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Research Article

Mental Health Issues Affecting Refugee Youth in Canada who Experienced Family Loss and Separation in their Country of Origin

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Abstract

The objective of this article is to understand the key mental health problems affecting unaccompanied refugee youth in Canada who experienced family loss and separation in their country of origin. This article is based on a research project that adopted a multi-phase sequential research design/strategy. This strategy entails that the first phase consisted of a scoping literature review to synthesize existing evidence and to identify knowledge gaps related to post-migration effects of loss and separation on the well-being of refugee youth and their families. The data collection phase included two focus groups with service providers and three focus group sessions with the refugee youth themselves. Refugee youth face several mental health problems resulting from pre-migration, peri-migration, and post-migration conditions. This study demonstrated that a significant number of unaccompanied refugee youth experience mental illness. The most commonly reported mental illnesses among the youth were post-traumatic stress disorder (PTSD), depression, and anxiety. Many of the refugee youth developed coping strategies to help deal with their sadness about family loss or disappearance and the circumstances they were currently in surrounding their settlement. The article concludes that experiences of separation from or loss of one or more family members affect refugee youth's mental health negatively. Nevertheless, most refugee youth approached for this study were not interested in talking about these, due to their perceived stigma and aversion to openly discussing mental health issues. The current support service and policies in Canada are serving refugee youth to meet their needs partially. There is an opportunity to build the capacity of the service providers with generated evidence, make the service navigation tools more user-friendly, and advocate amendment of the policies to address the real needs of the separated refugee youth.

Keywords: *Refugee Youth; Family Loss and Separation; Mental Health; PTSD, Trauma; Access Alliance; Canada*

Introduction

Globally, an unprecedented number of people are currently experiencing forcible displacement. In 2016, over 65.6 million people were forcibly displaced, of whom 22.5 million were refugees across inter-national boundaries. Over half (51%) of refugees and displaced people are children under the age of 18, and approximately 35% of the refugee population are youth between the ages of 15 and 24 years [28]. The United Nations High Commissioner for Refugees (UNHCR) also mentions a significant number of refugee youth undergo hardship and painful experiences such as family separation or losing/missing a family member, such as family members disappear, go missing, or get separated during journeys of migration.

Privately-sponsored refugee (PSR) program is reported to be successful along with the government-assisted refugee (GAR) program [13,14]. While significant attention has been given to capturing experiences of refugees from the Middle East [17,18], more attention is required to understanding how loss and separation from family members through war and forced migration affects the post-migration settlement and well-being of refugee children or youth [1,8,11]. Over 20,000 Syrian refugees arrived in Canada between 2015 and 2017, were under the age of 18 years [31].

Refugee youth separated from their families comprise a socially vulnerable population. Studies found that refugees have elevated rates of mood disorders, psychotic illness, and post-traumatic stress disorder (PTSD) relative to non-migrant, resident populations [23]. Nevertheless, there are limited clear data about how the mental health status of the unaccompanied refugee youth in Canada who have experienced some type of family loss and/or separation from family members. This article focuses on mental health issues affecting unaccompanied refugee youth in Canada who experienced family loss and separation.

Objective of the Study

The objective of this study, through scoping review and subsequent primary data collection, is to explore, (i) the key mental health issues that affect unaccompanied refugee youth in Canada who experienced family loss and separation in their country of origin, (ii) the coping mechanisms used by the unaccompanied refugee youth to mitigate the effects of mental health and (iii) the available services and programs offered to unaccompanied refugee youth.

Materials and Methods

Multi-phase sequential research design

This study adopted a multi-phase sequential research strategy, whereby the first phase comprised of a scoping review to synthesize existing evidence and to identify knowledge gaps related to post-migration effects of loss and separation on the well-being of refugee youth and their families. The generated knowledge created a foundation for data collection with two focus groups with service providers, selected using heterogeneous purposive sampling techniques with an intentional selection of diverse respondents, to develop experiential insight, validate information generated by the scoping review, and design the recruitment as well as the strategies for collecting data from the refugee youth through three focus group discussion sessions. The study is registered with the Open-Source Framework (OSF) [22].

Scoping review

Despite the challenges of less defined boundaries, lack of agreed-upon detailed methodologies, guidance, and standards [21], the scoping review allowed the inclusion of a whole range of published or unpublished study designs and methodologies for mapping broad and diverse topics to capture relevant information, to provide reproducible results, and to decrease potential bias from flawed implementation. To overcome methodological challenges, this study team preferred Arksey and O'Malley's [2] methodological framework to conduct this scoping review.

Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Review (PRISMA-ScR) was adopted to review 112 peer-reviewed articles from three major databases and open access journals to find 32 eligible articles. Charted data were analyzed through Reflexive Thematic Analysis [6] protocol to answer research questions on the pattern, impacts, policy supports, and potential solutions for refugee youth.

Primary experiential data collection: Focus group discussions

This qualitative study used a community-engaged research approach to answer the key research questions through three focus group discussion (FGD) sessions with refugee youth who experienced loss and separation and two focus group discussions with service providers (social workers, settlement workers, or managers from the relevant service provider agencies) who work closely with refugee families. During the focus groups, the service providers advised the research team on how to reach out and connect with target refugee youth (including those who are isolated and may not be connected to services) and how to engage and sensitively communicate with them about difficult issues such as the impact of their experience of family loss and separation. These recommendations informed the team's outreach/recruitment strategies and interview questions for refugee children/youth.

Three focus groups, each of the 2-hour sessions, with refugee youth were facilitated by trained peer-researchers supported by two immigrant scholars following a structured Focus Group guide and an REB approved Informed Consent Form (standard practice at Access Alliance). The research team separated the male youth based on age (16 - 20 years in one group and 21 - 24 years in a second group) so that the participants would feel more comfortable disclosing their experiences openly among their age-group cohorts. Similarly, another FG was conducted with female-identified refugee youth between the age of 16 and 24 years, facilitated by a female peer researcher and co-facilitated by a female MSW (Masters of Social Work) student. A female Immigrant Insight Scholar also provided support and an Arabic interpreter provided interpretation support during the focus group for Arabic-speaking participants.

Due to COVID 19, the FGs with youth was conducted virtually, after REB revision, using Access Alliance's Zoom business account. A trained note-taker documented data in addition to the encrypted recording over Zoom. Peer-researchers were trained to transcribe data for collaborative data analysis [12] as a peer-led co-design approach engaging peers, refugee youth, and members of the research and advisory teams.

Ethical considerations

All activities and tools were reviewed and approved by the Community Research Ethics Office (CREO). Participants' recruitment for FGs and the informed consent process mentioned the study's purpose, nature of the discussion, and voluntary options for autonomous decision making for participation or right to withdraw at all levels of data collection. The facilitator reconfirmed with the youth verbally (at the onset of the FG) if they understood the Informed Consent Form, and if they still agreed to participate in the focus groups. If the youth indicated that they did not understand the Informed Consent Form, then the team explained the requirements in simplified ways and language interpretation was provided to ensure thorough understanding. While participants were allowed to withdraw from the focus groups at any time, if participants decided to leave once the focus groups began, the data up to those points remained with the research lead.

Access Alliance's Zoom business account is end-to-end encrypted. Only designated members of the research team have access to FG data. Participants' names or other identifying information were not used during the focus groups and participants were allowed to change their screen names to make themselves anonymous. To ensure confidentiality, focus group meetings were locked once all participants were present and they were given the option to turn their videos off to support their comfort level. Thus, the research team relied on both audio and video conferencing to conduct the FGs.

To mitigate potential risks and harms, the Immigrant Insight Scholars and the peer researcher were trained for collecting sensitive information from vulnerable participants. A professional counselor and youth worker from Access Alliance mentored the research team on question design, how to ask questions sensitively, and how to respond appropriately to triggers within the research context. The refugee youth were also provided with opportunities to engage in debriefing sessions with social workers after the focus groups. A registered social worker was rostered in the waiting room during the FGs to provide appropriate support to any refugee youth with triggered emotion (but no issue happened). The facilitators also conducted a brief PTSD pre-screening at the beginning of the FGs to ensure that youth with active symptoms of PTSD could not participate in the FGs. The research team was cognizant of the relationship between the gender of the focus group facilitators and participants' comfort level in discussing their experiences.

Electronic data was stored in an encrypted and password-protected extra hard drive of Access Alliance that has access by the designated members for appropriate reasons following Data Privacy and Confidentiality Protocol of the agency consistent with Tri-Council Policy Statement: Ethical Conduct for Research, Canadian Institute of Health Research, and Canadian Institute for Health Information.

