

# Psychiatry and Mental Health Promotion of Newcomers & Refugees

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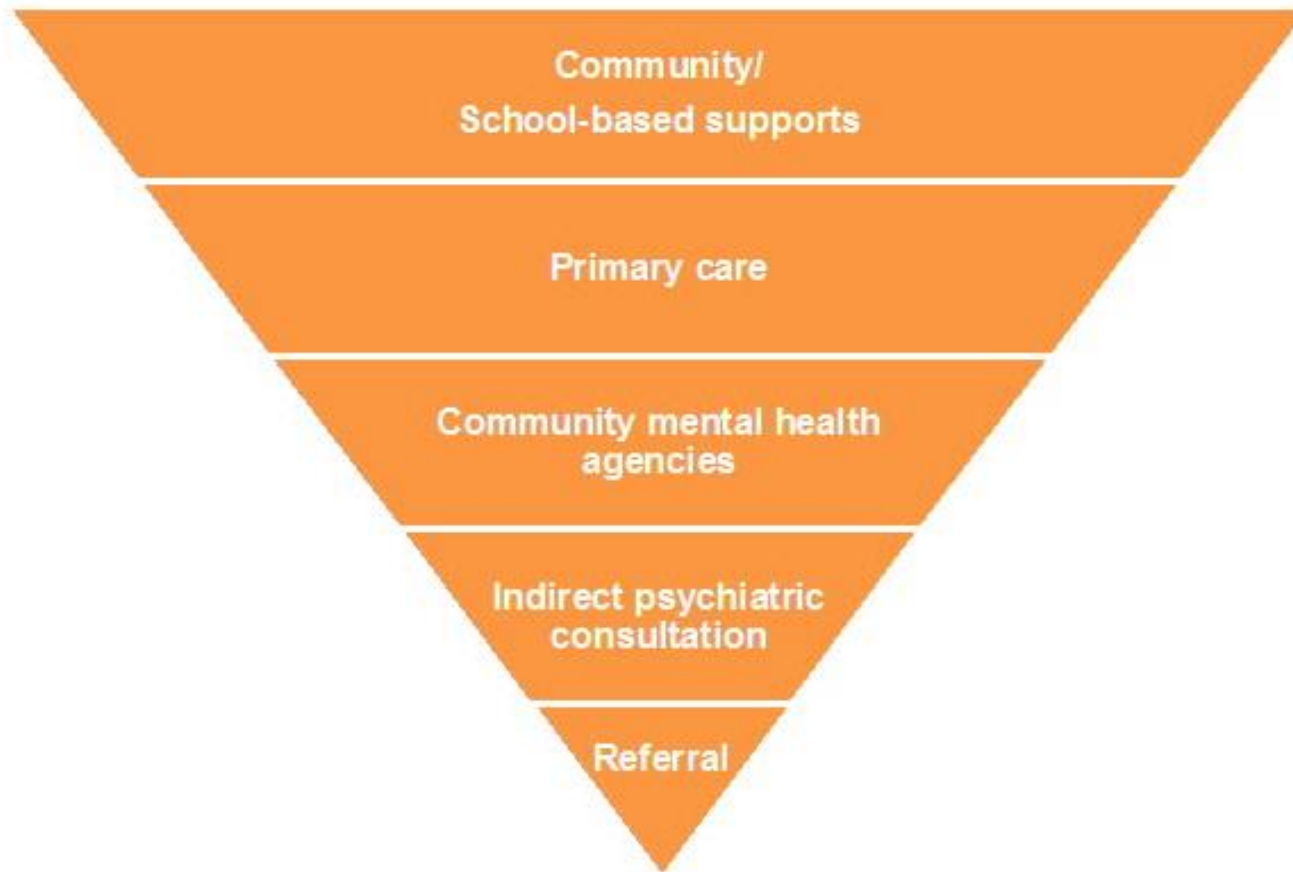
Monday September 18, 2017

# Questions

- 1. What is the role of psychiatrists/mental health care providers in providing mental health support to newcomers and refugees?
- 2. Are there any trends in mental health that you see in your extensive work with refugees? Can you provide examples from your practice?
- 3. What are some of the challenges/solutions to clients speaking about their mental health?
- 4. When should someone seek specialized mental health care and where/how can they access it?
- 5. How do you see community agencies, specifically the settlement sector supporting and promoting newcomers/refugees mental health?

