Failure to Protect

Limits of the refugee protection program and its effect on the Mental Health of the Latin American Community

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ABSTRACT

Latin America is made up of 21 countries with different histories, some of whom may have been or may be at war with each other. While refugees from other countries may have a host community to help them settle in Canada, Latin Americans in have come in waves from various countries. Each wave of refugees has a very small community into which they can integrate because historically, the more established groups have not been interested in helping newcomers whom they may consider to be from a different culture. Even refugees from the same country may claim different political ideologies and, as such, may be suspicious of each other. Consequently, there is little cohesion among the established Spanish-speaking community and little political weight that could produce needed mental health resources.

Once a refugee claimant arrives in Canada where life threats have abated, flashbacks maintain the emotional wounds. The pain is exacerbated by the loss of functionally competency because they are in an alien environment. Refugees who come to Canada in hope of safety and a new life are often surprised that the trauma continues through an extremely difficult refugee determination and resettlement process. Refugees often wait five or more years in a status limbo; the treatment from Custom and Immigration officials can be hostile; and entry into a profession already practiced in the home country requires years of retraining at a considerable financial investment. Economic problems, unsuitable housing, inability to speak the language and difficulties in getting needed child care all threaten this new life. Refugees need to cope with many details necessary for everyday life in an environment where the illusion of safety is challenged at every turn. The longer the wait for a settled life, the greater the potential for eroding mental health.

In Toronto, the average waiting time for the few available language specific mental health treatments is six to nine months. For desperate and frightened people who need prompt service, the availability is simply not there. Early access to care could often diffuse a situation which later would be much more difficult to resolve.

The Mennonite New Life Centre has developed a program to mobilize immigrant mental health workers, professionally trained in their own countries, to meet the emotional health needs of Spanish speaking newcomers in Toronto. At the same time it gives opportunity for these workers to transfer their skills to the context of the Canadian society. The workers receive supervision from a Canadian recognized professional, learn the relevant, laws and resources, have greater access to training, subsidies for membership in a professional association and gather the "Canadian experience" which is held up as a prerequisite for many jobs.

This paper will discuss in detail the background, operation and requirements of the Special Support Services pilot project.

Introduction

Refugees flee their home country hoping to leave behind traumatic events. They are therefore surprised when neither the trauma nor the old trauma responses stop upon arrival in Canada. The expectation of safety, which is the reason for leaving their country, betrays them.

In Canada, the refugee determination process is long. It is not unheard of to wait five or more years in a status limbo. The treatment from government officials encountered at many at points of entry and throughout the refugee claim process is often hostile. Work permits and social insurance numbers identify refugee claimants as temporary residents in Canada. In addition to revealing confidential information, this acts as a significant barrier to employment. Entry into a profession already practiced in the home country requires years of retraining, at a considerable financial investment. This is beyond the reach of many, especially when the post secondary education cost for a refugee claimant may be three to four times the cost for a resident.

The refugee determination process threatens their opportunities for a secure life here, as do economic problems, unsuitable housing, inability to speak the language and difficulties in getting needed child care so they can study or work. Refugees need to cope with many details necessary for everyday life in an environment where the illusion of safety is challenged at every turn. The longer the wait for a settled life, the greater the potential for eroding mental health.

In Toronto, the major point of entry for refugees and refugee claimants, the average waiting time for the few available language specific mental health services is six to nine months. For desperate and frightened people who need prompt service, the availability is simply not there. Early access to care could often diffuse a situation which later would be much more difficult to resolve.

The Mennonite New Life Centre has developed a program to mobilize community resources to meet the emotional health needs of Spanish speaking newcomers in Toronto. The program empowers immigrant and refugee mental health workers, professionally trained in their countries, to use their skills in the Canadian context. The workers receive supervision from a Canadian recognized professional, learn about relevant laws and community resources, have access to training and subsidies for membership in a professional association, and gather the "Canadian experience" required by many employers in Canada.

History of Latin American Refugees in Canada

In order to fully understand the mental health challenges experienced by Latin American refugees, it is important to understand the context of Latin American

migration to Canada. Some current statistics serve to illustrate. In this discussion, the terms "Hispanic", "Latin American" and "Spanish speaking" are used interchangeably.

According to the latest Canadian Census **(22)**, the refugee and immigrant population originating in Central and South America is 381,165 people. Of this Spanish speaking population, 216,640 (57%) reside in Ontario, as compared with 78,010 in Quebec, the next highest equivalent population. This is in keeping with overall population trends. Ontario settles over 50% of all newcomers to Canada, while Toronto hosts roughly 25% **(20,21,23)**. The population of the Greater Toronto Area is 45% immigrant. Generally one in five people (20%) who immigrate throughout the world settle in the largest cities **(25).**

Toronto's share of Spanish speaking refugees and immigrants is 108,380 or roughly 50% of all newcomers originating in Central and South America. The exact number of refugees included in this percentage is unknown, since the census does not offer a breakdown by immigration status.

The Latin American refugee and immigrant population in Toronto is extremely diverse. Latin America is made up of 21 countries, of which 17 are Spanish speaking. Some of these countries have been at war with each other. While immigrants from other source countries may have a unified host community to help them settle, Latin Americans have come to Canada in waves from various countries since the 1970s (e.g., Chile in the 70's, Argentina in the 80's, Central America in the 80's and 90's, Peru, Colombia and Mexico from the 90's until the present).