Results

Migration journey of the refugee youth: Reasons and experiences

Data collected through this project identifies that most of the refugee youth left parts of their families, such as parents, siblings, grandparents, or other close members of the extended family, e.g. Uncles, aunts, friends who they considered as family, etc. due to their country's political unrest, while others lost family members due to natural causes, abductions, and extrajudicial disappearances. Some lost their immediate or extended family members or were protractedly separated from them Loss of family members was experienced at different stages of their migration journey- before they left the country, during or after migration. The duration of separation could range from two to eight years. In addition to their family, and friends, they are also separated from their homes, their country, a familiar environment, intimate partners, and childhood memories.

They left their country of birth (as young as 8 years of age) mainly to: (i) escape violence, persecution, and death, (ii) survive from family conflict, or (iii) to provide financial help to the family. For many, it was uncertain when they would be able to meet their family members again since they could not go back to their country of origin. The unaccompanied refugee youth often made friends in transitioning countries where they had to stay for interim periods along their migration journey. They noted that these friends often became like siblings to them and it was difficult to know that they could not see them every day.

Refugee youth's experience regarding their migration journey comprised of irregular and highly unpredictable transitions or a pervasive feeling of mistrust towards smugglers. They felt that when they started feeling homesick, these emotions were increased when they realized that the only way they would be able to see them would be once they obtained their passport and could fly back to their country of origin. Nevertheless, youth are still hopeful about their family members who had disappeared through maintaining a positive thought that other family members are still with them.

Key mental health issues of unaccompanied refugee youth

Mental health was identified as a silent (seldom mentioned explicitly by the youth, but came up when discussing topics concerning emotional issues surrounding separation) and significant challenge faced by unaccompanied refugee youth during the pre-migration, peri-migration, and post-migration phases of their journey. A service provider mentioned that the youth are "not interested in talking about depression, anxiety or PTSD," and another noted, "there's definitely stigma around mental health". However, they noted that youth felt traumatized after being left on the street if they could not find adequate space in a shelter, or if they did find space in a youth shelter, they may subsequently be traumatized or re-traumatized in these accommodations. A couple of participants addressed the susceptibility to crime among youth with unaddressed trauma. One service provider said that "[migration] is a massive pressure and mental health and emotional stressor that can even push [the youth] to crime," while another service provider echoes this by saying that "[they] have seen lots of frustration [surrounding] mental health issues inside, even involving in crime". During the FG discussions, the service providers reiterated the impact of the hearing process of the court, which can influence or cause significant mental health challenges such as depression. Furthermore, if the hearings are postponed, as they often are, this issue compounds.

This study identified post-traumatic stress disorder (PTSD), depression, and anxiety as the most commonly reported mental illnesses among the youth. Service provider focus group discussants suspect that PTSD was the most prevalent mental health concern, followed by depression and anxiety (Figure 1).

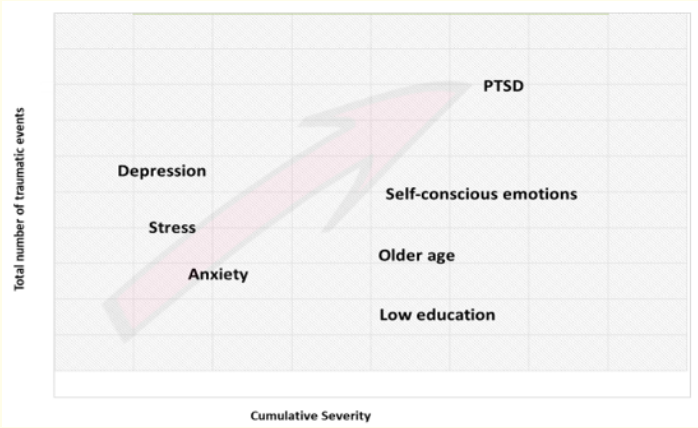

Figure 1: *Mental health issues for separated refugee youth.*

Many of the youth in this study experienced stressors throughout their lifetime caused by ongoing civil unrest and conflict, which precipitated poorer mental health outcomes. Furthermore, traumatic journeys of migration, loss of family, and stressors of settlement cumulatively impacted the mental health of the youth. It has been shown that those experiencing ongoing traumatic stress will not build resilience to the repeated exposure, and each event further contributes to the deterioration of their mental health. This study shades lights on how family loss and separation impacts the mental health of refugee youth during the post-settlement phase. Service providers mentioned that in some cases, refugee youth living conditions [and/or] incident after the arrival to Canada have triggered the previous traumas and symptoms. In short, mental health is a cumulative effect of the harsh experiences that refugee youth endured before, during and post-migration periods (Figure 2).

