

Making the connection: Why refugees and asylum seekers need occupational therapy services

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Canada has recently experienced a mass influx of asylum seekers and refugees. The daily challenges faced by members of these groups are numerous and complex, with high prevalence rates of anxiety, depression and post-traumatic stress disorder (PTSD) being commonly reported among them (Fazel, Wheeler, & Danesh, 2005). Post-migration factors such as social isolation, discrimination and unemployment serve to prolong and exacerbate these mental health issues (Carswell, Blackburn, & Barker, 2011).

Many professions and organizations within Canada are dedicated to addressing the challenges faced by refugees and asylum seekers. However, by and large, occupational therapists appear to be missing from this landscape. For example, within British Columbia, only 15 occupational therapists are listed among thousands of health care providers on the provider list of the Interim Federal Health Program (IFHP), a program providing limited, temporary health care benefits to this population. When I previously practiced in a trauma service designed for asylum seekers and refugees in Scotland, I saw firsthand the tremendous benefits occupational therapy can offer. The literature also suggests that occupational therapy has a crucial role to play in making a meaningful difference to members of this population (Smith, Stephenson, & Gibson-Satterthwaite, 2013; Trimboli & Taylor, 2016; Whiteford, 2005). In this article, my goal is to share how occupational therapists, particularly those in the community, can make a unique contribution to empowering asylum seekers and refugees through skill development, meaningful occupational engagement and community integration. With true appreciation of what our profession can offer, I hope we can work together to overcome potential barriers to service provision.

Resettlement in a new country can initially be a relief for those fleeing war and persecution. However, relief can quickly be replaced by confusion and fear as refugees and asylum seekers attempt to navigate a new society with different rules and systems. Finding oneself in an unfamiliar culture, potentially separated from family and dealing with the effects of trauma, can make the process of resettlement an extremely challenging endeavor. An important factor in successful transitions for refugees and asylum seekers is the acquisition of **new skills for everyday living** (Suleman & Whiteford, 2013). Using a variety of assessments, community occupational

therapists can assess current life skills and occupational performance, determining areas in self-care, productivity and leisure that are lacking and in need of support. They can then collaborate with refugees and asylum seekers to create tailored interventions incorporating life skills education. Teachable skills can include everything from safely cooking within the home, to taking public transportation, to job searching, to managing money, to accessing community services, to learning new coping mechanisms. Not only are skills like these practical, but they can also lead to increased confidence and fulfillment and promote community engagement, acting as precursors to occupational engagement and well-being (Suleman & Whiteford, 2013).

Many reputable organizations within Canada offer skill development programs for refugees and asylum seekers; however, eligibility requirements vary, workshops are often sporadic and rely on volunteer participation, and one-to-one support is limited. Moreover, for individuals with mental health issues such as PTSD, leaving the safety of the home and joining workshops with unfamiliar people can pose too great of an obstacle, particularly in the initial stages of resettlement. With in-depth training in mental health interventions and activity analysis, as well as knowledge of how to positively impact learning and motivation, occupational therapists are ideal candidates to offer this type of support. Unfortunately, opportunities are few and far between. The IFHP is one possible avenue to service provision. However, this service delivery model is not ideal, as it only covers individuals ineligible for provincial health insurance, a physician's referral is mandatory and team collaboration is minimal. To provide services that better meet the needs of the entire population, community occupational therapists should ideally work in partnership with non-profit refugee organizations and the government. This would encourage information sharing as well as the creation of an environment of learning and the use of an integrated approach, with each profession offering its own unique skill set. To potentially initiate such partnerships, occupational therapists could try to take on consulting roles in program development with these organizations.

Reduced participation in meaningful occupations and isolation are major problem areas for refugees and asylum seekers (Carswell et al., 2011). As experts in occupational engagement, occupational therapists have the skills to

adapt occupations to each circumstance, taking into account considerations such as culture and previous trauma. This approach ensures refugees and asylum seekers are encouraged to engage in occupations that hold significance for them. Community therapists use this approach and their extensive knowledge of community resources to further support **meaningful engagement** when educating individuals about what is available and when acting as advocates for better services and greater access to them. In one example, an occupational therapist in the United States used her knowledge of local community resources to empower a group of Karen refugee women from Burma to return to their traditional occupation of weaving (Smith et al., 2013). As a result, these women were able to maintain their cultural identity, enhance their social networks, feel a sense of pride and belonging and pass on an important skill to their children (Smith et al., 2013). In Scotland, occupational therapist Sharon Rae worked in partnership with Forestry Commission Scotland to implement an outdoor program called “Branching Out.” This program allowed refugees and asylum seekers to learn new skills, become familiar with the local environment, experience the benefits of nature therapy and make social connections with others. In these instances, in which occupational participation is meaningful and community integration is involved, the rewards for participants are numerous and include increased confidence and self-esteem, reduced social isolation, improved mental well-being and a renewed sense of purpose.

Occupational deprivation is a state of exclusion from necessary and meaningful occupations due to external restrictions (Whiteford, 2005). It is a common challenge for refugees and asylum seekers who often spend time in refugee camps before their arrival to a foreign country where everything is new and unfamiliar. Daily routines offer an important opportunity to instill a sense of normalcy and re-establish previous roles that have been lost. Community occupational therapists can work with this population to gradually build these routines by using daily planners and progressive goal planning programs. Focus on daily occupation can provide much-needed respite from everyday problems and symptoms (Whiteford, 2005). For refugees and asylum seekers facing ongoing struggles such as unemployment and family separation, involvement in an intervention focused on the positive is crucial. An occupational perspective of enablement and participation can mitigate challenging circumstances and lead to positive outcomes, such as enhanced well-being and social connectedness (Suleman & Whiteford, 2013).

Occupational therapy is based upon the central tenet that occupation and health are intrinsically linked. Research within the field increasingly shows that occupation is a life necessity

and that meaningful occupational engagement improves quality of life (Whiteford & Townsend, 2011). Encompassing this understanding, the World Federation of Occupational Therapists published a position statement on human rights (2006), stating that all people have the right to participate in occupations that promote fulfillment and satisfaction congruent with their cultures and beliefs, allowing them to flourish. This right is not subject to conditions and applies to all people regardless of status. Our lack of professional input with refugees and asylum seekers is not simply a missed opportunity; it fundamentally represents a failure to uphold our professional values. Occupational therapy services have the potential to create positive change for this population by addressing mental health issues and minimizing social isolation, discrimination and unemployment. Now, more than ever, is the time to show support for refugees and asylum seekers by ensuring they have access to the same health care services as the rest of the Canadian population. By devoting our time to this cause, we would be confronting one of the biggest challenges in the global community while honouring our historical commitment to social justice (Trimboli & Taylor, 2016).

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