There has been little cultural unity among diverse Spanish-speaking communities. Each wave of immigrants often considers the natives of other Spanish-speaking countries as "foreigners." Other Latin American newcomers may come from the same country but claim different political ideologies and, as such, may be suspicious of each other. More established groups have not been interested in helping newcomers whom they may consider to be from a different culture **(30)**.

While many other ethnic communities settle together in specific areas where they may present sufficient numbers for social agencies to employ at least one worker having the relevant culture and language skills, Hispanics are strewn throughout the city and are less likely to have access to language specific services. Hispanic social service workers do generic community work. When they leave, they may be replaced by workers able to do this generic work, but without the desired Spanish service consciousness.

Many Latin Americans have come during times of political crisis and arrived as refugee claimants, having experienced trauma and persecution. They are not prepared with the English language skills that would help ease the transition into Canadian society. The lack of English language skills results in lack of information about resources,

rights, opportunities and employability. Women are most affected because there is usually no child care in agencies and organizations providing health and settlement services.

Navigating the refugee process requires time and money, and those who are unsuccessful remain in emotional limbo during the lengthy process of alternate applications for status. Those who need to flee their countries quickly and cannot arrange legal documents for their families may have to wait for several years to be reunited with them. Furthermore, the process of sponsoring family members, who may be in danger in the home country, is onerous and expensive. During these times, family members' lives may be at risk. Some people have even been murdered before they were granted a visa to Canada.

The refugee process tears families apart. If often leads to social isolation, as well as loss of identity and social status, exacerbating mental health sequelae of past traumas that brought people here hoping for refuge and peace.

Canadian Claims and Processes for Latin American Refugee Applications in Canada.

If there were a world court that would hold countries accountable for practicing the laws that they write much as Canada promotes "Truth in Advertising" with businesses, then Canada refugee and immigration practices would be cited frequently for false advertising.

The following are excerpts from the stated objectives of the Immigration and Refugee Protection Act, 2001, c.27 **(10)**.

> "…to support the development of a prosperous Canadian economy in which the benefits of immigration are shared across all regions in Canada." (3.1c)
> "…to see that families are reunited in Canada" (d)
> "…to support, by means of consistent standards of prompt processing, the attainment of immigration goals established by the Government of Canada in consultation with the provinces."(f)
> "…to promote the successful integration of permanent residents into Canada…" (e)
> "…to promote international justice and security by fostering respect for human rights…." (I)
> "…to recognize that the refugee program is in the first instance about saving lives and offering protection to the displaced and persecuted."(2a)

> "…to offer a safe haven to persons with a well founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group, as well as those at risk of torture or cruel and unusual treatment or punishment."(d).
> "…to establish fair and efficient procedures that will maintain the integrity of the Canadian refugee protection system while upholding Canada's respect for the human rights and fundamental freedoms of all human beings." (e)
> "…to support the self sufficiency and the social and economic well being of refugees by facilitating reunification with their family members in Canada."(f)

Failure to practice these noble principles accounts for serious mental health issues in the refugee population, compounding the impact of trauma experienced in countries of origin.

The following is an excerpt from a letter to the editor published in the *Toronto Star* on March 12, 2008:

> "Having worked with immigrants and refugees for the past 20 years or so, I have seen the decay of compassion and increase of disrespect in immigration hearings and customs sites as well as blatant disregard of the Charter of Rights in their treatment of refugee claimants.
>
> This process is more traumatic for many people applying for safety, than the actual trauma that they have escaped from. In their countries, the torture however cruel, is not unexpected, while Canada is perceived as being a safe haven and this treatment is unexpected and further traumatizing. A refugee being insulted for "getting pregnant just to stay in Canada" by an immigration officer in Mississauga; a resident being labeled a "Convenience Refugee" at the airport upon returning from an emergency visit home; a group of "investigators" barging into the home of a long term Canadian citizen without a warrant and subjecting them to a home search looking for an acquaintance without papers are the techniques of militias, not government services." **(19)**

The apparent consensus in the Canadian press can be summarized as "Immigration system near 'collapse'" **(3)**. The flaws in the refugee system are legion **(4)**. Refugees are often victims of a system that claims to protect them.

The following section compares the stated objectives of Canadian immigration legislation with the lived reality of refugees and refugee claimants. Except where citations are added, examples are drawn from my personal case load as a mental health professional.

Prompt processing

The Immigration and Refugee Protection Act will "support, by means of consistent standards of prompt processing, the attainment of immigration goals established by the Government of Canada in consultation with the provinces."(f)

There is a backlog of 900,000 applications in the immigration case load. The government has reduced the number of adjudicators in the Immigration and Refugee Board (IRB) by not renewing contracts or filling vacancies **(2)**. The rate for processing refugee claims has significantly slowed: the number of claims pending in 2005 was 20,552; in 2006, it was 23,476; and in 2007 it had increased to 32,414. The number of cases referred to the IRB continues to increase. At the current rate of finalization, it would take almost 3 years to process the number of cases waiting in 2007. Additional claims referred to the board from January to September 2007 were 18,617 **(15,16)**.