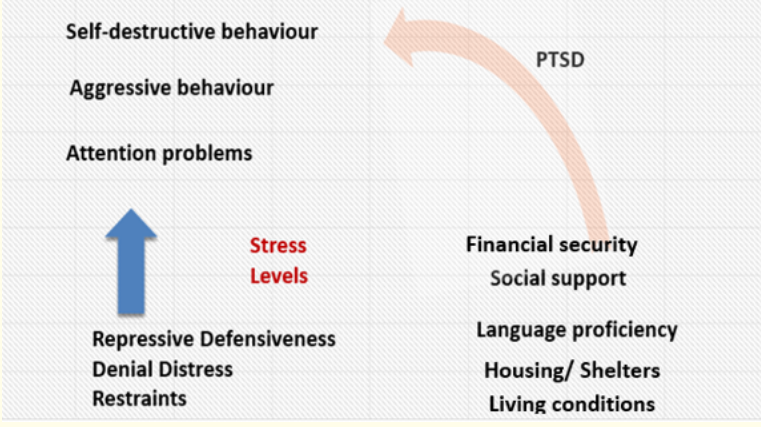

Figure 2: *Triggers of mental health issues for youth and impact.*

Coping mechanisms to the adverse mental health problems

Many of the refugee youth developed coping strategies (such as, setting goals and keeping busy) to help deal with their sadness about family loss or disappearance and the circumstances they were currently in their settlement process. The majority of the methods they employed were positive which not only helped them to cope but also helped to prevent them from engaging in negative coping mechanisms such as self-harm or acts of violence and aggression. Youth mentioned that they would set goals and worked hard towards them. This not only helped them focus on a better future but also helped them cope with their feelings of sadness. One participant noted: *"*So this is my coping with everything I deal with it. I was putting my goals and my desire like front of my eyes every time I feel sad … like sad or no hope because your mind setting its will be keep continue saying okay, you will achieve this goal one that you will achieve". This optimism gave them an outlet to cope with negative emotions".

News of death or disappearance of a family member was often a regular occurrence for some youth. As a coping strategy, they tried keeping busy with activities that filled their day, such as joining clubs, spending time learning new languages, or engaging in activities with friends. Youth also noted the role of recreation in helping them cope. Some mentioned school trips or recreational activities gave them a break from daily monotony and it also offered opportunities to socialize. One participant mentioned that they often go for a run so that they can avoid negative feelings or thoughts of self-harm after hearing bad news, especially if they are unable to talk out their feelings with peers or a support system.

Role of family, friends, peers, and spirituality

The role of family, friends, peers, and spirituality were identified as important resources for coping with negative emotions and feelings in the FGs. The youth said that talking out emotions and feelings was the most common help-seeking behavior for helping them overcome many mental health problems triggered by their experience of loss and separation. Although the youth recognized that this was not a permanent solution, they said that talking to the right individual and having a safe space did allow them to feel more positive in the moment. During FG, one youth mentioned: "I find it definitely helpful to talk about our feelings to someone close to us like family or friends. Because if I go through something that is very tough, I can't stop thinking about it unless I talk about it and just you know, let it go by this way". Talking to family about emotions helped to relieve suffering, pain and anxiety. Participants would often talk to family or friends in order to ease their emotions. However, when they did share these emotions, they felt they needed to speak about how they were feeling to peers, preferably those from the same background, family back home, siblings, or cousins.

Service providers identified that some of the unaccompanied youth, by attending self-care services, were able to see friends and strengthen the relationships they had with them; this helped them to further cope with feelings of family loss and separation. Some of the participants felt that they lacked family support when they needed it the most. Furthermore, they felt that when they talked to their family, family members could neither understand nor empathize with the youth, or the family members were emotionally unavailable for the youth. Youth who lives alone identified spirituality as being influential as a coping mechanism. Some participants said they took comfort from God through prayers.

Overall, despite the navigation challenge, the current social and financial support programs (Figure 3) are identified as effective by many of the youth participants; however, they suggested creating a resource list and updating that document periodically and creating a community of practice.

Figure 3: *Effective programs and services to address mental health issues of refugee youth.*

Discussion

The majority of refugee youth interviewed for this study originated from the Middle Eastern region in particular Syria, which finding corroborates the research finding by Walker and Zuberi [31], which revealed that out of the total number of Syrian refugees arriving in Canada between 2015 and 2017, over 20,000 were under the age of 18.

