Exploring Mental Health Support for Refugees Residing in Manitoba: A Peacebuilding Perspective

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ABSTRACT

The tremendous challenges that refugees face prior, during, and after their arrival in Canada can strongly impact their mental health and this deserves the attention of peace and conflict studies scholars. Therefore, the goal of this study was to explore the mental health support provided to refugees in Manitoba as part of the peacebuilding process. This was accomplished by investigating the mental health challenges that refugees face and the mental health support services provided to them. Further, this study explored the barriers refugees encounter in accessing mental health services and the alternative coping strategies they employ in managing stressors that affect their mental health.

To achieve this goal, the study adopted a qualitative research approach. A total of five participants were selected using a snowball sampling technique. Through semi-structured interviews, the study collected highly personalized data from members of the refugee community in Winnipeg, Manitoba, Canada. The collected data was then presented as direct quotes or transformed into poetry before being analyzed using a thematic analysis approach. Furthermore, secondary data was gathered by analyzing peer-reviewed journals and literature reviews related to the research topic.

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I would like to use this section to acknowledge the remarkable support and contribution I have received from so many people in my life. First and foremost, I would like to appreciate my family's tremendous support throughout my entire academic journey. I am truly grateful for the amount of sacrifice that you have made throughout my studies.

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Finally, I want to thank all of the people who participated in this research study. I truly appreciate your willingness to share your stories and for allowing me to use your experiences to shape the outcome of this research. All of this would not have been possible without your contribution.

DEDICATION

I dedicate this research to the following people:

- To my parents James and Margaret Wafula for all the sacrifices you have made for me.
- To my siblings Linda and Michael for always supporting me.
- To my brother-in-law Christopher for all of your valuable advice.
- To Lisbeth Frick-Brütsch for her unwavering support, encouragement, and patience. May her soul rest in peace.

Mental Health to Me…

…is something foreign, a thing that doesn't exist in our vocabulary,
I think that it's being stable…stable emotionally?

Mental Health to Me…

…is having a way to cope,
knowing that you have support and somebody to talk.

Mental Health to Me…

…is something that might affect you or it might affect those around you.
If it's not noticed it can go as far as suicide or something harmful,
cause, at some point in time, it will catch up with you.

Mental Health to Me…

…is something that people should talk about more.
It is the most important thing to be noticed, it should be made more noticeable,
made more popular, so people become more comfortable.

– Research Participants

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ACRONYMS

CMHA	Canadian Mental Health Association
ESL	English as a Second Language Program
GAR	Government-Assisted Refugee
IDP	Internally Displaced Person
IRCC	Immigration, Refugee and Citizenship Canada
JAS	Joint Assistance Sponsorship
PACS	Peace and Conflict Studies
PTSD	Post-Traumatic Stress Disorder
RAP	Resettlement Assistance Program
UNHCR	United Nations High Commissioner for Refugees
UNRRA	United Nations Relief and Rehabilitation Administration
WHO	World Health Organization
WRHA	Winnipeg Regional Health Authority
WWII	World War Two

CHAPTER 1: INTRODUCTION

1.1. Purpose Statement

This study was inspired by my personal experiences. When interacting with numerous international students and newcomers, I often heard them describe mental health services as "a waste of time", while also expressing how they felt that their needs were not being met when accessing mental health services in Canada. This got me wondering if the mental health support provided to newcomers is truly able to accommodate the needs of the multicultural population here in Canada. My interaction with newcomers, specifically with the refugee community in Winnipeg, prompted me to further explore the Canadian mental health support system, in Manitoba specifically, to address the research question; how can the Canadian mental health support system better meet the culturally diverse mental health needs of refugees?

Additionally, while working for the National Commission for the Fight Against Genocide (CNLG) in Kigali, Rwanda, I had the opportunity to witness the transformation of the lives of genocide survivors who suffered trauma and loss of their beloved ones, specifically, their process of reclaiming mental health after being exposed to traumatic events as a result of violence. This experience inspired me to dig deeper and do more research on mental health by exploring the process of development, maintenance, and the process of repairing ruptured mental health and wellbeing. Likewise, being an international student in Peace and Conflict Studies has further prompted my interest to give more attention to the issues of mental health of people who have experienced conflict, especially those who have suffered violence and have had to flee their home country because of war or political unrest.

