

Syrian Refugees' Experiences in Canada and the Implications on Mental Health

Anthony Lorenzo Cherubini¹

¹ McMaster University, Hamilton, Ontario, Canada

ABSTRACT The Syrian refugee population represents an unprecedented number of migrants in Canada as vulnerable citizens and their families sought safety. Given the influx of refugees who were forced to leave their home country due to the ongoing civil war, the impact of adversities they experience as they transition to a new country cannot go unexamined. Thus, this review explores the implications on mental health that Syrian refugees experience throughout their integration process. Articles selected from a 2016 onwards depict the experiences of both Syrian children and adults by accounting for their traumatic experiences in Syria and their post-migratory experiences during their transition. Peer-reviewed qualitative, quantitative, and mixed-methods studies were considered in the context of a thematic literature review. The results of the review includes two core themes: the significance of culturally appropriate healthcare services, highlighting the absence of inclusive healthcare that deter Syrian refugees from seeking necessary mental health treatment, and how Islamophobia serves as an obstacle in their integration. These discriminatory ideologies are a source of psychological distress for Syrian refugees and hinder their acculturation into Canada. This study discusses findings that shed light on such themes' implications for Syrian refugees and their mental health. Furthermore, this literature review addresses the significance of strategic social services, promoting the integration of Syrian refugees and positive mental health outcomes. The literature review, therefore, is particularly relevant since it positions us to positively respond to the current influx of Afghani refugees, among others. With a sounder understanding of acculturation in Canada, we can better appreciate refugees' sense of urgency given the challenges of forced displacement from their homeland and inform the respective health, social policy, and practices to facilitate their successful transition.

INTRODUCTION

Since 2011, political and military unrest in the Syrian Arab Republic has resulted in the displacement of millions of Syrian civilians (Guo et al., 2019). Canada was considered a safe destination for those impacted by the instability (Immigration, Refugees and Citizenship Canada [IRCC], 2022). Given the influx of civilians who were forced to leave their country due to civil unrest (Hadfield et al., 2017), the impact of the hardships experienced as they transition to a new country cannot go unexamined. Thus, this narrative review responds to an integral research question: what are the implications of barriers that Syrian refugees experience in their integration process? Undoubtedly, the exposure to violence and the loss of social supports during their pre-migration experiences hinders their ability to integrate in Canada (Yohani et al., 2019). The refugees' traumatic experiences often result in, or accentuates, mental health challenges and reduces their emotional functioning (Walker & Zuberi, 2020). It is especially noteworthy to explore how Syrian refugees' integration difficulties are linked to a greater likelihood of developing depression (Ahmad et al., 2021) and other mental illnesses (Almoshmash et al., 2019). Understanding these post-migratory stresses and taking the steps to "improve the integration system" (Economou, 2019, p. 13) therefore serve as proactive responses to address mental health challenges (Almoshmash et al., 2019).

The literature review examines the integration of Syrian refugees in Canada by accounting for their traumatic experiences in Syria and their post-migratory experiences during their transition in Canada in relation to the implications on mental health. In this context, successful integration is defined by Immigration, Refugees and Citizenship Canada as the process by which Syrian refugees become acculturated (accustomed to Canadian culture) and active contributing members of Canadian society. For Syrian refugees in particular, the success of the integration process is related to governmental support and refugees' language skills (Government of Canada, 2019). The narrative review addresses the respective research question in a discussion of the two prevalent themes. First, the review considers the

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Correspondence
Address correspondence to Anthony Lorenzo Cherubini at cheruba@mcmaster.ca

significance of culturally appropriate healthcare services for Syrian refugees' acculturation in Canada. Second, it discusses how Islamophobia and discrimination that many refugees experience hinders their integration.

It is imperative to consider the COVID-19 pandemic and its impact on mental health and mental health services. The global pandemic and government-mandated lockdowns imposed an additional set of challenges that disproportionately affected refugees in comparison to the general population. Syrian refugees were at higher risk for contracting COVID-19 given their lower socio-economic status and housing security (Clarke et al., 2021). Sharif-Esfahani et al. (2022) conclude that the pandemic contributed to a high prevalence of anxiety and fear of contracting COVID-19 among Syrian refugee populations residing in the Greater Toronto Area.