Fair and efficient procedure

The Immigration and Refugee Protection Act will "establish fair and efficient procedures that will maintain the integrity of the Canadian refugee protection system while upholding Canada's respect for the human rights and fundamental freedoms of all human beings." (e)

Neither the efficiency nor the fairness of the refugee determination system stands up to scrutiny. The section above reveals an extreme lack of efficiency, resulting in long and agonizing wait times for a decision. The fairness of the refugee determination system also seems highly questionable, given the inexplicable difference in acceptance rates between different entry points. The Central Canadian region rate of acceptance is 50%, while the Eastern and Western regions, which statistically have fewer refugees, accepted 38% and 40% respectively. **(16)**

Mexican refugees' acceptance rate in 2007 was 12%, down from 28% the previous year. In the same year the Western Region accepted 19%, while the Central Region accepted 9% of the cases. **(16)**

Family reunification

Canadian legislation aims

"…to see that families are reunited in Canada" (d)

"…to support the self sufficiency and the social and economic well being of refugees by facilitating reunification with their family members in Canada."(f)

My counseling work with refugee families yields ample evidence to the contrary.

Several examples serve to illustrate blatant disregard of this objective.

Two children were denied reunification with their mother in Canada. According to the IRB adjudicator, it was in their best interest to stay in their country because they did not speak English and their mother was already providing for them from Canada. The quote from the rejection report cited in the news is: "She provides support to you… she can continue to do so at a distance." **(13)**

A family's humanitarian and compassionate (H&C) application was turned down. The adjudicator acknowledged that there were very close ties with supportive family members in Canada, but stated that it would not be an "undue hardship" for the applicants to return to their country where there were no support systems. The applicants had been in Canada seven years at that point. (Personal case load).

A mother applies for a visa for her children to travel with her to avoid ongoing threats and persecution. She already has a visa by reason of her work. She is advised to leave the children with the grandmother and call for them from Canada. Five years later, she is still waiting in Canada for the papers to be approved. (Personal case load)

<u>Saving lives</u>

The Immigration and Refugee Protection Act will "recognize that the refugee program is in the first instance about saving lives and offering protection to the displaced and persecuted."(2a)

Again, the lived experience of refugee claimants stands in stark contrast to the promises of Canadian legislation. The narrowness of the refugee definition and its application excludes many with genuine fears for their lives. In recent years, Mexico and Colombia have consistently appeared in the list of the top ten source countries for people seeking refuge in Canada. While it is generally recognized that Colombia is in a state of political crisis, refugee claims from Mexico have a 47% rejection rate. Other countries, like Chile and Argentina have about a 97% rejection rate. This leaves many without protection, particularly victims of domestic abuse and other non-political violence.

A woman severely abused for years and twice shot by her husband in her country has her refugee claim rejected even though her teenage daughter confirms the events. The reason given for the negative decision is that this country has statutes to protect women from abuse. The fact that this man continued the abuse for years and that there were no women's shelters in her community did not have any value to the adjudicator. Upon her arrival in Canada, the woman obtains a divorce, which enrages the former husband. He calls regularly, with threats. After a few years of reviews, she meets and marries a man who sponsors her at the same time as she applies for H&C

grounds. His sponsorship is rejected because the adjudicator does not believe the veracity of the marriage, disregarding a letter from the woman's mental health worker confirming the reality of the relationship. (Personal case load)

A man working for the government in power in the adolescent social service field is besieged by drug dealers who do not like his lectures against drugs. They kill a family member to teach him a lesson. Once in Canada, his refugee claim is denied because he is not threatened politically. After he returns, he is kidnapped and tortured for one year by the drug gang. His family does not know whether he is alive and travels to Canada in terror for their lives. After a year of torture, the man escapes and lives in the streets. Afraid to be recognized and kidnapped again, he contacts no one. Eventually he finds out that his family is in Canada and takes a flight to Toronto. (Personal case load)

Safe haven for those fearing persecution

The Immigration and Refugee Protection Act will "offer a safe haven to persons with a well founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group, as well as those at risk of torture or cruel and unusual treatment or punishment."(d).

As already illustrated, interpretation of this objective often seems to depend on the mood and location of the adjudicator. More examples:

A woman notices police dealing drugs in front of her apartment complex in her country. She reports this to the police station. Soon after, the drug dealers break into her home and gang rape her. They laugh, warning her that they have access to all the information about her and her family, should she ever try to report them again. In Canada, her refugee claim is rejected. The adjudicator cites news reports that the government has vowed to clean up police corruption and adds that the claimant could live elsewhere in the country. In an age of computers, however, her identity card and therefore her life is available to police or anyone with financial contact with the police. Internal flight is no longer a valid possibility in the context of this technology. (Personal case load)

A woman arrives in Canada with severe symptoms of Post Traumatic Stress Syndrome as a result of political persecution and threats against her children. She undergoes psychiatric treatment and improves, but as the date for her hearing approaches, her anxiety increases and renders her unable to testify without breaking down in a torrent of tears. The adjudicator is apparently uncomfortable and impatient. The claimant's psychiatric treatment team reports that a return to her country would very likely result in a chronic and severe state of anxiety that would impede her ability to work and parent her children. The application is nevertheless denied because, in the

interim, the government has changed and has indicated an interest in improving the decaying mental health services. The same report quoted by the adjudicator suggests that there has been no improvement despite the good intentions and that political unrest and corruption continues. **(29)** A search of the literature on the state of the mental health system in that country reveals that it consistently violates human rights. **(14)**

Successful integration

Canadian immigration law will

"Support the development of a prosperous Canadian economy in which the benefits of immigration are shared across all regions in Canada." (3.1c)

"Promote the successful integration of permanent residents into Canada…" (e)

Such bright promises attract thousands of immigrants to Canada each year. Unfortunately, the reality they discover upon arrival is something quite different. Immigrants face higher unemployment than other Canadians. **(24)** Immigrants, although more highly educated that the general Canadian population, have difficulty finding jobs. Thirty percent of Latin American refugees live below the poverty level. **(30)**

The barriers to Canadian recognition of foreign trained professions have not diminished significantly despite extensive media attention to this issue. The double bind of the Canadian experience requirement is material for black humour. Refugees' Social Insurance cards begin with the number 9. This identification, in contravention to confidentiality, acts as a barrier to employment.