In short, my personal experiences and educational experience in psychology and peace and conflict studies have awakened an interest to find ways to improve and transform the lives of people whose mental health has been negatively impacted. Considering this as part of the peacebuilding process, the purpose of this study is to find ways to better help and support the refugee community in Manitoba by addressing their mental health needs.

1.2. Background of Study

According to the Geneva Convention of 1951, a refugee is defined as a person "who is outside his or her home country and who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (Canadian Council for Refugees, 2008, p. 2).

While more will be said later about the concept of "refugee", the history of the international humanitarian commitments for refugees can be traced back to 1945, when the world experienced a massive refugee crisis, leading tens of millions of people to be expelled from their home countries (Epp, 2017). In that same year, the United Nations High Commissioner for Refugees (UNHCR) reported that close to 51 million people were relocated due to an "unthinkable crisis" that was happening across the globe during WWII (Epp, 2017, p. 1). The Holocaust in Germany was one of the crises where numerous countries neglected to provide asylum to the Jewish refugees, contributing to the number of deaths in the genocide. After other countries failed to offer asylum to Jewish refugees, several nations were determined to ensure that such gruesome events would not repeat themselves and their singular act resulted in the Geneva Convention in 1951 (Canadian Council for Refugees, 2008).

Nonetheless, despite international humanitarian commitments made over 70 years ago, there are still close to 960,000 refugees in need of resettlement in a third country today, specifically, refugees who have been put in a position in which they cannot return to their country of origin nor enter their country of first asylum (Elgersma, 2015). With this in mind, it is critical to emphasize the enormous obstacles that refugees may encounter prior to, during, and after their arrival in Canada.

Prior to their arrival in Canada, refugees may have experienced imprisonment, torture, loss of property, malnutrition, physical assault, severe fear, rape, and loss of livelihood. Also, having to flee from their homes can result in them enduring incredibly difficult environmental circumstances for years. During this period, refugees are frequently separated from their family members. Such experiences cannot easily be detached and can even develop over time into post-traumatic stress disorder (PTSD), a different challenge they have to face as they settle into a new country (Canadian Mental Health Association, 2014).

Also, one of the most significant effects from all of the experiences refugees face is having been betrayed either by their own people or their government where they might have

encountered political oppression (Refugee and Immigrant Health Program, 2011), or experience persecution as a result of their ethnic origin, religious beliefs, or political activities (Tribe, 2002). Experiencing betrayal at that level can have serious consequences for refugees' health and their capacity to form trusting interpersonal relationships, which are essential for the resettlement and healing process (Refugee and Immigrant Health Program, 2011).

In addition, upon their arrival in Canada, they face challenges such as unemployment, poverty, racism and even feelings of worthlessness due to discrimination and loss of status in Canada in terms of wealth and influence (Canadian Mental Health Association, 2014). In this sense, the stress of settlement in itself might be difficult to cope with and may end up being a potential source of mental health issues (Beiser, 2009).

Nevertheless, a number of countries that are recipients of refugees have created resettlement programs to address the challenges that refugees face. For example, Canada is a country that is recognized as a major recipient of refugees and has established a variety of programs and support services to assist refugees in the resettlement process. In terms of refugee resettlement, Canada has implemented two main programs that support the refugee community upon their arrival in Canada, namely the Government-Assisted Refugee Program (GAR) and the Joint Assistance Sponsorship (JAS) Program (Elgersma, 2015). Additionally, when it comes to the mental health of refugees in Manitoba, a variety of health services have been made available to refugees, such as services aimed at supporting refugees with their physical health, legal matters, employment, mental health, and other concerns. Chapter Two will give a more thorough explanation of the resettlement programs and support services provided to refugees in this context.

1.3. Research Gap

Having reviewed the mental health support services established to promote healthy living for refugees in Canada, there is still an existing research gap when it comes to addressing how these services are being implemented and what challenges refugees encounter when accessing these support systems. These issues must be examined further.

