

Refugee Mental Health and Addictions Fact Sheet for Service Providers



Optimizing Well-being and Responding to Emotional Distress of ADULTS

General Guidelines and Considerations for Service Providers:

The most important part of the interaction with individuals who are refugees is to establish a sense of safety, security, and trust.

Refugee families can be affected by trauma-related experiences and by losses and adaptations related to settlement. Overall, individuals who are refugees are resilient. However, it is possible that some individuals might exhibit a range of behavioural signs of distress, ranging from mild to, in a few circumstances, severe.

The following information should be considered in supporting adults who are refugees:

- A period of at least 3 to 6 months of “adaptation” and stabilization to new circumstances is expected.
- Common adjustment reactions to situations experienced by refugees can include signs of distress such as tearfulness, concentration difficulties, mood changes like irritability or sadness, changes in appetite, sleep or energy, and physical symptoms such as headaches, stomach aches, and bowel/urinary frequency.
- Common responses often settle over a number of weeks, particularly if the individual can be supported in establishing regular eating and sleeping routines for self-care, and ensuring social connections with family and/or community.
- More urgent presentations of mental health concerns might also arise and might require urgent or timely assessment and intervention by formal mental health services.
- Individuals will generally know if they are struggling over and above what might be considered common adjustment reactions.
- Individuals are often able to communicate their own concerns about troubling symptoms, so gently inquiring about their health and coping can facilitate this process.
- Suicidality may be a source of stigma, shame and social exclusion. Disclosure regarding suicidal thoughts is more likely to be indirect, for example, wishing for sleep and not to wake up.

Adults: Signs of Distress and Ways to Respond

When the following symptoms and behaviours are ongoing and severe enough to cause significant impact on the adult's functioning, mental health and/or addictions service should be sought.

Some common things you may see or hear	Some ways of responding
<ul style="list-style-type: none"> • Expressions of worry • Persistent problems with sleep, appetite, mood, energy, interpersonal interactions, or anxiety • Crying, tearfulness • Confusion, worry, despair, self-blame, guilt, grief • Feelings of helplessness, loss, inadequacy, being overwhelmed • Anger, irritability, impatience, blaming, restlessness, frustration, resentment, outrage • Shock, numbness, fear, denial • Preoccupation with past frightening events, flashbacks, recurrent nightmares • Conflict with others • Significant substance abuse • Withdrawal from others • Poor concentration or memory • Difficulty making straightforward decisions • Aggressive, impulsive acts or recklessness, risk-taking behaviour 	<ul style="list-style-type: none"> • Take time in asking questions, using a gentle and supportive demeanour • Ask questions in several different ways to provide an opportunity to discuss difficulties • Spend time talking about stresses on relationships and stresses of the transitions and changes • Normalize and validate feelings • Discuss options for connecting with the community or engaging in activities • Encourage interactions with others • Review the importance of self-care and establishing routines • Assist with practical problem solving/planning • Monitor for suicidal thoughts (ex: frequency, intensity, intent, plan and means) • Referral to appropriate addiction agency or treatment

Adults: EMERGENCY Immediate intervention is required

These signs may mean there is imminent risk of harm to self or others.

Some common things you may see or hear	Action
<ul style="list-style-type: none"> • Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself • Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means • Talking or writing about death, dying or suicide, when these actions are out of the ordinary • Threatening to harm or kill someone else, particularly if that individual is accessible to the one who is threatening (ex: resides locally not in home country) • Disoriented – not knowing their name, where they are from, not making sense 	<ul style="list-style-type: none"> • USE EMERGENCY RESOURCES: <ul style="list-style-type: none"> – Call 911 for immediate mental health and/or addictions help or transport to nearest hospital emergency department for medical intervention – For mental health emergencies, contact adult mobile crisis team and/or services (if available) http://www.gov.mb.ca/healthyliving/mh/crisis.html – Call the Manitoba Suicide Line 1-877-435-7170

The following are additional Refugee Mental Health and Addictions Fact Sheets for Service Providers that complement this resource:

- Refugee Mental Health and Addictions Fact Sheet for Service Providers: Optimizing Well-being and Responding to Emotional Distress of Children and Youth
- Refugee Mental Health and Addictions Fact Sheet for Service Providers: Mental Health and Addictions Services for Refugees

For more information visit:

manitoba.ca/health/primarycare/providers/srh.html#mh

