

# The mental health of refugees: clinical considerations towards a risk-based approach

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# “Omar and Ibrahim”

- 2 teen-aged brothers fleeing Syria with their mother, lost father in the war
- Limited language skills, cannot attend school because of serious flashbacks (PTSD axis: intrusion), insomnia (hyperarousal), and being afraid of certain situations (avoidance). They feel isolated in a run-down housing tenement
- On a recent visit, the mother confides that Omar and Ibrahim have been doing drugs, and hanging around the wrong people. She worries that they will end up in a terrible fate, just like their father

# Clinical considerations

<b>Strategy</b>	<b>Comments</b>
Orientation to the health system, appointments, procedures etc.	Clients may not be aware of primary care having a triage or gatekeeper role in certain countries (e.g. Canada), and may need education regarding the appropriate use of emergency rooms and specialists
Translators	Do not use family members except in emergencies. Place translator in a neutral position to be able to focus on the client. Ask the translator to indicate areas of ambivalence or nuance, especially when it comes to expressions of mental suffering
Special language accommodations	Consider the use of language-specific phone lines, signage, and patient navigators

<p>Stepped or integrated approaches</p>	<p>Stepped: as much as possible, referrals to allied health and specialist should occur in environments already familiar to the client</p> <p>Integrated: in essence, giving the right intervention to the right client at the right time.†</p>
<p>Establishing trust, confidentiality</p>	<p>Consistent providers as much as possible; extra time for visits; eliciting all concerns and approaching them over several visits</p>
<p>Linkage with culture-specific resources and community organizations</p>	<p>For a list see: <a href="http://www.ementalhealth.ca">www.ementalhealth.ca</a></p>

†: for a useful list of integrated approaches to different mental health presentations, see: [http://www.camh.ca/en/hospital/care\\_program\\_and\\_services/ICPs/Pages/default.aspx](http://www.camh.ca/en/hospital/care_program_and_services/ICPs/Pages/default.aspx)

# A risk-based approach

<b>Low</b>	Voluntary relocation	No effect on activities, work, school etc.	Ongoing monitoring; consider screening after some months post arrival in selected populations
<b>Medium</b>	Witnessed natural disasters	Symptoms of depression, anxiety or PTSD: flashbacks, hypervigilance, avoidance; Irritability or withdrawal in children and youth	Support in primary care setting with or without extra individual or group counseling; consider referral and/or pharmacotherapy if lifestyle interventions (exercise, community activities; sleep hygiene etc.) are unsuccessful

# Identifying needs early

<b>High</b>	Witnessed or experienced human brutality; extensive family symptomatology	Severe depression, anxiety or PTSD; Suicidal or homicidal ideation; Psychosis; Be on the lookout for aggressive or self-harming behaviours amongst youth	Early intervention, close follow-up, specialist referral; consider NET and EMDR approaches. Will likely also need pharmacotherapy.
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NET: Narrative exposure therapy

EMDR: Eye movement desensitization and reprocessing

# To advance a risk-based approach...

- ...we need better data and better feedback loops
- ...we are working with Statistics Canada to create a national linkage of the Immigrant Landing File with the Discharge Abstract Database, with the addition of OMHRS for the first time
- ...we need to keep adding to the mosaic of data sources, including more outcomes from the primary care sector *as well as the settlement sector*

# Back to Omar and Ibrahim...

- It may be somewhat academic to focus on whether or not the brothers have clinical PTSD
- What is clear is that they are high risk according to our formulation and need several levels of intervention: counseling (including NET approaches), medication and liaising with settlement organisations to secure better housing
- By focussing on the strengths gained through their migration experience, they gradually improve and learn to understand their father's death as a reason to honour his memory and make their mother proud for the accomplishments in their new society



# Future considerations

- Gender-based considerations: the focus on the brothers in this composite case also highlights that the mother's care may have suffered
- At a future visit, she admitted to suffering from the after effects of gender-based violence (GBV)
- Current and anticipated movements of refugees to Canada may be experiencing high rates of GBV, and more evidence about screening timing and methods may be needed