The various support systems that are offered to the refugee community have attracted the interest of many scholars. Researchers have explored the quality of refugee integration among Government-Assisted Refugees (GARs) to learn more about the social support provided to

arriving refugees (Hyndman, 2011). The findings of the research uncovered how having to overcome barriers such as language barriers, physical issues, and mental health challenges such as trauma may negatively affect their resettlement experience (Hyndman, 2011). Similarly, research has been conducted in Toronto, Canada, on the mental health problems of Afghan, Karen (Myanmar), and Sudanese Government-Assisted Refugees (GARs), with an emphasis on the difficulties of the mental health challenges that GARs may encounter during the resettlement process (Access Alliance, 2008).

Although significant study has been conducted on refugee support programs and the physical and mental challenges that they may face, little research has been conducted on the cross-cultural efficacy of the mental health support that is offered to them. There has not been enough study done on the barriers that refugees face while seeking mental healthcare in Canada. Even the Canadian Mental Health Commission acknowledges the diversity of the Canadian population and the need to improve services and outcomes for the refugee community (Mulvale et al., 2014). This study will focus on bridging this gap by researching the barriers refugees face while obtaining mental health services in Manitoba, Canada.

1.4. Research Questions

This research seeks to learn about the experiences of refugees as they seek mental health supports in Canada. Specifically, the following questions will be addressed:

1. What mental health challenges do refugees experience in Canada?
2. What mental health support services are available to refugees residing in Manitoba?
3. What are the barriers refugees encounter in accessing mental health support?
4. What additional alternatives do refugees have for coping with stressors that affect their mental health?

1.5. Significance of the Study

This research is significant to the field of Peace and Conflict Studies as it focuses on the principles of basic needs and community empowerment. In this particular context, exploring ways to meet the basic needs of the refugee community and developing strategies to further empower them both individually and collectively is essential.

Peace researchers are known to adopt a constructive approach to social sciences and social change (Sandole et al., 2009). Exploring ways to bring about social change by developing strategies to better serve and empower the refugee community is, therefore, an essential component of the peacebuilding process. Hence, peacebuilding processes would be incomplete if the mental health challenges that refugees encounter as a result of conflict were not addressed.

This research study aims to contribute both at the individual and community level. At the individual level, conducting this study may provide members of the refugee community the opportunity to voice their views and ideas on the research topic. Also, because it offers a platform for refugees to tell their stories and participate in peacebuilding processes, that is, building healthier communities, this study may add to their own sense of empowerment. At the community level, others may also benefit from the newly gained insights. This study contributes to the community's understanding of ways to help and support refugees' mental health needs. This study may also inform further development of suitable mental health services offered in Canada, especially support services that can better assist and accommodate refugees of various cultural backgrounds.

1.6. Structure of the Thesis

This research study is divided into six chapters. Chapter One is the introduction. This covers the background of this study, the research objectives, as well as the significance of this research. Chapter Two, the context of the study, discusses key terms that are relevant for this study and Canada's humanitarian commitments to refugees as well as the potential mental health challenges refugees may face. Further, the context chapter highlights the resources made available to refugees alongside the barriers they may face in obtaining the services provided to them. Chapter Three consists of the theoretical background of this study, where fundamental principles of peacebuilding are discussed including the Basic Human Needs theory and Empowerment theory, both of which are critical to understanding the peacebuilding process in this context.

Chapter Four outlines the methodological approach of the research study. It specifically outlines the research approach and data collection procedures which include the study site, sample size, and the recruitment and selection process of participants. This chapter also covers the process of data analysis, the ethical considerations for this research, the reliability of research

procedures and challenges encountered during the research process. Chapter Five presents the key findings of the research. It details the themes and core concepts uncovered while analyzing the data and further examining the key findings through a peacebuilding perspective. Finally, Chapter Six provides an overview of the study, implications for action, directions for future research, and a final assessment of the study's limitations.

1.7. Conclusion

In summary, Canada is well-known for its culturally diverse population. As a result, there is a pressing need for existing mental health services to suit the needs of the refugee population in Canada by finding new ways to accommodate their culturally diverse views and needs in terms of mental health and wellbeing. The goal of this study is to better understand how refugees perceive, construct, and make meaning from their experiences with mental health and mental health services by providing a platform for participants to discuss their ideas and opinions on the issue. However, in order to achieve this goal, it is necessary to have a contextual analysis of the research topic to better comprehend its dynamics. As a result, the next chapter will discuss the context of the research topic.

