



Mental Health Promotion: Working with Refugee Clients

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Quick overview...

1. Understanding “what is mental health”
2. The stressors related to the immigration experience.
3. Understanding trauma and the impact it can have on your clients
4. How you can support the mental wellbeing of your clients

About us

Health and Mental Health



Health

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Mental Health

“A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.”

WHO(2001)

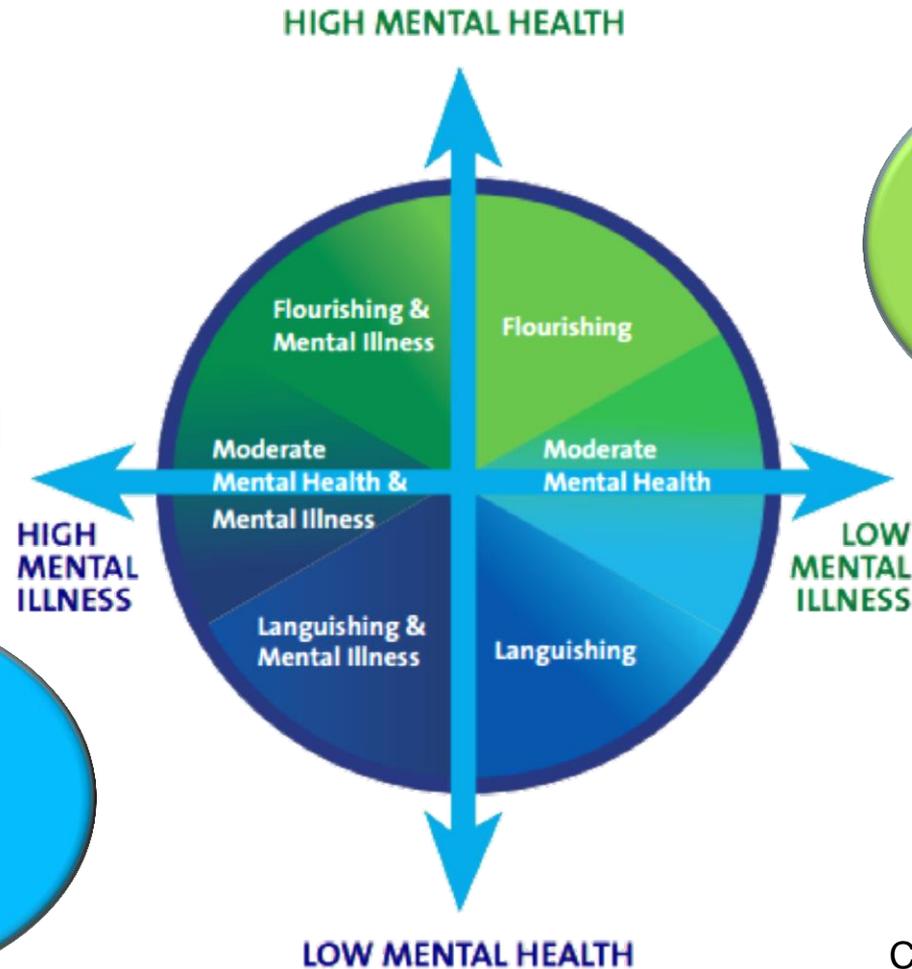
Mental Illness

“A medically recognized and diagnosable illness that results in significant impairment of an individual’s cognitive, affective or social abilities.”

(Victoria Health 2007)

...the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health.

The Continuum of Mental Health



It's possible to experience poor mental health without a mental health condition

It's possible to have a mental health condition and still experience mental well-being

Cory Keyes (2002)

Trauma



Trauma

- Overwhelms a person's ability to cope, leaving them feeling powerless
- May impact how a person sees themselves, others and the world
- Can cause feelings of shame and secrecy due to the powerlessness they create

(Trauma-informed toolkit, 2013)



Trauma

- Affects people of all ages, socio-economic status, cultures religions, sexual orientation, etc.
- Can be traumatizing if an event happens to family member, community or cultural group
- Can impact service providers who hear stories and/or witnessing suffering of the people

A mental health diagnosis that involves exposure to a traumatic event(s) such as death or threat of physical harm/injury or sexual violence.

Symptoms may include disturbing images or memories, feeling numb and/or hyper-arousal symptoms (TIP guide, 2013)

Not everyone develops PTSD

Impact of Trauma

Potential Impact of Trauma

- changes to the brain
- relationship difficulties
- decreased trust
- hyperarousal and hypervigilance
- rigid and/or chaotic behaviour
- physical and mental stress

What You Might Notice....

- difficulty with memory & concentration
- sadness, low mood, irritability, low energy
- fatigue; sleep problems
- isolation
- sensitivity to noise (e.g. sirens)
- physical complaints (e.g. headaches, chronic pain, gastrointestinal problems, asthma, heart palpitations)

What We Have Learned...

- Refugees are not passive victims of trauma: they have skills and personal resources that helped them survive
- Strategies such as community support that decreases isolation can help to buffer adverse effects of migration
- Ability to speak English or French is a significant asset and protective factor

CAMH (2012)

Most refugees...

- Report their primary concerns are related to settlement issues including housing, language, employment, education, family reunification rather than seeking counselling to address trauma
- Are resilient and have survived multiple traumatic events and hardships over long-term
- “Do not want to be defined by trauma or diagnosis” (Payne, 2013)

Social Determinants of Mental Health



Social Inclusion

- *Supportive relationships*
- *Involvement in group & community activities*
- *Civic engagement*



Freedom from discrimination and violence

- *Valuing of diversity*
- *Physical security*
- *Self determination & control of ones life*



Access to economic resources

- *Work*
- *Education*
- *Housing*
- *Money*

A Trauma-Informed Approach includes...

- Empathy
- Trust
- Safety and Empowerment
- Validation
- Recognizing boundaries
- Self-awareness
- Self-reflective

“The roots of resilience... are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other.”

Diana Fosha

Key messages....

- Never underestimate the importance of a trusting relationship
- Start where the client is at
- Avoid making assumptions
- Empathy, validation and safety are key
- Be self-reflective and self-aware - distinguish client states from your own

Thank you!



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Haskell, L. (2015). Trauma Informed Care for People Who are Homeless, North York Civic Centre.

Payne, D., (2013) Psychological Consequences of Torture – CCVT Course: Hope After the Horror

Robertson, C.L., Halcon, L., Savik, K., Johnson, D. Spring, M. Butcher, J. Westermeyer & J. Jaranson, (2006). *Somali, Oromo refugee women: trauma and associated factors*. Journal of Advanced Nursing, 56, 577-587

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Trauma Matters- Guidelines for Trauma-Informed Practices in Women’s Substance Use Services, www.jeantweed.com, www.addictionsandmentalhealthontario.ca., or eenet.ca

MacDonald, N., & Fisher, A. (2015). Family Violence Prevention: Building Trauma-Informed Communities, Welcome to Fireside Chat #437 February 26, 2015, Public Health Agency of Canada Trauma-informed, The Trauma-informed Toolkit, 2013, Clinic Community Health Centre, Health Canada

Helpful links

Canadian Centre for Victims of Torture

<http://www.ccvt.org/>

Canadian Mental Health Association

www.toronto.cmha.ca/mental_health/help-for-newcomers/#.UHgu2mXVUdU
www.cmha.ca/mental_health/post-traumatic-stress-disorder/

Centre for Addiction and Mental Health

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

Mental Health Service Information Ontario (MHSIO)

www.mhiso.on.ca