# 1) Role of Psychiatrists in refugee mental health

## “Funnel” of support for refugee youth



# Role of Psychiatry

## 1) Advocacy

- Psychiatrists can and should “leverage their expertise and social privilege in order to advocate for their clients”:

- Eg. assessments and reports in support of a youth’s (or even a relative’s) refugee claim – “providing expertise that may influence a life-changing determination is one of the most therapeutically powerful interventions we have seen”
- Focus on mental health needs related to housing, school accommodations, fair legal representation, court sentencing etc.

## •2) Treatment

- Eg. for debilitating emotional reactions, severe and persistent problems with coping as well as genuine mental illnesses.

Basic safety, containment and coping strategies – at all levels

Western psychotherapies – including narrative therapies

Medications – when indicated

- *“The main point is that medications and individualized psychotherapies are not necessarily the “gold standard” solution. These interventions should not be privileged without considering both the broader social context and the preferences of refugee youth as agents in their own healing” (Raju et al, in press).*

## 2) Trends and Issues in refugee mental health

- Month 13
- Insomnia and nightmares
  - CBT-i
  - Nightmare rescripting
  - Non-addictive medications – no benzodiazepines
- Narrative exposure therapy (NET)
- *Assessment and Treatment has to follow a bio-psycho-social formulation and also take social determinants of health into account*

# 3) Challenges/Solutions

## Challenges

- Stigma ->
- Cultural barriers ->
- Working with Interpreters ->
- Different explanatory models ->
  