CHAPTER 2: CONTEXT OF THE STUDY

2.1. Introduction

To better comprehend the setting of this research, it is necessary to investigate the context that shapes the refugee's peacebuilding processes. First, the chapter provides definitions of key terms that are utilized throughout the study. Second, this chapter discusses international and domestic humanitarian commitments to refugees. Third, this chapter describes potential mental health issues refugees may face before, during, and after their settlement in Canada. Fourth, the chapter discusses the services made available to refugees for mental health support. The last section mentions various barriers that might hinder refugees from accessing mental health services. The chapter closes with a conclusion that offers an overview of the key topics addressed in the research context.

2.2. Definition of Key Terms

This study incorporated two key terms that are expanded upon as part of the study's context.

2.2.1. Refugee

We frequently hear about immigrants and refugees, and it is common for people to think of immigrants and refugees as one group. However, there are significant distinctions between immigrants and refugees. To avoid any misconception, this section will define the term "refugee" as it will be used across this study. According to the Geneva Convention that was held in 1951, a refugee is defined as:

> A person who is outside his or her home country and who has a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion (UN General Assembly, 1951).

In contrast, the Canadian Mental Health Association (2014) defines refugees as:

> People who are forced to leave their homes because they will be harmed if they stay. They may have witnessed conflict like war or political unrest. They may have lost their families, friends, home, status and income. As a result, refugees may have a higher risk of mental

> health problems as they cope with the stresses of coming to Canada, adapting to their new community and making an income. Some of the challenges they might face include post-traumatic stress, unemployment and poverty, racism and feelings of worthlessness (p. 2).

According to the definition of the Canadian Mental Health Association (CMHA), refugees are at a high risk of developing mental health problems as they cope with the stressors of their pre-migration experiences as well as the process of migrating to a different country and adapting to a new community and culture.

The Canadian Mental Health Association (CMHA) definition will be adopted throughout this research since this definition particularly highlights the mental health challenges that refugees face and how their experiences can have a significant impact on their mental health. Recognizing well-founded fear experienced by refugees and the extreme loss they normally experience during and after migrating are all important to understanding the relevance of this study.

2.2.2. Mental health

When it comes to a person's overall health, it is crucial to note that one's mental health status is an important component of a human's well-being as a whole. According to the Ministry of Health of Ontario, health encompasses physical, mental, and social well-being (Canadian Council for Refugees, 2008). The definition of mental health and how the notion of mental health will be employed throughout this study will be discussed in this section.

According to the World Health Organization (WHO) mental health is described as, "a state of wellbeing in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and can make a contribution to his or her community" (World Health Organization, 2005, p. 1). Similarly, the Public Health Agency of Canada defines mental health as, "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face…" (Public Health Agency of Canada, 2014).

For this study, the definition of the World Health Organization (WHO) will be used, since it is broader and gives room for more detailed discovery of answers to the research questions. The concept includes not only a person's feelings and outlook on life but also the

necessity of being able to work and contribute to the community, all of which are important considerations when discussing the mental health of refugees.

2.3. Humanitarian Commitments to Refugees

To acquire a better understanding of the nature of refugee resettlement processes, it is necessary to investigate Canada's humanitarian commitments. This section provides a historical overview of both international and Canadian humanitarian commitments to refugees.

2.3.1. International humanitarian commitments

This section will outline international humanitarian obligations to the refugee population before examining Canada's participation in delivering humanitarian commitments to refugees. Global humanitarian efforts for refugees can be traced back to 1945. During that time, the Second World War (WWII) was coming to an end and a massive refugee crisis arose in the world. This crisis caused approximately 51 million people to flee and be expelled from their home countries. The United Nations High Commissioner for Refugees (UNHCR) described that time to be an “unthinkable crisis” that was happening across the globe (Epp, 2017).

