Briefing note: recommendations on key areas in response to Premier's announcement on the Syrian refugee crisis

> **"At least half of the refugees who have come to Germany have mental health problems because of trauma suffered in war or during their dangerous escapes, said the chamber of psychotherapist. More than 70 percent had witnessed violence and more than half had become victims of violence, often torture, themselves"** 1.

> **"Children make up around half of the more than 2.2 million Syrians who have fled their homeland, according to UN numbers of registered refugees. "Looking back over the last 20 years, the Syria refugee crisis for us is unparalleled since the Rwanda crisis," Turk said (UNHCR HQ Geneva), referring to the 1994 genocide in the African nation"** 2.

The needs of Syrian refugees potentially destined throughout BC will require a multi-pronged multi-ministry approach to ensure that host communities and various government system's and community resources that the refugee will interface with are coordinated. We must remember that a refugee family does not settle in isolation. We often call for the need for a "population case management approach" because what may exhibit within the home will impact local health services, school boards and other specialized community resources.

We welcome the Premiers' announcement and would like to share some recommendations for consideration based on over 45 years of experience working with all government assisted refugees destined to BC as well as our experience with the last large refugee resettlement movement in 1999 with Kosovar refugees. We believe in order to build strong, sustainable systems and capacity for refugees now and in the future we ask you to consider the following guiding principles as well as seek clarification from your federal counterparts:

- Make the funding on going beyond just one year;
- Ensure the funding benefits all refugees not just the immediate Syrian refugee crisis;
- Build upon pre-existing expertise and programming – do not reinvent the wheel;
- Develop a provincial policy that advises the federal government that private sponsorship of refugees through existing sponsorship agreement holders or groups of 5 should be destined to a limited number of BC communities that have pre-existing settlement support and other specialized resources already in place. It is irresponsible to destine refugees to smaller or remote communities without the necessary support infrastructure in place eg ESL classes, first language settlement services, trauma-based mental health supports, etc; and,
- Ask the Federal Government for clarification on how Groups of 5 (G5) refugee sponsors will be handled eg does CIC ask for background security checks for volunteer sponsors? What volunteer screening process is in place? Is there a verification and

monitoring system to ensure refugees are protected from possible abuse from well-meaning volunteer sponsors?

The outpouring of public interest in refugee sponsorship raises several concerns for us specifically the Group of 5 sponsorship initiatives. We do not believe the public fully understands their rights and responsibilities along with the mental toll it can take to work intensely with a refugee family which includes often very traumatized family members. ISSofBC likens private sponsorship to what would be a "one year child adoption" but on the scale of a family and where sponsors – de facto parents-guardians must take care of all emotional, physical and financial needs for a stated period of time without significant details of the family they have agreed to sponsor. We are concerned about the lack of clarity from the federal government on the screening process as well as on going monitoring once the refugee has landed in BC.

It may be helpful to understand the history of refugee resettlement in BC. CIC specifically changed their refugee destining policy in the late 1980's from various communities in BC to Metro Vancouver. This was taken, in part, because there was not the specialized infrastructure in place to support the increasingly complex needs exhibited. In addition, many refugees originated from larger cities so they tended to have a difficult time settling into smaller communities. One recommendation we have raised previously is resettle more than one family together in a community. Do not isolate a family without having other families nearby for additional built-in emotional and settlement support. Besides the guiding principles raised above, we would ask you to consider funding 1-2 FTE provincial SAH-G5 coordinator's. These staffing resources would be based in Metro Vancouver – we would suggest at ISSofBC Welcome House so that these individuals are integrated with our resettlement assistance program team building on our work with all government assisted refugees. These positions might include responsibilities and roles ranging from training (which we have done including recently on northern Vancouver island) and orientation, modifying service check-list based on existing resettlement assistance program, screening sponsors including criminal record checks, etc.

Besides the private sponsorship component specifically through G5 arrangements, there are two main areas we believe the Provincial Government should focus additional resources on. These include both Health care and Education related initiatives.

Health care:

1. **Mental Health – Trauma Support and Treatment**
2. **Primary Health Care Support**
3. **Interpreters**
4. **Pharmacare**

1. **Mental Health – Trauma Support and Treatment:**

There is little to no capacity outside Metro Vancouver to handle the complex mental health conditions exhibited by refugees. Building upon pre-existing infrastructure and expanding that infrastructure on a provincial –wide basis is the only viable, sustainable approach.

We are suggesting, in no specific order, the following:

- A two day initial provincial conference and/or e-symposium-webinar with 2-3 distinct streams that target –
    - Health care professional - family physicians, registered clinical therapists, psychologists, psychiatrists, school counsellors, and mental health practitioners;
    - Settlement sector staff; and
    - Volunteers, including potential refugee sponsors.

The conference goal and/or series of webinars would be to create a network of regional multi-disciplinary teams that could coordinate primary and mental health services for refugees in their respective communities. On going annual periodic learning opportunities would be provided from Vancouver based community and health care experts in the treatment and support areas required by refugees;

- Province wide mental health consultation for health care professionals through an enhanced and expanded refugee trauma support focus within the website www.heretohelp.ca including province wide telephone consultation mechanism;

- Half time per day on a weekly basis of Psychiatric sessional time connected and built upon the Vancouver General Hospital's Cross Cultural Psychiatry Program; and,

- One Ph.D level Clinical Supervisor, three clinical counsellors and one mental health settlement worker to be added to pre-existing specialized infrastructure out of the new Welcome House including that which is already provided by the Vancouver Association for the Survivors of Torture (VAST).