- Medicalization ->

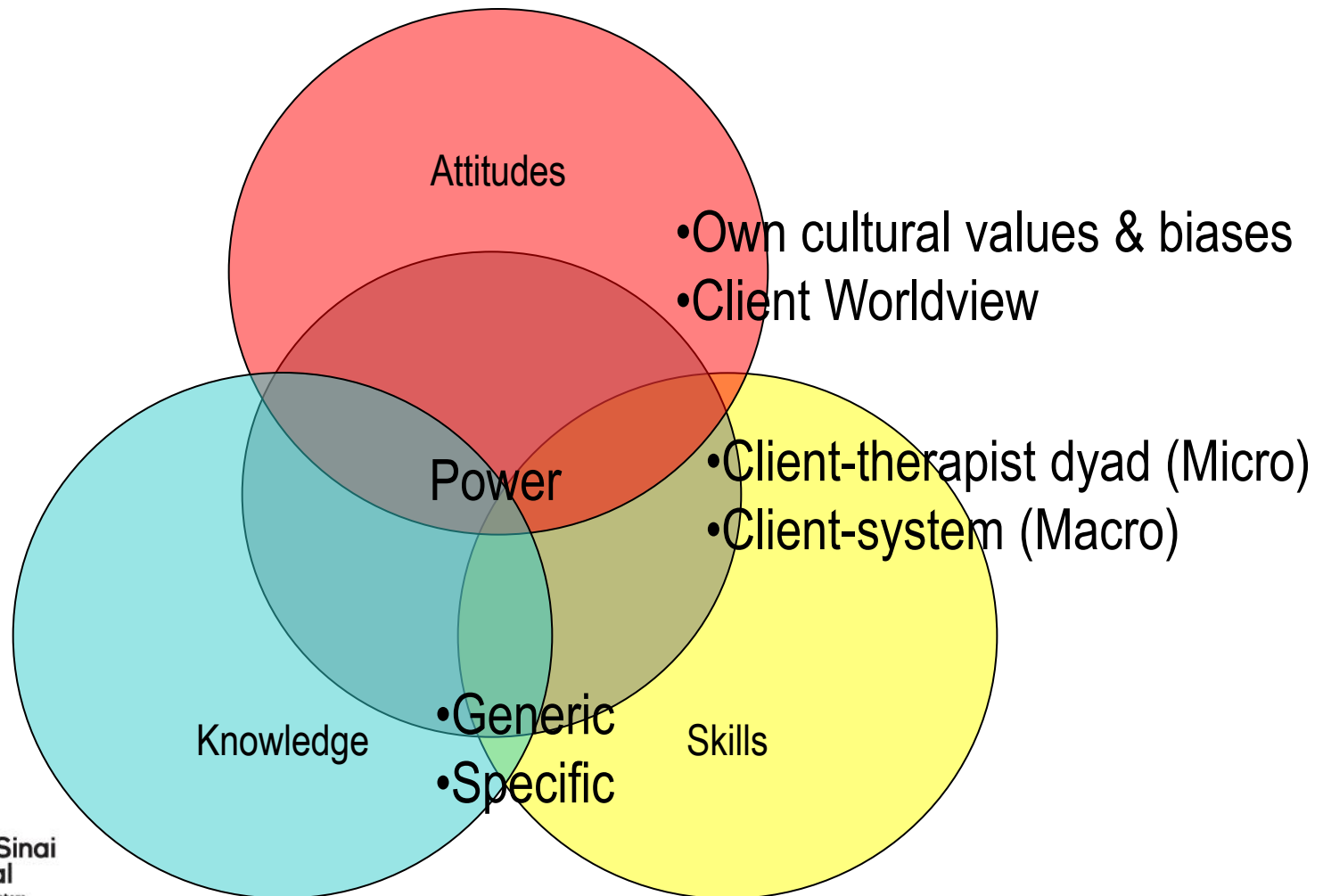
## Solutions

- Psychoeducation
- Community outreach
- Training and Supervision
- DSM Cultural formulation
  
- Holistic approach

# Culture

- Multiple cultures and subcultures
- Multiple identities
- Multi-dimensional
- Interactive
  - Among cultures
  - Sociopolitical
  - Family
  - Individual
- Dynamic

# Cultural Competence Components





# DSM-IV Cultural Formulation

- Cultural Identity
- Cultural Explanation of Individual's Illness
- Cultural factors related to psychosocial environment and levels of functioning
- Cultural elements of therapist-patient relationship
- Overall cultural assessment for diagnosis & care

# Cultural Formulation Interview (DSM-V)

- [www.psychiatry.org](http://www.psychiatry.org)
- More structured interview suggestions
- Supplementary modules with additional questions including special populations, children & adolescents, older adults, **immigrants & refugees**, gender identity

## 11. Immigrants and Refugees

**Related Core CFI Questions:** 7, 8, 9, 10, 13

**GUIDE TO INTERVIEWER:** *The following questions aim to collect information from refugees and immigrants about their experiences of migration and resettlement. Many refugees have experienced stressful interviews with officials or health professionals in their home country, during the migration process (which may involve prolonged stays in refugee camps or other precarious situations), and in the receiving country, so it may take longer than usual for the interviewee to feel comfortable with and trust the interview process. When patient and clinician do not share a high level of fluency in a common language, accurate language translation is essential.*

**INTRODUCTION FOR THE INDIVIDUAL BEING INTERVIEWED:** Leaving one's country of origin and resettling elsewhere can have a great impact on people's lives and health. To better understand your situation, I would like ask you some questions related to your journey here from your country of origin.

### **Background information**

1. What is your country of origin?
2. How long have you been living here in \_\_\_\_\_ (HOST COUNTRY)?
3. When and with whom did you leave \_\_\_\_\_ (COUNTRY OF ORIGIN)?
4. Why did you leave \_\_\_\_\_ (COUNTRY OF ORIGIN)?

### **Pre-migration difficulties**

5. Prior to arriving in \_\_\_\_\_ (HOST COUNTRY), were there any challenges in your country of origin that you or your family found especially difficult?

# When to seek mental health care and how to access it?

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- Starts with primary care

International Perspectives on Migration 7

Laura Simich  
Lisa Andermann *Editors*

# Refuge and Resilience

Promoting Resilience and Mental Health  
among Resettled Refugees and Forced  
Migrants

 Springer

## Chapter 4 The Debate About Trauma and Psychosocial Treatment for Refugees

Clare Pain, Pushpa Kanagaratnam and Donald Payne

**Abstract** Accepted Western guidelines for the treatment of trauma survivors who are diagnosed with Posttraumatic Stress Disorder (PTSD) demonstrate an emerging consensus with regard to treatment. All of the guidelines cite strong evidence for the inclusion of an exposure component to treatment. However, the accumulated evidence base for the treatment of patients with PTSD is drawn from trials that almost exclusively do not include refugees. The question this chapter explores is the advisability of using an exposure component to the treatment of refugees who have suffered traumatic experiences and who remain symptomatic. Do we have clear evidence that exposure techniques are necessary or even advisable to resolve the psychological difficulties that refugees experience? Based on a number of reasons, the authors suggest that in the first years of resettlement and adaptation, successful treatment should be focused on settlement issues.

# Refugees: More than PTSD –

The **breakdown of the social fabric**, family loss and disruption of daily life, lack of shelter and food shortages, the dismantling of basic services and destruction of the local infrastructure all contribute to extreme forms of suffering and disability.