The Holocaust in Germany was one of the most atrocious events that occurred during that period, a time when many countries failed to offer asylum to Jewish refugees, contributing to the genocide's death toll (Canadian Council for Refugees, 2008). As a result of the events of WWII, many nations became determined that such atrocities would not occur again. This is what eventually led to the 1951 Refugee Convention, also known as the Geneva Convention. That convention declared that the right to asylum should be recognized as an international human right since refugees are persons who are compelled to flee their home countries due to significant human rights violations. This convention marked a pivotal moment in the history of refugees across the globe (Canadian Council for Refugees, 2008).

2.3.2. Canada’s humanitarian commitments

When it comes to Canada's humanitarian commitments to refugees, the country has had an international reputation for taking human rights protection very seriously and generously welcoming refugees into the country (Canadian Council for Refugees, 2008). In response to the huge number of displaced people following WWII, organizations such as the United Nations

Relief and Rehabilitation Administration (UNRRA) promoted the admittance of a large number of refugees into Canada (Epp, 2017).

In fact, between the years 1946 and 1962, Canada offered asylum to almost a quarter of a million refugees and displaced people. Moreover, after a revision of the previous legislation in 1976, refugees were given the right to receive legal recognition and status for the first time in Canadian law. This great milestone was made possible by the convention, which was overseen by the UNHCR (Epp, 2017). This trend continued throughout the Cold War and the rest of the 20th century, with Canada accepting thousands of refugees each year, reaching a high of more than 60,000 between 1979 and 1980 (Epp, 2017). The public perception toward refugees became more favourable as a result of post-war humanitarian initiatives and in 1986, the UNHCR presented the Nansen Refugee Award to Canada in honour of their welcoming nature toward refugees (Holtzer et al., 2017).

In more recent years, however, the number of people being displaced worldwide has reached an all-time high. According to the UNHCR, 70.8 million people had been forcibly displaced at the end of 2018 as a result of persecution, conflict, violence, and human rights violations (UNHCR, 2018). As part of the humanitarian efforts, the Canadian government increased its resettlement target by 20% in the last several years (Elgersma, 2015), going from 25,000 refugees resettled in 2011 (UNHCR, 2011) to 31,700 in 2020 (Elgersma, 2015).

Overall, Canada has resettled over 700,000 refugees since 1959 with a record acceptance of 58,437 in 2016 (Government of Canada, 2016). As a result of the country's long history of welcoming refugees, Canada is recognized as the world's second-largest resettlement country, after the United States of America (UNHCR, 2019).

In terms of the humanitarian commitments to refugees in Manitoba, according to Immigration, Refugees, and Citizenship Canada (IRCC), between 2013 and 2017, Manitoba accepted the most refugees per capita over any Canadian province or territory (Winnipeg Regional Health Authority, 2014). In fact, the province welcomed an average of 1,250 refugees per year from 2006 to 2017 (IRCC, 2017), with a record acceptance of 3,730 refugees in 2016 (Winnipeg Regional Health Authority, 2014). However, because most refugees are known to settle in the city of Winnipeg, Manitoba, the city has faced considerable challenges in meeting the complex physical and mental challenges and needs of refugees (Winnipeg Regional Health

Authority, 2014). These challenges and needs in mental healthcare provided to refugees will be further discussed in the following sections.

2.4. Refugees and Potential Mental Health Challenges

What must be stressed is that refugees face a "triple trauma paradigm," in which they are exposed to stressors throughout the pre-migration, migration, and post-migration periods of their resettlement, raising their risk of emotional distress and mental disorders (Mahmood et al., 2020). This section goes through the different mental health challenges that refugees experience before, during, and after their resettlement.

2.4.1. Pre-migration

Pre-migration problems such as conflict, persecution, and loss of family can have a negative impact on refugees' mental health (Robert & Gilkinson, 2012). Prior to arriving in Canada, refugees may have been subjected to traumatic events such as torture, sexual assault, and war (Canadian Council for Refugees, 2016), experiences that can lead to the development of mental health issues such as anxiety, depression, and post-traumatic stress disorder (Newbold, 2009). However, even if they do not encounter traumatic stressors prior to migration, the migration process can still be stressful in and of itself, where stressors such as separation from family, loss of social support, language barriers, cultural adjustments, and difficulties finding a home, work, and community can all make a person more vulnerable to mental health problems (Canadian Council for Refugees, 2016).

