORDINATION

No single government body, non-government organization, or non-profit is or can be solely responsible for the mental health of refugees (McKenzie, Truck & Antwi, 2016). However, without coordination and collaboration refugees often have to retell their trauma stories over and over again to different social service workers and mental healthcare workers. In many instances these negative experiences may deter refugees from seeking out further support.

#### Implementation Strategies

- Invest in collaboration and initiatives seeking to bridge the gap between settlement services and the health care program i.e. Mosaic Settlement Services in British Columbia and Fraser Health.
- Prioritize the role that schools and educators play in bridging the gap.
- Invest in workshops and training sessions for resettled refugees that focus on mental health and well-being.

### 3. INVEST IN HOLISTIC AND CULTURALLY APPROPRIATE APPROACHES TO MENTAL HEALTH SERVICES

While mainstream approaches to mental health services may work for some Canadians, it isolates low-income, migrant, and refugee populations. Community-based mainstream approaches like therapy are too expensive for many refugee communities, and often they are not covered by public health care. Additionally, the idea of paying \$200 per hour to talk to a complete stranger about anxiety or depression may be bizarre for many refugees (Salami, Salma & Hegadoren, 2018). It is not always the case that refugees are unfamiliar with mental health issues and illnesses. Many refugees report that they seek help from family members, religious leaders, or by utilizing traditional methods of healing (Salami, Salma & Hegadoren, 2018).

#### Implementation Strategies

- Prioritize and promote peer-support networks and community-based approaches to mental health and wellness dialogue,
- Work in collaboration with religious groups, churches, temples, mosques etc., to develop mental wellness promotion that is culturally and religiously relevant,
- Promote the use of group/family and community-based mental health treatment before one-on-one counselling.

### INVEST IN PUBLIC HEALTHCARE FUNDING TO MAKE MENTAL HEALTH SERVICES MORE AFFORDABLE

Currently, Canada dedicates only 7.2% of its annual healthcare budget to mental health (Canadian Mental Health Association, 2018). This means that the majority of the most basic mental health services are not covered by public health programs.

- Increase annual budget allocations for mental health programs and services, giving specific attention to vulnerable, low-demographics including refugees, immigrants, and Indigenous communities.

## CONCLUSION

The experience of war, persecution, displacement migration, and resettlement all put refugees at a higher risk of struggling with mental health and developing mental illness. Refugees in Canada experience systemic barriers, making them the least likely of Canadians to utilize outpatient mental health services. These barriers include linguistic and cultural barriers, lack of coordination between services, and lack of access to affordable funding. It is important for Canada to recognize that resettlement is not the end of the story. Although resettlement can provide safety and stability, resettled refugees also face language barriers, economic hardships, and isolation and discrimination- all of which can contribute to poor mental health outcomes (Sirin & Rogers-Sirin, 2015). Canada has a responsibility to prioritize a coordinated response for the mental health needs of its resettled refugees; one that takes into account pre-migration, migration, and post-migration stressors and contributors to mental health care.

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## ABOUT VANCOUVER FOUNDATION

Vancouver Foundation is Community Inspired. We are a community foundation that connects the generosity of donors with the energy, ideas, and time of people in the community. Together, we've been making meaningful and lasting impacts in neighborhoods and communities since 1943. We work with individuals, corporations, and charitable agencies to create permanent endowment funds and then use the income to support thousands of charities. We recognize that communities are complex and that collaboration between multiple stakeholders is needed to help everyone thrive and evolve. Vancouver Foundation brings together donors, non-profits and charities, government, media and academic institutions, local leaders, and passionate individuals to build meaningful and lasting change in the province of British Columbia. We see young people, their voices and experiences as part of that vision to building meaningful change.



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