*Desjarlais, Eisenberg, Good and Kleinman 1995*

# Summerfield's Critique

The use of psychiatric words to describe suffering – implies that PTSD is universal and context-independent. This medicalization of suffering infers all suffering is pathological, an illness or disease, and must be treated within a medical model...**It obscures the political and economic causes.**

PTSD tools are based on the DSM IV, applied to non western cultures they export our understandings by assuming and prescribing answers, failing to consider different cultural experiences.

**Suffering is inevitable** for human beings and traumatic experience ubiquitous – to heal we have always needed the **institutions of society where meaning and culture is sequestered**: schools for our children, mosques, temples, churches, synagogues, work, health care, sport, community centers, pubs... Less “treatment” more assistance with rebuilding the infrastructure **which houses the culture's system of meanings.**

# Risk Factors for PTSD Brewin 2000, Shalev 2002

Pre Trauma:	Gender	}	<0.2
	Younger age at trauma		
	SEC		
	Education		
	Intellect		
	Race		
	*Psychiatric History		
	*Childhood abuse		
	Other previous trauma		
	Other adverse childhood events		
	*Family Psychiatric History		
		>0.2	
Trauma:	Trauma Severity		
			0.4
Post trauma:	Lack of social support		0.3
	Ongoing life stressors		



# Trauma Treatment of Refugees

- When and How?
  - Traditional forms of trauma therapy may be very difficult while waiting for asylum due to uncertainties around safety and unknown future and likely contraindicated
  - Importance of psychiatric assessments for refugee hearing reports rather than treatment
  - Role of non-MD counsellors and settlement workers (CCVT model)
  - Also need to focus on other basic needs: housing, finances, ESL, schools, daycare, jobs
  - Psychoeducation can be very normalizing
  - May require extended period of Phase 1 safety and stabilization- antidepressants for sleep, depressive symptoms, severe anxiety
  - Reconnection with families or social network very important

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Hope After The Horror



# Canadian Centre for Victims of Torture

# CCVT

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Helping Survivors of Torture since 1977

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## CCVT Job Posting

NORTH AMERICAN PREMIERE

of  
**Isabel Coixet's film**  
**The Secret Life**  
**of Words**

marks the International Day in Support  
of Survivors of Torture

[VIEW PHOTOS](#)

**New!**

2006 Spring Summer Issue of  
First Light



## OUR MANDATE

The Canadian Centre for Victims of Torture aids survivors in overcoming the lasting effects of torture and war. In partnership with the community, the Centre supports survivors in the process of successful integration into Canadian society, works for their protection and integrity, and raises awareness of the continuing effects of torture and war on survivors and their families. The CCVT gives hope after the horror.



A United Way Member Agency

# New Beginnings Clinic

CAMH mental health & wellness clinic and case consultation services for refugee clients



**camh** Centre for Addiction and Mental Health

HOSPITAL

RESEARCH

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Office of Transformative Global  
Health

Business Development Office

Other CAMH websites

CAMH Foundation

## CAMH and Women's College launch refugee mental health service

A new treatment service for refugees is the latest addition to CAMH's comprehensive refugee mental health programming.

The New Beginnings Clinic, launched in partnership with Women's College Hospital Crossroads Clinic, opened in March. The clinic offers consultation to GTA-area physicians and outpatient services for their refugee clients. It's a timely step forward in CAMH's local, national and global efforts on refugee mental health -- as Canada welcomes more than 25,000 Syrian refugees.

Refugees are focusing on the necessities of life including a new home, food, clothing, education and employment opportunities, says Clinic Manager Stephanie Carter, CAMH Mood and Anxiety Ambulatory Services. "At the same time, some of them need care for trauma they have experienced and related mental health issues."



Do you have a refugee client/  
patient with whom you are  
unsure how to proceed?

Consult a psychiatrist or social  
worker with special expertise  
in refugee mental health.

Call the New Beginnings Clinic  
Info Line: 416 535-8501  
ext. 31683

Visit our website for more  
information:  
[www.camh.ca/newbeginnings](http://www.camh.ca/newbeginnings)

## Who is it for?

- Primary care and other support providers can access the clinic to discuss and get advice on refugee client/patient cases.

## What services are offered?

- Phone consultation is provided by psychiatrists and social workers with expertise in refugee mental health.
- For complex cases, we can provide assessment and brief, culturally sensitive interventions for refugees with psychological issues.