2.4.2. Post-migration

In terms of the post-migration processes, refugees may face additional mental health challenges as a result of a combination of factors such as race, gender and gender identity, age, sexual orientation, and immigration status (Canadian Council for Refugees, 2016). Moreover, the challenges of having to find ways to navigate with a new language, culture, and a lack of social support, can take a toll on a person's mental health (Schirch, 2018). However, it should be noted, that not all refugees experience pre-migration and post-migration traumatic stressors, and that some refugees with mental health issues cope well with the help of family and social support

networks (Fazel et al., 2012). Nevertheless, the stress of relocating can still be a challenge to one's mental health (Hyndman, 2011).

2.5. PTSD and Depression Among Refugees

When considering the mental health of refugees, it is important to highlight that in comparison to the general population, refugees are at a higher risk of experiencing mental health problems such as Post-Traumatic Stress Disorder (PTSD), depression, and somatic symptoms due to a high incidence of exposure to violence (Newaz & Riediger, 2020). In fact, a systematic assessment on the rate of mental disorders in refugees identified a prevalence ranging from 5% – 44% in refugee groups, compared to a prevalence of 8–12% in the general population (Close, et al., 2016). Post-Traumatic Stress Disorder (PTSD) is a major mental health issue among certain refugees and according to the American Psychiatric Association (2013), PTSD symptoms can manifest themselves in a variety of ways, including:

> Reliving the trauma through intrusive distressing memories, nightmares, flashbacks or hallucinations; a heightened level of arousal that causes insomnia, irritability, angry outbursts and exaggerated startle responses; and persistent avoidance of stimuli associated with the trauma, a numbing of general responses and estrangement from others, and a sense of a foreshortened future (for example, not expecting to have a family or a normal life span) (p. 56).

Moreover, the long-term mental health challenges of refugees fleeing war are not confined to PTSD but can also include prolonged grief, explosive anger, and depression (McKeary & Newbold, 2010). Depression is one of the potential mental health issues that refugees may experience in response to traumatic events as a result of war, persecution, rape, family separation, or challenges in the host country (Beiser & Hyman, 1997). A person suffering from depression may exhibit symptoms such as:

> Dispirited mood; taking a diminished interest or pleasure in activities; appetite disturbance resulting in weight change; insomnia or hypersomnia; unusually agitated or unusually slow to action; sense of fatigue and lack of energy; feelings of guilt and personal worthlessness; difficulties in concentrating and remembering and; excessively thinking of death and dying (visualizing suicide and attempting it) (American Psychiatric Association, 2013, p. 327).

Overall, it is critical to recognize that the numerous events that refugees have encountered during the relocation process have the potential to significantly and negatively impact their mental health, making them more vulnerable to mental health issues than the general population. Multiple services have been made available to refugees as part of the resettlement process to better meet their unique needs; these resources will be addressed in further depth in the following section.

2.6. Available Resources for Refugees

This section discusses the general resettlement programs and mental health resources provided to refugees and focuses in particular on local programs which were founded to promote and support the refugees in Canada during the resettlement process.

2.6.1. General resettlement programs for refugees

When it comes to fostering good health within the refugee community, there are physical and mental health services that are made readily available to refugees. These services are typically managed by programs of provincial governments in Canada and generally focus on assisting refugees with "higher than normal settlement needs" (UNHCR, 2011, p. 11), meaning refugees who may have medical disabilities, have suffered trauma as a result of violence or torture, and require special assistance that would demand additional time for the resettlement process (UNHCR, 2011).

The Government-Assisted Refugee (GAR) Program and the Joint Assistance Sponsorship (JAS) Program are two programs in Canada that are made available to refugees to primarily promote healthy living and mental health support to those who require additional attention. These two programmes are interconnected and specifically focus on refugees in need of special assistance (Elgersma, 2015).

Government-assisted refugees (GARs) are survivors of violence or torture whose circumstances are considered "vulnerable or urgent"; these people are often processed through the JAS program (UNHCR, 2011, p. 10). In the process, the GAR program engages private sponsors through the JAS program by allowing the Government of Canada and a private sponsorship organization to share the responsibilities of sponsorship for refugees who require

more support than what is available through the federal Government of Canada (UNHCR, 2011). In these cases, the Government of Canada assumes full financial responsibility while the private sponsorship groups provide social and emotional support (UNHCR, 2011). In Manitoba alone, there are approximately six percent of Canada's government-assisted refugees and 22% are privately sponsored refugees (Manitoba Labour and Immigration, 2015).