Rabiah-Mohammed et al. (2022) found that the challenges related to the pandemic reminded Syrian refugees of the hardships they encountered prior to their resettlement. Physical restrictions and social distancing measures prevented Syrian refugees from reuniting with extended family members, and hence, further accentuated their emotional distress. A participant in the study stated that, "we get sick of being alone. We do not see people; we are homesick; we do not see our family here. All of us have these feelings, we miss the family" (p. 18). Consider, too, that refugees self-reported feelings of financial constraint and marginalisation since they were unable to secure employment with sustainable wages, find adequate housing in safe neighborhoods, and develop language proficiency. This resulted in the perception that "the participants believed they were faring much worse than the general population in Canada" throughout the pandemic (Rabiah-Mohammed et al., 2022, p. 19).

The study's findings shed light on these themes' implications for Syrian refugees' mental health, justifying the need for this review. This is particularly timely not only because the Syrian refugee population represents an unprecedented number of migrants in Canada (Yohani et al., 2019) but also because of the Canadian government's commitment to welcome an additional 40,000 refugees from Afghanistan (Government of Canada, 2022). The findings of this review intend to offer more informed and inclusive services and proactively address the discriminatory practices experienced by newcomers (IRCC, 2021).

DISCUSSION/LITERATURE REVIEW

The findings of the narrative review include two key themes related to Syrian refugees' acculturation in Canada. This section discusses both themes in relation to mental health within the Syrian refugee population.

Culturally appropriate services and the implications on acculturation and mental health

Differences between Syrian and Canadian culture impede refugees' successful integration. Most refugees are unfamiliar with Canadian culture (Agroam, 2021) or the country's health and social services, collectively contributing to heightened stress throughout their transition (Agic et al., 2016; Ali-Hassan, 2021; Yohani et al., 2019). According to one refugee, "the most challenging things for me in Canada are the language and culture.

Canadian culture is entirely different" (Aldibat et al., 2021, p. 494). Primitively, current literature identifies a lack of culturally sensitive health-related services provided for refugees in Canada, despite the importance of such services for successful integration (Agroam, 2021; Cheyne-Hazineh, 2020; Clarke et al., 2021; Sirin & Rogers-Sirin, 2015; Yohani et al., 2019). More specifically, the literature refers to the absence of culturally sensitive healthcare as a deterrent to Syrian refugees' likelihood to seek mental health treatment (Agroam, 2021; see also Walker & Zuberi, 2020). A culturally sensitive treatment approach in mental health services encourages healthcare providers to better understand the unique set of circumstances and needs of the Syrian refugee population. This treatment affirms the need to "sensitizing Canadians [in healthcare professions] to the ways in which culture can affect encounters between themselves and newcomers" in order to understand and respond to the "social detriments of health which builds on the resilience of refugee groups" (Agic et al., 2016, pp.6 & 7). Hansen & Houston (2016) discuss three levels of support services that are essential to provide a culturally sensitive treatment to the Syrian refugees. The first level (and similar to Agic et al., 2016) involves addressing the social determinants of mental health on a case-by-case basis. Secondly, healthcare providers are required to evaluate and recommend community supports programs for refugees. The third level includes psychosocial supports to assist refugees coping with uncertainties throughout the settlement process. In relation to Hansen & Houston (2016), Aldibat et al. (2021) discuss psychosocial services and culturally sensitive treatments that involve collaboration between health care providers, settlement and other community agencies to address the challenges experienced by Syrian refugees.

In addition, relevant literature suggests that the stigma associated with mental illness among the Syrian refugee population contributes to their reluctance to access mental health treatment (Agroam, 2021; Cheyne-Hazineh, 2020; Tuck et al., 2019). Hansen & Huston (2016) argue that the stigma surrounding mental health amongst Syrian refugees not only prevent them from seeking treatment in culturally unfamiliar spaces but contribute hesitancy when discussing their emotional well-being. In fact, Cameron et al. (2022) suggests that many avoid "culturally insensitive" medical practices as they accentuate distrust, existing stigma, and as a result, prevent future interactions with the healthcare system. According to Mahajan et al. (2021), many Syrian women in Canada are reluctant to seek mental health treatment as it is perceived as invasive and distressing. In sum, the perception of cultural differences in healthcare services contribute to health disparities between Syrian refugees and the Canadian population. Specifically, higher rates of unmet health-related needs among Syrian refugees compared to the general population (Tuck et al., 2019) and their greater vulnerability to poorer (physical and mental) health outcomes (Clarke et al., 2021).