Immigrants and refugees often find work in low paying jobs such as driving taxis, cleaning offices, and providing non visible hotel services. Meanwhile, Canadian workers have more white collar and professional work. A running joke is that there are more foreign trained doctors driving taxis than practicing medicine, while the newspapers proclaim a shortage of general practitioners.

Canada is not the welcoming country that it once claimed to be **(6)**. Alan Thompson **(26)**, immigration writer for the Toronto Star, discusses the lack of accountability on the part of the Immigration System. While there are avenues to address legal issues, there is no system for complaints about administrative incompetence, mistakes in handling cases or the conduct of immigration officers and staff. Mr. Thompson suggests an Ombudsman for Immigration. He rightfully notes that Canadian residents and citizens have the right to complain about government inefficiencies, but refugee claimants do not have this avenue and are frequently treated disrespectfully by the

system which claims to protect them.

The many broken promises of the refugee system have a serious impact on the mental health of refugees and refugee claimants. Expectations of welcome and security are betrayed, leaving asylum seekers anxious and fearful of deportation. Meanwhile, the systemic barriers to successful employment and integration undermine self esteem and hopes for the future.

Mental Health Stressors in the Latin American Community in Toronto and Barriers to Mental Health

> "The Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees (1988) concluded that migration in itself does not increase the incidence of mental health problems. When accompanied by one of the following seven conditions, however, it becomes a risk factor for psychiatric illness. These conditions include: a drop in socio-economic status following migration; inability to speak the language of the host country; separation from family; lack of friendly reception by the host population; lack of ethno cultural community to provide support; a traumatic experience prior to migration; and family, migrating during adolescence or after the age of 65". **(17)**

Refugees frequently present all of the above risk factors, particularly that of a traumatic event prior to migration. For refugees, a traumatic experience prior to migration is the prerequisite to application. Proof of this traumatic experience must be provided in the often torturous hearing(s), further straining the emotional resources of the refugee claimant. While it is understood that the onus of proof is on the applicant, the hearing process is seldom experienced as a safe environment in which to present such proof, as already discussed elsewhere in this paper. The result of the hearing is often subject to the mood, interpretation and interest of a sole decision maker, as opposed to the counterbalance of two adjudicators under previous legislation. This writer has attended hearings in which the sole adjudicator had obviously not read the material presented to the board ahead of the hearing date.

The Viswanathan et al. report (2003) suggests, that, despite the recommendations of the 1988 document of the Canadian Task Force **(8)**, there has been no significant improvement in the refugee's ordeal in Canada. In fact, Canadian law provides for a "Refugee Appeal Division" or RAD that would allow for a full review of a negative decision on a refugee claim. However, the RAD has never been implemented. Currently, the only possibilities after a refugee claim is rejected are the Judicial Review, the Pre Removal Risk Assessment or the Humanitarian and Compassionate application. All of these have different criteria and none constitutes an appeal on the

merits of the refugee claim. They prolong the wait for a final decision, while offering little hope of a positive resolution.

The refugee claimant, then, is left in limbo, with a life and identity that can neither go forward nor return to what has been left behind. The refugee protection system effectively truncates the claimants' ability to apply any Canadian mental health standards to themselves while they are going through an extended emotional earthquake in an unstable present in which they have no control. The longer the wait to a settled life, the greater the potential for eroding mental health.

Maslow's Hierarchy of Needs **(1)** outlines the necessary conditions and steps to mental health - conditions which are often frustrated by the refugee determination system and other government bureaucracies. Here again, examples from personal client cases will be used:

Physiological Needs

This basic physical requirement for sustaining life must be fulfilled before a person can begin to move to a second level. Although Maslow did not list a complete inventory of these needs, the writer will assume the inclusion of a healthy diet, suitable housing and a minimum availability of health care.

Welfare payments, intended to help members of the general population, including refugees and refugee claimants, are not sufficient to cover the purchase of food for a diet consistent with the Canadian Food Guide. The personal entitlement for a single individual on welfare in Toronto is roughly $211 monthly. Housing allowance for that person is $342. **(27)** Meanwhile, the average monthly rent of a bachelor apartment in Toronto is $700.

Refugees are less able to obtain employment regardless of qualifications for reasons of language, lack of information and lack of professional contacts.

Sustained poverty leads to poor health and illnesses such as diabetes. While refugee claimants receive an interim federal health document popularly known as the "brown paper" to cover medical services and required medication, many doctors will not accept refugees as patients because of the extra work involved in filling out the required documents. Many community health centres have long waiting lists for accepting new patients.

Availability of healthy food, health care and suitable housing is limited for the refugee claimant.

Safety Needs

Once physiological needs are reasonably well met, safety needs emerge. These

include shelter, stability, security, freedom from fear and chaos, as well as needs for structure and order.

As already stated, refugee claimants face difficulties in securing suitable housing. In Toronto, the waiting list for subsidized housing is approximating 15 years. Specialized housing services, as for people with a mental health disability, do not accept refugee claimants.

Other categories of safety needs, such as security, order and freedom from fear, are constantly challenged by IRB inefficiencies and delays, the lack of thorough investigation of refugee claims and the lack of a merit based appeal. Every new hearing date generates new episodes of flashbacks, insomnia and panic attacks in clients. The persistent fear of deportation stands in the way of regaining a sense of safety in the country of asylum.