2.6.2. Mental health support programs for refugees

In terms of mental health support, there are several programs made available to refugees, one of which is the Resettlement Assistance Program (RAP). The RAP is one of the programs that allow for refugees to obtain healthcare coverage, which entails having access to hospital services, doctors, nurses, and other healthcare professionals licenced in Canada. Other access services provided to refugees include the Temporary Resident Permit. This program is provided by the Federal Government to refugees who are qualified (Citizenship and Immigration Canada, 2014). However, these services are only made temporarily available to refugees to aid and support their wellbeing while they go through the process of applying for provincial health insurance (Citizenship and Immigration Canada, 2014).

In Manitoba, several programs offer mental healthcare to refugees. The Winnipeg Regional Health Authority (WRHA) mental health programme is one of the local mental health services offered in Manitoba. It is a program that offers a variety of mental health services in both community and hospital settings. The program is dedicated to creating a responsive and inclusive system focused on restoring, promoting, and maintaining the mental health and well-being of the Winnipeg community (Winnipeg Regional Health Authority, 2021). Furthermore, the WRHA aims to provide care to address the population's unique needs of experiencing mental health challenges. In addition to the treatment and services they provide, the WRHA is also:

> involved in education and training, research, evaluation, knowledge exchange, practice development, quality and improvement, mental health promotion and policy and planning activities that support service delivery and informs population mental health needs for the region (Winnipeg Regional Health Authority, 2021).

There are also other mental health service providers in Manitoba that offer mental healthcare services specifically to refugees. One of these organizations is the Bridge Care Primary Clinic,

which specifically serves as a single point of contact for newly arriving government-sponsored refugees seeking an initial health examination and primary care services in Manitoba (211 Manitoba, 2021). Also, the Aurora Family Therapy Centre offers various services including a free therapy program as a support for refugees transitioning to new life in Canada (CMHA Manitoba and Winnipeg, 2021).

2.7. Barriers to Accessing Mental Health Support

As mentioned in the previous section, refugees may be subjected to a range of stressors during pre-and-post-migration stages, which can put their mental health at a heightened risk. There are numerous mental health resources that have been made available to promote refugees' mental well-being, however, there are barriers that can hinder them from accessing mental health services.

Some barriers that refugees might experience when seeking mental health services are cultural barriers. In general, refugees face a challenging process as they try to adjust to language barriers and cultural differences in their new surroundings (Canadian Mental Health Association, 2014). However, when it comes to accessing healthcare services, experiencing cultural barriers can cause refugees to have a sense of unfamiliarity or discomfort with the medical system, which in return can pose as a major challenge (Newbold, 2005).

Additionally, due to language barriers, refugees can be even less likely to obtain mental health services (Winnipeg Regional Health Authority, 2010), as the diagnosis of mental health concerns can be made more challenging by language barriers (Hyndman, 2011). As a result of these barriers, as well as the general unfamiliarity of this kind of service to many refugees, they may be even more reluctant to discuss private matters with a counsellor (Hyndman, 2011). Overall, this may make it more difficult for refugees to obtain mental healthcare, as well as make access to mental health services extremely difficult.

2.8. Conclusion

This section offered an overview of Canada's humanitarian efforts to refugees since World War II in the mid-twentieth century. Furthermore, it discussed a variety of efforts that have been established to promote and support the refugee resettlement process in Canada, specifically, available programs developed to meet the physical and emotional needs of refugees

in Canada, as well as Manitoba's commitments to providing services specifically suited to meet the diverse needs of the refugee population. Further, this chapter highlights barriers that refugees might encounter in accessing mental health support.

CHAPTER 3: THEORETICAL BACKGROUND OF STUDY

3.1. Introduction

This section focuses on the theoretical concepts found in the peacebuilding literature that served as a foundation to support this study which is based on the understanding that refugees' mental health and well-being are indeed important considerations for a discipline which is concerned with the health and wellbeing of individuals and communities.