This review will explore the stigma surrounding mental health perceived by Syrian migrants in Canada that contribute to their reluctance when seeking treatment for mental health (Almohmsh, 2019; Cheyne-Hazineh, 2020) and contribution to a deep sense of shame and embarrassment during mental distress (Agroam, 2021). According to Abo-Hilal & Hoogstad (2013), this stigma may be the result of Syria's al-Assad regime that opposed the establishment of mental health services, contributing to its inaccessibility for Syrian citizens. President Bashar al-Assad's reign of power accentuated the Syrian population's lack of trust of

formal organizations, including healthcare services, due to “decades of oppression, widespread corruption and involvement of secret police in every aspect of life in Syria” (Abo-Hilal & Hoogstad, 2013, p. 92). In this way, the reluctance to trust established government organizations and services may be an aggravating factor that further undermines Syrian refugees’ perceptions of culturally unfamiliar services offered in Canada and hence negatively impact their assimilation into Canada (Walker & Zuberi, 2020).

Also, processes related to mental health screening have significant implications for refugees. Given the stigma associated with mental illness and culturally unfamiliar services, comprehensive screening and mental health assessments immediately following their arrival can compromise emotional well-being, accentuate distress, and problematize their acculturation (Almoshmoh, 2019; Eggerston, 2016; Hansen & Huston, 2016). More precisely, literature states that “it is important to not over-diagnose Syrian refugees with clinical disorders, since their experiences cannot be described using Western-based, evidence driven medicine” (Cheyne-Hazineh, 2020, p. 132). Note that Almoshmoh (2019) specifically cautions that “diagnostic labelling” (p. 23) of mental illnesses for Syrian refugees should be avoided because such diagnoses are heavily stigmatized and “a source of shame and embarrassment” (p. 24). Additionally, Almoshmoh (2019) states that receiving psychiatric diagnoses may be especially shameful for men, not only because of stigma surrounding mental illnesses but also because of the culturally- embedded expectation that men cannot demonstrate weakness.

The discourses in the literature regarding diagnosing mental illness within the Syrian refugee population in Canada is conflicting. Eggertson (2016), who recognizes that psychiatric evaluations potentially can retraumatize patients with post-traumatic stress disorder (PTSD), proposes that symptoms of mental illness should be evaluated 3 to 12 months post-migration rather than immediately following their arrival. In this way, their privacy is further respected and they are provided the opportunity become acclimate to the new environments before evaluated for psychiatric illnesses (Eggertson, 2016). Conversely, Agroam (2021) argues that it is essential for Syrian refugees in Canada to be assessed for mental health symptoms “as soon as possible to avoid the severity of the condition” (p. 6), suggesting that early recognition and treatment is beneficial for well-being, quality of life, and eases their transition into Canada. These conflicting perspectives in the literature related to the diagnostic assessments of mental illnesses for the Syrian migrants underscore its complexity.

Implications of Islamophobia and discrimination on acculturation and mental health

Islamophobic and discriminatory practices have adverse implications for Syrian refugees’ integration in Canada. Islamophobia is defined as the fear and hatred, and hostility directed towards Muslims, which in conjunction, give rise to prejudice and discriminatory practices (Çakı & Gülada, 2018). Syrian refugees and the broader Muslim community have been recognized as targeted groups for Islamophobia (Bose, 2022; Keung, 2016), commonly perceived “as an inherently violent religion and political ideology; seeing all Muslims as religious radicals or fanatics; and seeing all of Islam and Muslims as

inherently mistreating women” (Wilkins-Laflamme, 2018, p. 90). The general Canadian population views migrants as being “out of place” because the latter ostensibly lack the common values of Western culture (Economou, 2019; Hynie, 2018; Wilkins-Laflamme, 2018). Relevant literature argues that Islamophobic perceptions of Syrian refugees contributes to their othering, which is associated with Saidian notions of Orientalism (Elkasssem et al., 2018; Hynie et al., 2018) that promote a perception of non-Western cultures as inferior to the dominant West (Kyriakides et al., 2018), thus threatening the so-called ruling class’s security and safety (Arif, 2018). Such ideologies not only create psychological distress for many Syrian refugees but significantly challenge their acculturation process (Economou, 2019; Furquan et al., 2022; Khan & Hamilton, 2019; Walker & Zuberi, 2020; Wilkins-Laflamme, 2018).