Mental health illness identified with separated refugee youth

Primary data from this study support the scoping review observation that the most prevalent mental illness problems among separated refugee youth are PTSD, depression and anxiety [1]. In a separate study, Jakobsen [16] noted that the prevalence of PTSD, depression and anxiety among unaccompanied minors was 30.6%, 16.3%, and 8.1% respectively; and Müller., *et al*. [20] estimated the prevalence to be 64.7%, 42.6%, and 38.2% respectively. Furthermore, the scoping review reveals that refugee youth may suffer from previous trauma that could be triggered by their current living conditions upon arrival in their country of destination. Primary data collected for this article shows that often refugee youth fail to recognize trauma and that there was a lack of understanding of trauma among them. However, the lack of explicit mention around the mental health issues by the youth could be due to perceived stigma and aversion to openly discussing mental health issues. This could also suggest the service providers are not adequately educated in the unique mental health needs of refugee youth nor the socio-economic, cultural, and linguistic barriers that may inhibit their access to adequate, appropriate, and trauma-informed care.

Available studies indicate that the mental health impacts of family separation are not the same for all refugee youth. A study by Seglem., *et al*. [24] shows that depression is high among unaccompanied refugee minors. In a similar tone, Müller., *et al*. [20] study concluded that unaccompanied refugee minors (URM) are more vulnerable than accompanied refugee minors (ARM) regarding the prevalence and severity of PTSD, depression, and anxiety. URMs experienced higher numbers of traumatic events and high levels of stress [16] and need higher levels of support on arrival to the host country [30].

There are two captivating highlights from the scoping study. The first is gender disaggregation of mental health. It was found that unaccompanied female refugee minors reported higher levels of depression compared to males [24]. The second is a correlation between mental health and a parent from whom unaccompanied refugee youth has been separated. In this regard, a study by Suárez-Orozco., *et al*.

[27] shows that youth who underwent prolonged separation from their mothers reported the highest levels of anxiety and depression, compared to separation from their father. Both of these nuances did not feature in our study, which future research projects could pick up and explore further.

Social challenges faced by refugee youth that affects their mental health

The challenges faced by refugee youth are double-tier: challenges they face like other refugees living in Canada, and the challenges they face as unaccompanied youth. The post-migration social conditions of refugees and asylum seekers often place them at the lower end of the social gradient [5,19], partially due to the nature of forced migration as well as the policies and public attitudes towards them, including their membership in groups that are stigmatized by the communities into which they migrate. Thus, many refugees and asylum seekers are at risk for poor mental health not only because of prior traumatic exposures but also because of post-migration social determinants of health [15,32]. The impact of those determinants may increase over time.

Youth refugee specific challenges, identified in this study, are adjusting with the school and education system including lack of recognition of educational credentials earned in their country of origin, and experiences of discrimination in accessing higher education as a domestic student. The educational credentials earned back home are not recognized as they aspire to pursue higher education in Canadian educational institutions. Therefore, refugee youth can neither access education as a domestic student nor can afford it as an international one.

The language barrier is another challenge faced by many refugee youths. Lack of language comprehension has reportedly contributed to experiences of discrimination in schools and is associated with an inability to communicate clearly with their classmates and teachers. Müller., *et al*. (2019) identified that poorer language proficiency is associated with higher levels of psychological distress and depression in refugee youth.

Lack of decent job was a major mental health challenge identified by the participants in the FGs. The study revealed that lack of decent employment compounded the financial stress they faced. Furthermore, when they did finally find a job, exploitation in the workforce was commonplace and the youth found themselves being taken advantage of and mistreated.

Access to mental health services is an identified challenge by the youth. Refugee youth suffering from mental illness also face stigma, which hinders them from seeking help or accessing mental health services when they need it the most. Furthermore, unaccompanied refugee youth struggle in finding qualified government programs that are cheap and affordable.

Services and programs offered to mitigate mental health issues affecting refugee youth

Figure 4 displays the common services and supports in Canada to promote and enhance the well-being of refugee youth. Australian researchers have highlighted the psychological factors that facilitate the post-settlement experience of refugee youth. These researchers have linked the well-being of refugee youth to the 'indicators of belonging', particularly social status, support, lack of discrimination, and a serene environment [9]. This study emphasizes that addressing these indicators is essential for refugee youth to feel a sense of belonging and inclusion in society and to thrive.