Belonging and Love Needs

Where a family is in Canada together, this may act as a protector against overwhelming stresses. Sometimes, however, the family disintegrates under pressure, domestic violence increases and safety needs are further compromised. Love needs involve interchange of affection. When this need goes unfulfilled, intense loneliness results, sometimes provoking self-destructive behaviours. Adolescents, for example, may search for emotional bonding with peers, joining gangs or using drugs and alcohol in order to belong. Women may seek the safety of partners and tolerate abuse in order to maintain emotional ties with someone and avoid being alone.

Esteem Needs

This involves self respect and the respect of others. Keeping in mind that the previous needs must be fulfilled at a level acceptable to the individual before this area can begin to be resolved, it is not surprising that refugees may have a reduced sense of worth, self-confidence and dignity. Many feel incapable of managing the ins and outs of a job search in a new language and unfamiliar system, which does not respect or acknowledge their training at home. Women may suffer the lack of re-training because of the absence of child care in many programs. Men lose their traditional leadership role in the family which they have maintained by being the breadwinners.

Self Actualization

While acknowledging that this level of achievement is not met by many in any population, the path is open to all. For the refugee, of course, it is more difficult. According to Maslow, achievement in this area requires multiple incidents of peak experiences. In a life dependant on the decision of one adjudicator, the competence of a translator, the thoroughness of a lawyer and the dangers anticipated at home

after a rejection by the IRB, self actualization is nearly impossible to regain, even if it was ever achieved before. For a refugee, the barriers to mental health are mountains. Of these, the IRB is the Everest.

Mental Health Resources in Toronto

A search of mental health related resources for Spanish speaking refugees in Toronto, the city with the largest population of immigrants in Canada, yields 39 records **(28)**. They include settlement services, shelters, crisis support, case management, drop ins for the socially isolated, short term family or individual counselling, referrals to other resources, etc. A few have specific Spanish speaking staff. Most have access to interpreters in lieu of staff.

The "other referrals" generated by the above search (besides psychiatrists in private practice that don't like filling out interim federal health forms), were three programs with access to psychiatrists and with at least one language and culture specific Spanish Mental Health worker trained to deal with ongoing severe mental health problems such as trauma. Only one of these programs had a Spanish speaking psychiatrist. The waiting lists for these three programs ranged from four months to "closed for the time being".

There are therefore only three mental health programs in Toronto accepting Spanish speaking refugees on their waiting lists. These programs are woefully inadequate to respond to the high level of need. Among those in need of mental health services are people waiting for a refugee hearing at the IRB, others who have already been accepted as refugees but whose past traumas have still not been addressed, some who are still applying for judicial reviews or humanitarian consideration, and still others who are now Canadian citizens just now facing the sequelae of past events.

In Toronto, The Mennonite New Life Centre is developing a pilot project using newly arrived Hispanic psychologists licensed and experienced in their own country, to help provide prompt trauma support to settlement clients who are in crisis. The psychologists are trained and supervised by a Spanish speaking mental health clinician with many years of experience in Canada.

Mennonite New Life Centre: A Pilot Project to Ease Barriers to Mental Health within the Latin American Community in Toronto.

Founded in 1983, the Mennonite New Life Centre is a multi-cultural settlement agency and community centre for newcomers, offering a range of programs designed to support refugees and immigrants in adjusting to life in Canada. More than just a service agency, the New Life Centre places a high value on building relationships and social support networks. The New Life Centre strives to be for newcomers a home away from home, a place of welcome, friendship and community. It brings together

recent arrivals and more established residents to support each other, learn from each other, and work together for a just and inclusive society. The guiding vision of the New Life Centre is to support people from diverse cultural communities to participate and contribute in all areas of Canadian life – social, economic, cultural and political.

Settlement Services

The New Life Centre takes a holistic approach to settlement and integration, understanding that newcomers must meet a variety of practical and emotional needs in order to fully and freely participate in their new society. If full participation corresponds closely to self actualization on Maslow's scale, initial settlement and integration needs include the physiological, as well as safety and belonging. Settlement workers meet with individuals and families in their first language to offer information, orientation and individualized support with a wide variety of practical issues, ranging from refugee claims and other immigration matters to social assistance and subsidized housing, health and emotional health. Among their functions, settlement workers play an important role as interpreters and community advocates, helping newcomers to negotiate unfamiliar systems and bureaucracies. Settlement workers make telephone calls, write letters, and advocate on behalf of clients in their contacts with government officials, doctors, social workers, and landlords. In so doing, they help newcomers meet basic needs, reestablish a sense of safety and establish connections to a community of support at the New Life Centre.

Specialized programs

Specialized programs provide additional support for youth and seniors, particularly with regards to social needs for belonging and esteem. An innovative youth theatre project offers a creative forum through which newcomer youth can express their dreams and struggles as they deal with issues of identity and self esteem, academics and career goals, as well as day to day realities of poverty, prejudice and exclusion. Popular theatre fosters critical reflection, promotes team work and leadership skills, and supports youth in developing positive relationships and social networks.