Additionally, the polls cited in the literature underscore the notion that Islamophobic attitudes are prevalent in Canada. For instance, more than half of the respondents to a 2015 survey believe that the Canadian government provides too much support for “underserving” Syrian refugees entering the country (Walker & Zuberi, 2020). Donnelly’s (2017) survey of the Canadian population concluded that only 40% of respondents accepted the resettlement of Syrian refugees in Canada, while 36% and 24% were either indifferent or supported its ban, respectively. The prevalence of Islamophobia in Canada is also supported by a 2019 Ipsos survey that revealed that nearly half of the respondents admit to having racist thoughts against Muslims, and a quarter believe it is becoming increasingly acceptable to display prejudicial behaviour against Muslims (Mirrlees, 2021). This finding is concerning given that the number of police-reported hate crimes against Muslims has “more than doubled” between 2013 and 2016 (Mirrlees, 2021, p. 856; see also Furquan et al., 2022). According to one victim, “wearing the hijab can be hard. People might bully you [and ask] ‘what is that piece of garbage on your head’” (Elkasssem et al., 2018, p. 12). Moreover, Islamophobic discourse may create an “atmosphere of contempt, mistrust and ignorance” (Helly, 2012, p. 3) that not only increases Syrian refugees’ “marginalization and discrimination but in turn creates the structural conditions for poor health outcomes” (Economou, 2016, p. 3). Consequently, Syrian refugees are segregated from Western culture, thereby serving as a preventive factor in their acculturation (Wilkins-Laflamme, 2018).

The literature also points to instances of discrimination in the Canadian educational system, as many Syrian refugee students are targets of Islamophobic practices (Furquan et al., 2022; Guo et al., 2019; Tyyskä et al., 2017). The Islamophobic perceptions that exist across schools and schooling systems are especially pertinent considering that “schools often mirror the issues and discourses prevalent in the broader local and national community” (Walker & Zuberi, 2020, p. 404). Refugee students are subject to both physical and verbal violence in schools (Tyyskä et al., 2017), and are disproportionately targeted against (Chuang, 2010; Drolet & Moorthi, 2018; Elkasssem et al., 2018). The literature identifies that Islamophobic behaviour and microaggressions against refugee students contribute to an unwelcoming school environment and fuel lower self-esteem and feelings of disempowerment and alienation (Elkasssem et al., 2018; Fazel et al., 2012; Guo et al., 2019). As a result, Syrian refugees who encounter discrimination are more likely to develop anxiety disorders, PTSD, and exhibit aggressive behaviour (Beiser & Hou, 2016). Fazel et al. (2012)

suggest that experiences of discrimination for migrants may “continue to affect the mental health of refugees even 9 years after arrival” (p. 270). In turn, exposure to Islamophobic ideologies and practices in the educational context also mitigates their academic success (Chuang, 2010; Elkassem et al., 2018; Tysskä et al., 2017; Walker & Zuberi, 2020). Sirin & Rogers-Sirin (2015) support the evidence that high prevalence of discrimination in educational contexts adversely influences Syrian refugees’ educational achievement and graduation rates. The negative impact on the students’ engagement and learning represents a significant impediment to their education, integration, and resultingly, their mental health (Tysskä et al., 2017).

While Islamophobic views influence the perceptions of Canadians and permeate educational contexts, literature also identifies mainstream media as a weapon that shapes the discriminatory perceptions of their audiences (Walker & Zuberi, 2020). As major sources of information, the media can contribute to close-minded views and promote hostility towards refugees in Canada (Economou, 2019; Wilkins-Laflamme, 2018). According to Hynie (2018), it is common for media outlets to portray Syrian refugees as barbaric and uncivilized. Elkassem et al. (2018) noted that approximately 40% of the media that addresses Muslims and related Muslim-based issues convey negative connotations, and nearly two-thirds of such platforms associate this demographic with extremism. In addition, there are accounts of the media trivializing the concerns and needs of the Syrian refugee population (Hynie, 2018; see also Walker & Zuberi, 2020). The media that frames Syrian refugees as being a threat to public safety and security (Economou, 2019) depicts them as terrorists that must be ostracized from the Canadian population (Elkassem et al., 2018).

