



Access Alliance
Multicultural Health and Community Services

PROMOTING THE HEALTH OF SEPARATED REFUGEE YOUTH: POLICY IMPLICATIONS

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This report is prepared by Ron Merkand (MSW Graduate Student) in fulfillment of requirements of GS/SOWK 5350 course of York University. This report is a component of the research project 'Impact of family loss and separation on refugee youth' in Toronto.

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EXECUTIVE SUMMARY

Objective: This policy document intends to advocate for amendments in Canadian refugee and immigration policy. After identifying the current gaps, relating to the accessibility of health and social service provisions, considerations of healthy integration in the labor market were considered. The document provides evidence-informed policy recommendations based on a Social Determinants of Health model.

Methods: A systematic literature review and policy scan were conducted through the examination of existing policies, programs, and interventions. Implications for policymakers were highlighted through integrating effective interventions from other countries. The document was reviewed by external legal experts to ensure the feasibility of implementing the policy recommendations within the Canadian context.

Findings: Looking at current literature, there are numerous gaps concerning refugee youth-specific programming and policies in the Canadian context that either echoes our study or provides additional insight. Policies aimed at achieving health equity in refugee populations could be improved by creating a well-funded, comprehensive, and coordinated strategy at all levels of government. Looking abroad, numerous countries have adopted evidence-based assessment and screening tools that could improve mental health-related policies in Canada. Furthermore, evidence suggests that more emphasis must be placed on improving the accessibility and availability of health services, expediting family reunification, and furthering investment into language mediation services. By adopting a strengths-based approach, efforts at capacity-building and social inclusion would recognize the resiliency of refugee populations and allow refugees themselves to become key stakeholders in the decision-making process.

Conclusion: In light of Canada's long history of opening its borders to incoming refugees, it is in a strong position to support the mental health challenges that refugees commonly face after migration. In summation, this policy document has advocated for consideration of the gaps that exist within the current IFHP policy structure, the need for more adequate screening and assessment tools for service providers, as well as necessary amendments to the family reunification process. With the right investment of resources and appropriate amendment of policies, Canada could become a world leader in attending to the mental and physical health of refugees for successful integration.

Keywords: Separated Refugee Youth, Family Reunification, Refugee Youth Mental Health, Immigrants, Integration.

Introduction

The status, health, and well-being of refugee youth have become a growing area of political, social, and cultural concern. In light of Canada's commitment to resettle 25,000 Syrian refugees, further exploration of social programming and healthcare access has become paramount. Within the Canadian context, current policies and practices must be amended to address current gaps identified within the current refugee and immigration policy framework. Informed heavily by the World Health Organization's global action plan on *Promoting the Health of Refugees & Migrants*, this policy document advocates for the development of a well-coordinated national action plan to address the numerous barriers that refugee youth experience post-migration (Sheridan & Shankardass, 2015). As highlighted by the broader literature, refugee youth and families experience unique challenges such as access to healthcare services, experiences of trauma, as well as separation from family and friends (Sheridan & Shankardass, 2015). Through committed investments, strategic service alignments, and integration of evidence-based models, Canada would be able to provide a more comprehensive and culturally sensitive approach to improving refugee services and support.

A National Action Plan

The incorporation of a national action plan has several unique benefits to policymakers and service providers alike. Given how policies and resources are fragmented among territorial lines, an overarching federal policy would ensure greater consistency in providing effective services across and within jurisdictions (Sheridan & Shankardass, 2015). Additionally, addressing the issue at the federal level could forge new partnerships, initiate

the sharing of information, and proliferate the use of evidence-based practices among stakeholders (Antonipillai, Schwartz, Baumann, & Wahoush, 2017). A nationally centered plan of action could also potentially eliminate gaps in essential services, address inconsistencies in the legal framework, and provide culturally competent practices for service providers in working alongside refugee youth (Antonipillai et al. 2017). Although this form of national policy is unprecedented within Canada, it provides numerous benefits; most importantly of which is the increased access to coordinated services at various levels of government.

Limitations of the Interim Federal Health Plan (IFHP)

The *Interim Federal Health Program (IFHP)* while providing the most robust healthcare coverage for both refugees and refugee claimants in Canada, is still quite limited in its overall scope and function (Sheridan & Shankardass, 2015). Post-2012 fiscal cuts to the *IFHP* have resulted in a loss of psychological support services for refugees who are survivors of rape, torture, or other forms of state-organized violence pre-migration (Antonipillai et al. 2017). Additionally, the Supreme Court decision in *Canadian Doctors for Refugee Care v. Canada, 2014* has meant that some individuals are left with no healthcare coverage at all, such as those waiting to make a refugee claim. Furthermore, financial restructuring to the *IFHP* has broad-reaching implications for refugee claimants that have no coverage for necessary medications (Sheridan & Shankardass, 2015). This represents a fundamental violation given Canada's United Nations commitment which argues that access to healthcare is a basic human right (Belanger & Candiz, 2020).

Improving Access to Healthcare

To begin, an examination of international responses to refugee-specific mental health challenges highlights the shortcomings that currently exist within the Canadian system. For instance, Germany, a country that closely resembles our system of governance, is a world leader in providing prevention-focused and adequately resourced mental health services to refugee populations (Löbel & Jacobsen, 2017). By implementing targeted strategies for prevention, early intervention, and more adequate service delivery for crisis intervention, Germany has provided a more rigorous response in addressing the post-migration barriers that refugees commonly face (Löbel & Jacobsen, 2017). In congruence with the literature, the *Refugee Mental Health Screener* provides early identification of commonly cited mental health challenges among refugees; namely PTSD, depression, and anxiety (Sheridan & Shankardass, 2015). Integrating this screening tool into initial medical examinations has led to numerous positive outcomes including enhanced social support as well as enhanced awareness of navigating social services (Löbel & Jacobsen, 2017). Further exploration into integrated circles of care for refugees could potentially reduce the wait times and reduce inaccessibility to essential health services (Sheridan & Shankardass, 2015). Prompt access to appropriate mental health interventions is cost-effective because it decreases the need for more costly interventions later on, such as hospitalization (Sheridan, & Shankardass, 2015). An evaluation of the success in Germany lends greater support for the formulation of a Canadian refugee youth-oriented mental health policy framework (Löbel & Jacobsen, 2017).