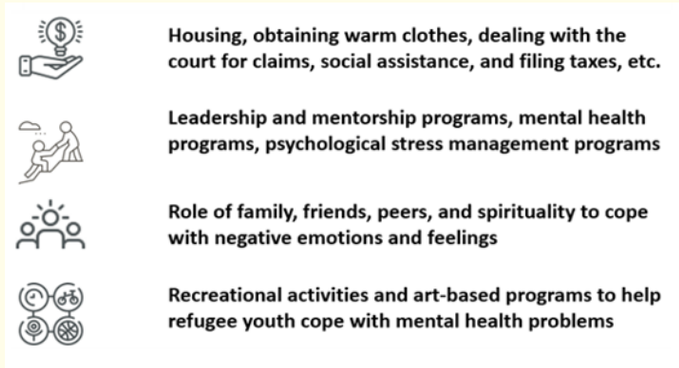

Figure 4: *Helpful financial and social programs for refugee youth.*

Data collected through FGs show that (Figure 4) there were several programs and services which have helped refugee youth (and their families) with their needs, such as housing, obtaining warm clothes, dealing with the court for claims, applying for university, financial assistance, social assistance, permanent residence application, and filing taxes, etc. Refugee youth reported that while some participants had the knowledge and information on available services which they could choose from, others were unaware of any services. Data collected from service providers indicates that the youth received a range of services including leadership programs, mental health programs, psychological stress management programs, mentorship programs, personal and emotional expression programs, settlement services, all of which offer much-needed support. Service providers also went the extra mile to encouraging youth and their parents to seek bullying prevention programs when they encounter bullying.

Regarding the types of programs and services offered to refugees that contributed to reducing refugee youth's mental health, Demott., *et al*. [7] found that using a manualized group intervention of expressive arts had positive effects, reducing trauma symptoms among separated refugee minor boys. Manualized trauma-focused CBT was examined by Unterhitzenberger and Rosner [29] and the results showed a significant decrease in clinical PTSD symptoms. Moreover, by the end of the treatment, participants were considered to have recovered from PTSD. The treatment results remained successful and stable for six months after the end of the treatment.

Conclusion

Despite the challenges of collecting sensitive data during the COVID-19 pandemic, the research team worked smartly exploiting the virtual technology and media to complete the research. In-person FGs were shifted to virtual ones. The stepwise data collection enabled the team to gather in-depth evidence around the impact of family loss and separation on refugee youth in Canada. The first set of findings focused on their experience during the migration journey from their country of origin (war, conflict, persecution, or forced migration) through a transit land to the new home Canada (settlement and access to mental health care). Post-conflict conditions associated with the migration process, such as experiences of detention, extended insecure status, and restrictions on the ability to find employment and/or housing, can have a powerful impact on unaccompanied refugee youth mental health, the most common being post-traumatic stress disorder (PTSD), depression, and anxiety. Nevertheless, most refugee youth approached for this study were not interested in talking about these, due to their perceived stigma and aversion to openly discussing mental health issues.

The second major concluding finding refers to the kinds of services and support arrangements that promote the well-being of refugee youth and their families. Refugee youth received a range of services and programs designed to ease their settlement process and to support them to settle both financially and socially for a better mental health experience. Services offered to refugee youth also include leadership programs, mental health programs, psychological stress management programs, mentorship programs, personal and emotional expression programs, settlement services. Service providers also went the extra mile to encourage youth and their parents to seek bullying prevention programs when they encounter bullying. The role of family, friends, peers, and spirituality were also underscored as vital support systems to cope with negative emotions and feelings in the youth and the service providers' reports. Talking out emotions and feelings was the most common help-seeking behavior for helping them overcome many mental health problems triggered by their experience of loss and separation. Furthermore, recreational activities and art-based programs were found to help refugee youth cope with mental health problems. School trips or recreational activities gave them a break from monotonous daily routines and offered opportunities to socialize. In a similar vein, participants noted that they often go for a run so that they can avoid negative feelings or thoughts of self-harm after hearing bad news, especially if they are unable to talk out their feelings with peers or a support system. Overall, it is the conclusion of this project that the available services and support arrangements have helped promote the well-being of most refugee youth and their families. The next steps are to mobilize the knowledge at the service delivery level to educate the service providers with evidence, and to create policy statement for updating the current policies as an advocacy call for action.

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