For seniors as for youth, the development of social networks is key. Many newcomer seniors find themselves extremely isolated. Age makes language aquisition and cultural learning more difficult. In addition, many seniors find themselves dependent on adult children who have sponsored them to come to Canada with expectations that they will fulfill a child care role for their grandchildren. Confined to the home, newcomer seniors feel more intensely their social isolation and family relations sometimes sour. At the New Life Centre, two seniors clubs bring together Spanish and Mandarin speaking seniors for social networking, recreation and learning. Workshops offer opportunities to discuss key issues of concern, such as health, access to pensions and other benefits, or cultural identity and intergenerational relations in the newcomer family.

Language and Employment Services

For working age adults, language learning and employment are key priorities. For many newcomers, they represent the key to advancement through Maslow's hierarchy. Language and employment unlock the door to a renewed sense of agency and control over their lives and future – the ability to provide food and shelter for their family, the hope of gaining social recognition and a new professional identity. At the Mennonite New Life Centre, the Language Instruction for Newcomers to Canada (LINC) program helps refugees and immigrants get started on the path of language learning and employment. A range of levels, from Literacy to LINC 5, allow the New Life Centre to respond to the language learning needs of beginner, intermediate and advanced students. A flexible schedule, with part time and full time options offered through a combination of day time, evening and weekend classes, maximizes possibilities for participation. On site child minding services for the pre-school children of adult language learners allow parents to concentrate more fully on their studies, secure in the knowledge that their children are well cared for in an environment of safety, warmth and cultural sensitivity. Children, in turn, meet needs for safety, belonging and love, easing their transition to a strange and bewildering new world.

While language is a first step, newcomers struggle with many challenges and barriers along their journey to labour market integration: non-recognition of skills and credentials, unrealistic expectations by employers of "Canadian experience," as well as overt racism. In the spring of 2008, the Mennonite New Life Centre launched the Newcomer Skills at Work Project, in an effort to support internationally trained workers in accessing fair and meaningful employment. Mentoring groups facilitated by past immigrants with well established careers in Canada provide a support network for newcomers, opportunities for practical learning about relevant legislation and community resources for work in a particular field, as well as information about further professional development opportunities geared to the Canadian context. In some cases, a volunteer internship offers program participants an opportunity to showcase talent and add a Canadian reference to their curriculum vitae. At the present time, the New Life Centre offers mentoring groups for psychologists, social service professionals, media and communications experts as well as entrepreneurs seeking to build a small business or community service project. A community engagement component helps facilitate critical reflection on employment barriers and give voice to newcomer proposals for systemic change.

Broadly speaking, the settlement, language and employment programs offered at the New Life Centre seek to address the social determinants of health and mental health for refugees and immigrants to Canada.

Emotional Integration and Support Services

From its beginnings, the Mennonite New Life Centre has been deeply concerned with

the emotional health and well being of newcomers to Canada. In addition to addressing the social determinants of mental health, the New Life Centre has always sought to offer counseling and emotional support to vulnerable newcomers struggling with the traumas of the past as well as the stresses of a challenging and often uncertain present. Trained as church pastors, founding directors Adolfo and Betty Puricelli were highly engaged in pastoral counseling. To their work with refugees, they brought the lense of bereavement counseling. The refugees and asylum seekers they worked with had suffered multiple losses – the deaths of loved ones due to political violence, separation from friends and extended family, loss of a job or a cause which gave them identity, hope, social status. A grieving process was necessary for them to let go of the paralysing pain of the past, embrace the present and hope again in the future. Recognizing that this grieving process impacted the whole family, Adolfo and Betty also offered marital counseling and parenting support groups.

As the Mennonite New Life Centre grew, new programs came into being. Today, the Emotional Integration and Support Program of the New Life Centre is composed of three community mental health initiatives for newcomers to Canada – an art therapy program, an anger management program, and Special Support Services, an individualized counseling service in Spanish.

Art therapy

In the spring and the fall of each year, the Mennonite New Life Centre offers a six to eight week art therapy program, often targeted to refugee and immigrant women. Through the medium of art, participants share their struggles and their hopes for the future, supporting and affirming each other in their individual journeys of healing and adaptation. For many, art therapy provides a safe environment in which to grieve losses or come to terms with difficult episodes in their past. In the process, many discover their own strength and resilience. The art therapy facilitator reports:

> "One participant came only once to our group. Strong and articulate, she empowered the group with her life story. Depicting a remote Red Cross post in a remote part of Columbia, she told us how she had staffed this medical post alone for many months, after escaping an abusive relationship. This story was a real tonic for the group who listened intently as she told of her fear and low self-esteem when she arrived and how she gradually gained courage, experience and the respect of the whole community. This story allowed us to speak of the strength of women everywhere and how all women have the ability and coping skills to overcome obstacles and fear." (Winter 2007 Art Therapy Report).

Participants of the art therapy program are in full control - they decide what art materials to use, what to express through their art and what to talk about. For many, particularly newcomer women, this is a new and often empowering experience.

Anger Management

As an ongoing program, the Mennonite New Life Centre also provides Anger Management and Domestic Violence Sessions. These sessions provide emotional support for newcomers struggling with past trauma, adaptive stress, new societal expectations around gender roles, and an unfamiliar justice system. Specifically, Anger Management provides support and guidance to newcomers with post-traumatic disorders that are sometimes expressed in violent behaviour. More specialized in focus, the Domestic Violence sessions supports men in developing new models for family relations. Open to all, the Anger Management and Domestic Violence Programs at the Mennonite New Life Centre are valued by newcomers and citizens alike. Together, newcomers and long-time community members learn new ways of expressing emotion, managing conflicts, and dealing with issues of power and control.