Addressing the Social Determinants of Health

Understanding the social determinants of health is of critical importance to achieving health equity for refugee populations; particularly for separated or protracted youth (Antonipillai et al., 2017). Given that refugees face unique obstacles in developing social supports and community networks, further programs and interventions must be designed to meet the unique challenges that refugees face; many of which are rooted in systemic inequalities. Broadly defined, the social determinants of health operationalizes well-being through the examination of a series of factors such as adequate income and employment, degree of social inclusion, the recognition of credentials and education, as well as housing (Antonipillai et al., 2017). Given the broad range of personal, social, economic, and environmental factors that influence health, a shift to a social determinants model of refugee health policy provides a more fruitful analysis in which to evaluate the success of past, present, and future program interventions. Such an approach to refugee physical and mental health would be most efficacious in creating sustained and transformative change (Holtzer, Moore-Dean, Srikanthan & Holtzer E, & Kuluski K, 2017).

Family Reunification

Family reunification represents a critical aspect of improving quality-of-life measures among refugee youth and migrant populations. Empirical evidence has consistently demonstrated that the psychological impact of family loss can have lasting effects on both physical and mental health; particularly for children and young adults (Belanger & Candiz, 2020). The disintegration of familial support among refugee youth has been linked to higher rates of depression, anxiety, as well as Post-Traumatic Stress

Disorder (PTSD) (Löbel & Jacobsen, 2017). Before 2011, the government of Canada projected an eight-year average waiting time for the reunification of parents and grandparents (Belanger & Cadiz, 2020). While new measures such as the implementation of the super visa alternative have improved “wait times”, it has meant that for many, reunification has become more difficult to achieve, temporary and precarious (Belanger & Candiz, 2020). Canadian immigration policy has also been criticized heavily given its increasing insistence on minimum income requirements for sponsorship (Löbel & Jacobsen, 2017).

Service Provisions

In identifying a series of best practices, Löbel, L., & Jacobsen, J. (2017), conducted a scoping review that examined essential components of effective community-based healthcare models and interventions as highlighted by both service providers, refugees, and migrants. Core aspects of efficacious programs included direct consultation with target populations as well as community mobilization strategies that stimulated outreach and awareness of refugee and youth-specific needs (Holtzer et al., 2017). Of equal importance was an investment into language and mediation services that were both culturally competent and readily accessible (Holtzer et al., 2017). It should be kept in mind that over-pathologizing refugee populations are counterproductive to their mental health needs. The focus should always be on promoting resilience and increasing the individual, family, and community's ability to self-manage. Central to the success of all programs is the emphasis on strengths-based approaches that foster a sense of belonging, trust, and empowerment among participants (Belanger & Candiz, 2020). The close collaboration of the various

stakeholders, local communities, and migrant and refugee communities, represents a key element in the successful implementation of primary health care provisions (Belanger & Candiz, 2020).

Conclusion

In light of Canada's long history of opening its borders to incoming refugees, it is in a strong position to support the mental health challenges that refugee youth commonly face after migration; namely those of separated youth. By adopting a well-coordinated national action plan using a social determinant of health model, quality of life outcomes could be greatly enhanced. In summation, this policy document has advocated for consideration of the gaps that exist within the current IFHP policy structure, the need for more screening and assessment tools for healthcare and service providers, as well as necessary amendments to the family reunification process. With the right investment of resources, Canada could become a world leader in attending to the mental and physical health of refugee youth, migrants, and their respective families.

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Appendix A - Policy Recommendations

- A multi-disciplinary and cross-sectoral approach that provides a comprehensive strategy at all levels of government in improving conditions for refugee youth and their families
- Implementation of evidence-based and refugee-specific assessment and screening tools in mental health service delivery (construction of primary, secondary, tertiary, and crisis interventions)
- Shift to a Social Determinants of Health Model that recognizes the systemic factors that impact refugee well-being (housing, employment, social inclusion etc.)
- Educating both newcomers and service providers about eligibility for physical and mental health care coverage based on immigration/refugee youth status. This includes the Interim Federal Health Program as well as provincial coverage, where available.
- Connect patients with a regular primary care provider (or a community health centre for those who are lacking access to healthcare) and support services (e.g. social workers, interpreters, financial aid, settlement services, and legal agencies).
- Critical evaluation of the family reunification process that examines current gaps in both policy and legislation
- Further investment into language and mediation services that are culturally competent and readily accessible
- Enhance capacity-building by incorporating refugee voices in shaping the Immigration and Refugee Claimant process
- Improve opportunities for social inclusion and networking through creation of community-level healthcare access and mentorship.

Appendix B - The Rapid Response Strategy

We plan to design a rapid response strategy to serve the separated refugee youth by creating a community of practice. Any request from anyone on the "[Policy Champions List](#)", will be "triaged" as high priority for responding to them ASAP (say within 2 days or sooner). Requests from these usually take the form of the following:

- Formal endorsement for a letter or campaign
- Help with petition drive
- Help with finding evidence
- Review of drafts of letters to policy makers, petition statements, submissions to government etc
- Participation in rallies

- Participation in press conferences