The literature also cites the gendered portrayal of Syrian refugees in Canadian media. Tysskä et al (2017) undertook a thematic qualitative media analysis of several hundred news articles (including sources from the CBC, Toronto Star, CTV, and National Post) to examine Syrian refugees’ migration in Canada. The study revealed that across Canadian media platforms, Syrian men are commonly portrayed as terrorists that threaten the Western identity (see also Wilkins-Laflamme, 2018). Tysskä et al’s (2017) finding supports Mirrlees’s (2021) suggestion that Syrian men are represented as “terrorists-in-waiting or terrorists-in-becoming” (p. 868). In addition, Tysskä et al. (2017) noted that Syrian women and children were portrayed as vulnerable, with limited self-agency and that this discourse is consistent throughout the literature. Helly (2012) suggests that Syrian and Muslim women “are often represented as victims and alienated agents” and are mistreated by men (p. 6). Syrian women are underrepresented in Canadian media and are described as “extras in their own story,” while being portrayed as vulnerable and desperate for humanitarian aid (Tysskä et al., 2018, p. 158). Hynie (2018) states that the media facilitates the perception that Syrian refugees are not wholly Canadian citizens and are “a threat to [the] security, social order, and economic stability” of Canada (p. 2). Such portrayals contribute to antagonization and ostracization of refugees in Canada, which has direct and consequential repercussions on their successful acculturation and mental health (Economou, 2019; Hynie 2018; Mirrlees, 2021; Tuncer & Ebanda de B’béri, 2020).

LIMITATIONS

The narrative review investigated topics that have been examined by various researchers across diverse and varied disciplines; thus, a complete narrative review of every article related to Syrian refugees’ experiences in Canada is beyond the scope of this study (Wong et al., 2013). Moreover, the sources under review were predominantly from peer-reviewed academic journals and written in English. It is possible that they may have been subject to selection bias.

CONCLUSIONS

The refugee resettlement experience is characterized by uncertainty, stress, and separation (Fazel et al., 2012; Oudshoorn et al., 2020; Yohani et al., 2019). Migration is not only considered a pervasive long-term experience (De Haene et al., 2007) but also one that exposes refugees to dangerous circumstances (Fazel et al., 2012). In fact, for those fleeing violence in their homeland, it is described as a stress-inducing and retraumatizing experience (Ahmad et al., 2021). This narrative review sheds light on the refugees’ experiences of acculturation and integration in Canada, and the implications on their mental health. The research identified that trauma experienced by Syrian refugees during their pre-migration can undermine their ability to assimilate to Canadian culture successfully. Two key themes are identified in the literature review: culturally appropriate services and the effects and implications of Islamophobia and discrimination on refugees’ acculturation.

This review addressed the importance of providing targeted social services to promote the integration of Syrian refugees and positive mental health outcomes. Discourse in relevant literature highlight that the differences between Syrian and Canadian culture have implications for Syrian refugees’ acculturation and mental health in Canada. Furthermore, it is evident that instances of discrimination experienced by Syrian refugees hinder their acculturation and further accentuate any pre-existing mental health concerns. The narrative review provides necessary insight into the challenges that Syrian refugees encounter during their transition into Canada, and just as significantly, the implications for their mental health.

Consequently, the literature review is especially timely for various reasons. By acquiring a greater appreciation and understanding of acculturation in Canada, we are better positioned to positively respond to the current influx of Afghani refugees. Fleeing the oppressive regime of the Taliban, Afghani refugees share similar circumstances and challenges as their Syrian counterparts. Both populations have been forcibly displaced from their homelands and seek refuge in Canada with a sense of profound urgency. The analysis of the research under examination, then, can be used to inform current policy and practices regarding health and social-related supports and the prevention of discriminatory practices often experienced by these marginalized groups.

Several recommendations stemming from the review may be especially relevant. Policymakers, provincial and territorial ministries of health need to account for Syrian refugees’ cultural nuances in the context of health-related services. Policy should identify the key principles of culturally inclusive healthcare and integrate specific objectives to meet the unique needs of Syrian refugees. For medical practitioners, the policy can bridge tangible culturally responsive health care practices that aim to address the

stigma associated with mental illness for Syrian refugees. Through both policy and practice in federal, provincial and municipal governments, along with police services and the education of ministry, the Canadian system can work in tandem to raise the awareness of the devastating social, psychological, and physical impact of Islamophobia. These services and agencies serve to reach a broad audience and underscore the adverse societal consequences of discriminatory practices.

The themes discussed in the review not only lend themselves to the above recommendations, but also shed light on avenues for future research. Research on other countries and jurisdictions that welcome refugees and implement targeted and successful culturally inclusive healthcare services can inform the specific policy and practices across Canada. Relatedly, research into anti-discriminatory interventions can identify practices that have far-reaching positive societal outcomes. Just as significantly, ongoing research into the mental health outcomes of Syrian refugees in Canada provide more accurate depiction of refugees' long-term health. These longitudinal studies may evaluate the differential experiences between Syrian refugees of varying age and gender in order to investigate the similarities and differences in their experiences.

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CONFLICT OF INTERESTS

The author declares no conflicts of interest.

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