From Group to Invidual Supports

While these and other groups provide a safe environment for sharing experiences and mutual support, some newcomers require more intensive mental health supports or simply prefer the privacy of individual counseling. Settlement workers, however, struggle to make effective referrals. Few mental health services are available free of charge. Even fewer are linguistically and culturally appropriate for newcomers to Canada. Those that do exist inevitably have long wait times. As a result, newcomers are frequently unable to access counseling in moments of emotional crisis **(9)**.

Frustrated with the systemic barriers preventing newcomers from accessing urgently needed mental health services, the Mennonite New Life Centre invited two foreign trained psychologists to collaborate with the agency on a volunteer basis. In 2004, the Special Support Services Team was born.

Special Support Services

The Special Support Services Pilot Project mobilizes and empowers foreign trained mental health care professionals to meet the emotional health needs of Spanish speaking newcomers in Toronto.

Through this unique program, foreign-trained mental health clinicians offer counseling services in Spanish to newcomers struggling with past traumas and present anxieties related to their immigration process in Canada. The mental health clinicians receive in-house clinical supervision and training to support them in transferring their skills and experience to a new professional context.

Today, the Special Support Services team consists of four volunteer clinicians, who receive in-house clinical supervision and support from an experienced and licensed therapist. The most veteran volunteer is a caring and skilled psychologist from

Guatemala, who gave her heart and her life to working with street youth and abused women in Guatemala City. Another volunteer, a clinical therapist from Cuba, situates her gentle presence and sensitive counseling work within a broader interest in community development. A third volunteer worked with hearing impaired children and their families in her native Colombia. The fourth member of the counseling team, inspired by her own experience as a refugee, uses her training in psychology to accompany others through the identity crises and integration challenges that come with life in a new country.

> "When I arrived in Canada," says this last volunteer, "I was a wreck. I'd go to community centres looking for help. Again and again, the staff would tell me that everything was going to be ok, but I would always leave crying." She reflects: "When you arrive, you feel disconnected – from yourself, from the whole world. Having someone who listens to you in your own language helps you to reconnect and rebuild your self."

Now the four clinicians listen to other newcomers, helping them to reconnect and to get back on their feet. Supported by their clinical supervisor, the four volunteers offer individualized counseling in Spanish to refugees and other vulnerable newcomers suffering from past trauma and present anxieties, often related to the refugee determination system or family reunification processes. They extend a lifeline to newcomers overwhelmed by despair after a negative decision on their refugee claim. They provide support and practical advice to newcomer women fleeing abusive relationships. They offer the miracle of understanding to other internationally trained professionals struggling, like them, to gain a foothold in a new professional context.

Between February 2007 and February 2008, the first year of formal operation, the Special Support Services team provided counseling services to 175 Spanish speaking newcomers to Toronto. The Special Support Services team has developed a strong reputation in the community and referrals are now received from other settlement and mental health service providers in Toronto. In particular, the Hispanic Community has begun to refer to the Special Support Services team because the few other resources in the community are not able to see clients promptly. The Mennonite New Life Centre will then provide trauma support and debriefing to clients awaiting psychiatric resources and minimize further deterioration or life threatening behaviours.

<u>Clinician selection and training</u>

Foreign trained clinicians are interviewed by the settlement program manager, clinical supervisor and the agency director before beginning their volunteer internship. Upon acceptance, they are introduced to agency protocols, and provided with a resource manual. In-house training focuses on the learning of knowledge and skills required for practice in a new context, covering issues such as child protection and suicide

prevention in the Canadian context, the Canadian legal framework for mental health and immigration, referral to community resources and new therapeutic approaches. The Mennonite New Life Centre provides logistical and financial support to volunteers in applying for membership in the *Ontario Association of Consultants, Counselors, Psychometrists and Psychotherapists*. Once obtained, this membership gives volunteer clinicians access to liability insurance, professional development opportunities and the skills recognition associated with membership in a professional association.

Benefits for the community and foreign trained professionals

The Special Support Services Project offers benefits for two different groups of people: newcomers requiring emotional support and foreign-trained mental health professionals.

As discussed in previous sections of this paper, newcomers experience many mental health stressors related to the circumstances of migration, the challenges of adaptation and integration, and structural inequalities affecting racialized groups. At the same time, significant financial, linguistic, and cultural barriers stand in the way of access to mental health services. Research shows that mental health services are most effective when provided in the client's first language **(11, 18)**. A newcomer guide to mental health services encourages immigrants and refugees to seek help from someone who understands their culture and language, while acknowledging that few such services exist. The pilot project described in this paper addresses cultural and linguistic barriers to mental health services by offering counseling in Spanish to Latin American newcomers to Toronto. In so doing, it offers a best practice **(31)** model that could benefit other cultural communities. Research suggests that strengthening community-based resources and building communities' capacity to address health issues are very promising strategies. **(12)**

Foreign-trained professionals bring with them a wealth of skills and knowledge. In the mental health field, foreign-trained professionals bring with them language and cultural understanding, as well as a lived experience of migration and adaptation. These assets enhance their ability to empathize and connect with fellow newcomers. Sadly, this rich newcomer potential goes largely untapped as internationally trained clinicians struggle against non-recognition of skills and credentials, together with unrealistic demands for prior work experience in Canada. The Special Support Services program offers volunteer clinicians opportunities to serve newcomer communities, while receiving the necessary support and training to advance their career path in Canada.