## What clients/patients do services apply to?

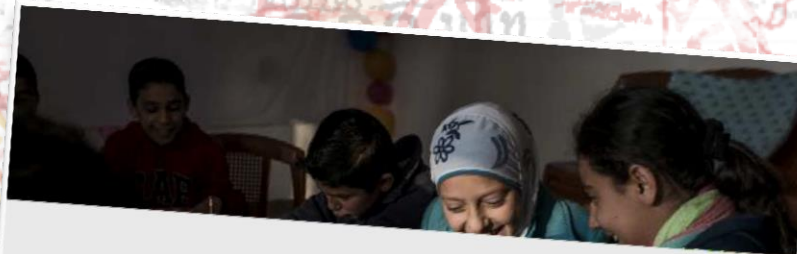
- All refugees (government-assisted or privately sponsored) and refugee claimants in their first two years in Toronto.

**camh**

Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

# How do you see community agencies, specifically the settlement sector supporting and promoting newcomers/refugees mental health?

- Focus on enhancing resilience



What is Refugee  
Resilience?

# Definitions of Resilience

“We may indeed find that when we ask the culture question about resilience we may be surprised to discover practices that differ dramatically from what we in North America would define as necessary or typical of resilient behaviour...Even when we consider resilience as the ordinary magic of human adaptive processes, we must remember that ***adaptation is always about survival and thriving in a particular place, time and context***”

◆◆◆◆◆  
Begins with early experiences and solid attachment







# Community support is essential

Syrian newcomers find support in refugees already settled in Canada

SUBSCRIBERS ONLY

VICTORIA — The Globe and Mail

Published Sunday, Jan. 17, 2016 8:40PM EST

Last updated Sunday, Jan. 17, 2016 8:40PM EST

# Settlement services are vital

## CCVT Programs and Services

- Mental Health
- Settlement Services
- Children & Youth
- ESL
- Computer Training
- Public Education
- East Toronto Downtown Local Immigration Project



Eritrean/  
Ethiopian  
Senior  
Support  
Group



CCVT at the 2010 Launching  
of the United Way Campaign



Planting a tree during 2010 UN  
International Day in support of  
Victims of Torture



Support Group: Yoga Session



Summer Quest  
2010



# Post-traumatic growth

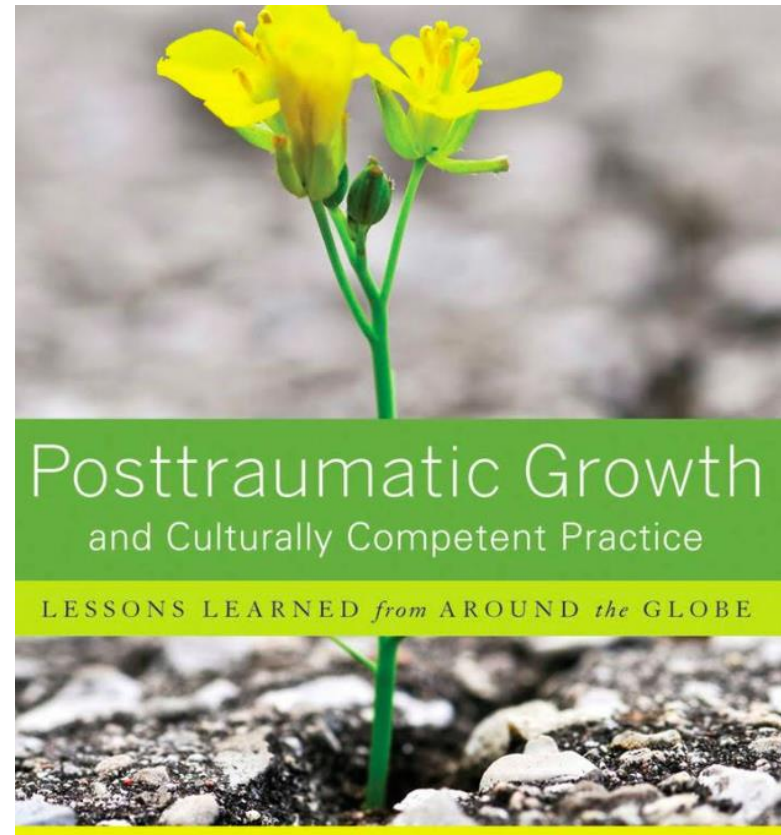
Changes in perception of the self:

- Identify strengths and new possibilities

Greater intimacy in relating to others

Changed philosophy of life:

- New priorities, appreciation and spirituality



# Improving resilience and mental well-being

- **Self-care:** sleep, food, daily routine, going out, ESL, volunteering
- **Values:** What keeps you going?
  - Family, children, religious beliefs, political beliefs
- **Finding connection (Berry model)**



## kintsukuroi

(n.) (v. phr.) "to repair with gold"; the art of repairing pottery with gold or silver lacquer and understanding that the piece is more beautiful for having been broken

# Resources

Centre de ressources  
**multiculturelles**  
EN SANTÉ MENTALE



**Multicultural**  
**MENTAL HEALTH**  
Resource Centre

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# Welcome to the MMHRC

## Responding to Cultural Diversity in Mental Health

The MMHRC provides resources to support culturally safe and competent mental health care for Canada's diverse population. Please join us to build a community of practice.