The above proposed enhanced trauma treatment centre in the new Welcome House facility would serve as both an expert centre for trauma treatment, but also as a hub for training allied health providers on refugee mental health and public education for community organization, including private-sponsorship groups on trauma-informed practice.

2. **Primary Health Care Support:**

At present every government assisted refugee undergoes a primary health care screening through the Bridge Health Clinic currently part of Vancouver Coastal Health and located at the

Evergreen Community Health Centre in East Vancouver. The Bridge Clinic is the most comprehensive primary health care clinic for refugees not only in BC but one of only a few specialized refugee health clinics' in Canada. The Bridge Clinic was specifically established in 1994 to meet the unique primary health care needs of refugees including refugee claimants. There are also two more recently developed New Canadian clinics within the Fraser Health Authority – Surrey and Burnaby – that have very limited capacity to meet increasing demands. We would suggest, in no specific order, the following:

- Explore taking the Bridge Clinic and the two New Canadian clinics out of the Vancouver Coastal and Fraser Health Authorities respectively and placing them within a provincial refugee health funded program;

- Provide staffing resource to update, expand and market (communication) the pre-existing www.refugeehealth.ca website as a province wide resource for health care professionals – this would include training components as part of the proposed conference and/or e-symposium-webinar capacity building training piece noted above; and,

- Enhance staffing component at the Bridge Clinic that would assist in transforming the clinic into a provincial wide resource through on-line and/or telephone consultations for health care professionals throughout BC. This would include one FTE nurse and .6 FTE physician as well as one on-call FTE nurse and physician to respond to peak refugee arrival flows during the year;

3. **Interpreters:**

   Ensure Provincial Language Services have the necessary resources to respond to interpreter requests throughout the province. Health care providers both within and outside Metro Vancouver would benefit on how to use an interpreter and the roles and responsibility of an interpreter versus a cultural broker.

4. **Pharmacare:**

   Ensure that pharmacare is in place for all refugees without supplemental Interim Federal Health (IFH) coverage. Currently, both refugee claimants and privately sponsored refugees are NOT covered for medication, which will be a big issue if we are expecting a large number of privately sponsored refugees. Also, health care providers will require training on how to use and bill IFH;

The proposed mental health - trauma support program and primary health care enhancements would provide a province wide system to respond to potential refugee resettlement movements outside Metro Vancouver.

Education:

Following on the experiences of managing the Kosovar emergency resettlement movement in 1999 several individuals including ISSofBC came together to develop a teachers' guide for students from refugee backgrounds – see link
http://www.bced.gov.bc.ca/ell//refugees_teachers_guide.pdf

School based teams including special need resource teachers, school based counsellors and EAL teachers do not have the necessary training outside of Metro Vancouver to adequately support traumatized refugee learners. Additional targeted training will be needed. The Ministry of Education should take the lead in educating Boards of Education that for those districts that receive refugee students after the 1701 data collection forms (that include EAL learners) have been submitted annually in September that they have another opportunity to access additional resources in February each year by updating their 1701 forms for refugee learners who arrived after October 1.

Other:

We would also like to draw your attention to a few UNHCR reports, research as well as insights from the experience of Germany which has received the bulk of Syrian refugees to date. In conclusion, we believe it is critically important that various Provincial Ministries – Health, Education, Social Development, etc have a better understanding of the possible complex intersect points that Syrian refugees will likely require as part of their settlement process. This potential influx of refugees to BC is not the sole responsibility of one Provincial Ministry alone.

1. "At least half of the refugees who have come to Germany have mental health problems because of trauma suffered in war or during their dangerous escapes, said the chamber of psychotherapist. More than 70 percent had witnessed violence and more than half had become victims of violence, often torture, themselves" - http://medicalxpress.com/news/2015-09-refugees-traumatised-german-psychotherapists.html

2. "Children make up around half of the more than 2.2 million Syrians who have fled their homeland, according to UN numbers of registered refugees. "Looking back over the last 20 years, the Syria refugee crisis for us is unparalleled since the Rwanda crisis," Turk said (UNHCR HQ Geneva), referring to the 1994 genocide in the African nation"

http://www.unhcr.org/cgi-bin/texis/vtx/refdaily?pass=52fc6fbd5&id=52983dee5

"An assessment of the mental health and psychosocial needs of displaced Syrians in Jordan revealed persistent fear, anger, lack of interest in activities, hopelessness and problems with

basic functioning. Of the almost 8,000 individuals who participated in the assessment, 15.1% reported feeling so afraid and 28.4% feeling so angry that nothing could calm them down; 26.3% felt “so hopeless they did not want to carry on living”; and 18.8% felt “unable to carry out essential activities for daily living because of feelings of fear, anger, fatigue, disinterest, hopelessness or upset”.- See more http://www.fmreview.org/syria/james-sovcik-garoff-abbasi

This report aims to present findings of a study undertaken to assess the mental health and psychosocial (MHPSS) problems, services, and needs of displaced Syrians in Jordan. https://data.unhcr.org/syrianrefugees/download.php?id=6650