A mental health practitioner generally cannot guide a client any further than he/she has traveled in their own development. Helping refugees not only helps the emotional healing of the service receiver, but also helps the service provider who is or has gone

through those very issues. Although the foreign trained clinicians have various theoretical backgrounds and practical training, they have not had to deal with the immigration and refugee experiences in their country of origin. New tools have to be learned and used for the intensity of the refugee experience, including family changes, role reversals, adolescent readjustments, child discipline and issues arising from domestic violence.

In as much as the clients' adjustment is a parallel to the clinician's adjustment, the professional must receive appropriate support and encouragement. If they are to continue in their career, they must also evolve emotionally and modify their own cultural training to the Canadian environment. The task of the clinical supervisor is to prevent burnout, build confidence, educate about new perspectives and familiarize the clinician with the additional tools. The recognition of their professional experience must start with the supervisor's attitude towards them as peers, not students.

In the experience of the Mennonite New Life Centre, several clinicians have moved on to updating and training courses in Colleges from which they can earn recognized certification. As they gather knowledge, they, in turn, return to the supervision meetings to share and exchange resources, articles and experiences.

A Model for Other Cultural Communities; Future directions

The Mennonite New Life Centre believes that this model could be used effectively to promote mental health in other newcomer communities. The model is simple, with all the advantages of being situated in the non-stigmatizing environment of a settlement agency. Refugees and other vulnerable newcomers come seeking practical supports. Settlement workers, the first point of contact, identify emotional needs and make the referral to a volunteer clinician, who describes her role and obtains informed consent before initiating the counseling process. Complex cases are discussed with the clinical supervisor, who offers suggestions and information about community resources, sometimes recommending a psychiatric referral when the needs appear to go beyond the expertise of the volunteer clinician.

The program would be strengthened by converting the volunteer positions into paid internships. This change would produce greater benefits for foreign trained psychologists seeking to support a family while working to reestablish themselves in their chosen profession. It would also enhance benefits to the community by improving the organization's capacity to retain foreign trained psychologists over a longer period of time.

The model would also benefit from a greater emphasis on group work and advocacy. As described earlier in this paper, many of the mental health problems faced by newcomers are caused or exacerbated by Canadian immigration policies and gaps in

the refugee determination system. A focus on group work and advocacy would allow newcomers to name common problems and propose policy solutions.

Longer term, newcomer led community mental health work offers the promise of enhancing overall community capacity for mental health. An important goal of the pilot project is to reduce the loss of skills and experience that happens when internationally trained professionals lose hope of finding employment in their field.

Conclusion

Refugees entering Canada from Latin America come from any of seventeen countries with different and sometimes conflicting identities. They have arrived in waves over several decades and have no cohesive identity as a large political force.

The Hispanic community in Canada faces unique problems by virtue of lacking a unified host community to help them adapt and to promote the community's value to Canada. With high rejection rates for refugee claims from all but the most politically volatile countries, many Latin American newcomers face the vulnerability that comes with uncertain status in Canada. Thirty percent of Latin American immigrants and refugees live in poverty. Although there are significant numbers of Spanish speaking people in Canada, there is no critical weight to advocate for language and culture specific mental health resources.

Refugees face many systemic barriers to successful integration. The noble claims of the Immigration and Refugee Board are often violated. The temporary work permit system encourages systematic discrimination. Interim federal health papers are often rejected by medical practitioners because of the paperwork involved. Meanwhile, the lengthy waiting times for processing applications for permanent residence status and family reunification stand as a further barrier to successful integration to Canada. All of these factors negatively impact on the mental health of Latin American refugees and refugee claimants.

In addition to the torturous refugee process and integration challenges, applicants bring with them the trauma of violent events that caused them to flee their country. Some also bear the ongoing effects of childhood abuse. While prompt mental health treatment is known to be essential in order to prevent further deterioration, this is not forthcoming. The divided community does not advocate. The government does not notice.

Community agencies work hard to fill the gaps. One community mental health initiative that merits attention is the Special Support Services Pilot Project of the Mennonite New Life Centre, which mobilizes community resources to meet the emotional health needs of Spanish speaking newcomers to Toronto. The project aims

to alleviate the gaps in Spanish language mental health services in Toronto, and at the same time increase opportunities for foreign trained mental health practitioners from Latin America.

Through this unique program, foreign-trained mental health clinicians offer counseling services in Spanish to newcomers struggling with past traumas and present anxieties related to their immigration process in Canada. Besides the benefits to the recipients of the mental health services, the mental health clinicians receive in-house clinical supervision and training to support them in transferring their skills and experience to a new professional context. They also receive financial aid to participate in training opportunities and to join the professional organization for counselors.

This project provides a useful model of mental health service delivery for other cultural communities. Further funding is urgently needed to promote the development of this and similar programs.

With appropriate funding, community mental health initiatives can respond effectively to immediate needs, raise awareness of structural constraints and generate pressure for needed change. At the same time, there is an urgent need for systemic solutions to the many deficiencies of the refugee determination system and structural barriers to successful integration. Only in this way can Canada really produce improved mental health outcomes for refugees and refugee claimants. Only in this way can Canada live up to its noble promises of protection, safety and a new life for refugees.

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Tanya Chute Molina, MSW, is the Executive Director of the Mennonite New Life Centre. Tanya has experience in community development work in refugee/immigrant source countries, as well as public education and advocacy work on issues of refugee/migrant rights in Canada. As her MSW thesis, Tanya conducted a participatory action research project focused on civic participation among Salvadoran Canadians in Toronto. This research project, together with community development work in post-war El Salvador and a social work internship supporting victims of torture, has impressed upon her the strong interrelationship between mental health, historic memory, and social change.