[Join Our Listserv](#)



### Recent Posts

[CBC Ideas on Cultural Psychiatry](#)

[Hope Within Horror: Marina Nemat – Home | Ideas with Paul Kennedy | CBC Radio](#)

[Caring for a newly arrived Syrian refugee family](#)

[Guide for Intercultural Relations in Mental Health | CMHA Montréal](#)

[Culture, Context and the Mental Health and Psychosocial](#)

[Wellbeing of Syrians](#)  
Joseph & Wolf Lebovic  
Health Complex

### New in the Literature

- [Canada](#)
- [International](#)

[Criminal justice system contact and mortality among offenders with mental illness in British Columbia: an assessment of mediation.](#)

### Upcoming Events

[Culturally Responsive Mental Health Care for Refugees](#)

April 29

[McGill Summer Program in Social & Cultural Psychiatry](#)


May 2 - June 30



- Biannual Diversity and Equity Conference

**Diversity and Equity in Mental Health and Addictions Conference 2015**

**Cross-cultural Perspectives on Recovery and Resilience**



**Friday May 15th, 2015**  
8:30 am – 5:00 pm  
Courtyard by Marriott Downtown Toronto  
475 Yonge Street, Toronto  
Enquiries and Registration:  
416-493-4242 ext. 2243  
mho@hongfook.ca

Keynote Presenters:  
**Nora Jacobson, PhD**  
Senior Scientist,  
University of Wisconsin-Madison,  
Wisconsin, USA  
**Roni Berger, PhD**  
Full Professor,  
Adelphi University School of Social Work,  
New York, USA

Coordinated by:  
**Hong Fook Mental Health Association**  
416-493-4242  
www.hongfook.ca

In partnership with:

**University Health Network**  
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

**MOUNT SINAI HOSPITAL**

**LOFT**

**HONG FOOK MENTAL HEALTH FOUNDATION**

**CANADIAN MENTAL HEALTH ASSOCIATION**  
ASSOCIATION CANADIENNE POUR LA SANTE MENTALE  
Toronto Branch

**camh**  
Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale

**ACROSS BOUNDARIES**  
An Ethnoracial Mental Health Centre

Designer: Aris Cheung at TransMedia9.com

## The Refugee Mental Health Project

Refugees represent a vulnerable population that is at risk for mental health problems. It is in the post-migration context where service providers can provide mental health support to refugees.

This project aims to build settlement, social service and health care providers knowledge and skills and to promote inter-sector and inter-professional collaboration by developing networks and providing resources relevant to refugee mental health.

We invite you to participate in the accredited online courses, monthly webinars, e-newsletters and online community of practice with access to subject matter experts, all offered as part of the Refugee Mental Health Project.

This project is funded by Immigration, Refugees and Citizenship Canada (IRCC).

**Aussi disponible en français.**

<https://www.porticonetwork.ca/web/rmhp>



## Project Highlights



**5,700**

service providers across  
Canada enrolled in  
the online interactive  
courses



**43**

webinars featuring  
subject matter experts  
are available online



**4,606**

service providers  
are subscribed to the  
Refugee Mental Health  
Project Newsletter





**mindfest**  
PARTICIPATE • EDUCATE • CELEBRATE

[www.mindfest.ca](http://www.mindfest.ca)

- October 4, 2017
- Free, annual mental health and wellness fair, antistigma event – all welcome
- Exhibit Booths
- Keynotes & Lectures
- Workshops & Activities
  - yoga, mindfulness, coping strategies, simulation, art, poetry, improv!
- Film Screening
- Mindfulness Walk





te Thank you Спасибо

Dziękuję Ευχαριστώ Kiitos Tak

有り難う Obrigado 谢谢 Hvala 有

Tack תודה Merci Danke Terim

Grazie Thank you Gracias ขอ

ありがとう 감사합니다 شكرا 謝謝

Mulțumesc Spasubi Спасибо

Благодаря Asante Dě