3.2. Peacebuilding

The focus of this research is to explore the mental health support of the refugees in Canada, through a peacebuilding perspective. As a result, it is imperative to provide conceptual clarity as to how the term peacebuilding is used within this study.

Although the term "peacebuilding" is relatively new, the practice of building peace within various cultures and communities has existed for a long period (Schirch, 2004). The "matriarch" of the twentieth century peace research movement, Elise Boulding (Boulding, 2017, p. 3), metaphorically linked peacebuilding to medical education and practice by stating that doctors train to heal patients, whereas peacebuilders train to heal the world (Morrison, 2008).

Moreover, Schirch (2004) defines a peacebuilder as a person who "helps uncover the traditions of peacebuilding within each culture and borrows peacebuilding ideas from other cultures, to adapt them to local contexts, and to empower people to engage in peacebuilding processes" (p. 16). She goes on to classify peacebuilding into two categories: empowerment and basic needs. Further, stating that "peacebuilding helps people to meet their own basic needs and rights while acknowledging the needs and rights of others" (Schirch, 2004, p. 21).

Although both definitions are valid, for the purpose of this study, Schirch's definition will be used. The peacebuilding approach will concentrate on Schirch's two points, namely basic needs and the principle of community empowerment. In this particular context, this research explores some ways to meet the refugee community's basic needs and develop strategies to better empower them as part of the peacebuilding processes.

Numerous models have been used in the PACS literature to explain the components of peacebuilding processes. Models such as the concept of basic human needs and the principle of community empowerment are among them. As part of the peacebuilding process, the following

section will discuss the basic needs of refugees and consider strategies that can be used to better empower refugees both at an individual and collective level.

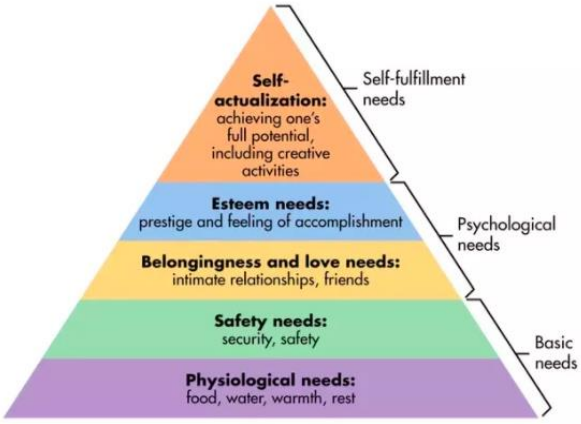
3.3. Basic Human Needs Theory

Even though knowing human needs is a critical foundation for understanding human behaviour, various debates about the concept of human needs have arisen. To bring more clarity, this section will give an overview of the basic human needs theory and its relevance in peacebuilding processes.

Abraham Maslow, a foundational scholar of human needs, developed the "Hierarchy of Needs" (Maslow, 1987, as cited in Aruma & Hanachor, 2017). According to Maslow, people are naturally motivated by five levels of needs, ranging from more basic needs for survival to needs that are considered to be higher level (Sandole et al., 2009). Maslow's needs are hierarchical in nature and are categorized into three sections (see Figure 1 below). The foundation of the pyramid starts with the basic needs (physiological, safety needs), and moves up the pyramid to psychological needs (belongingness, love, esteem needs), and at the top of the pyramid are the self-fulfillment needs (self-actualization) (McLeod, 2007), emphasizing that a person's attention, motivation, and actions tend to prioritize basic needs first, making it impossible to prioritize higher needs until the more basic needs are met (Sandole et al., 2009).

Figure 1:

Maslow's Hierarchy of Needs



Note. Depiction of the hierarchical structure of Maslow's hierarchy of needs theory. From "Maslow's hierarchy of needs" by S. McLeod, 2007, *Simply psychology, 1*(1-18).

Another scholar who stressed the significance of humans' biological, psychological, and social needs is John Burton (Danesh, 2011). According to Burton (1990, as cited in Danesh, 2011), basic human needs are identified as a set of needs that are thought to be non-negotiable and universal in their occurrence. Burton's human needs theory was based on Maslow's hierarchy of needs and entail nine different levels of needs including distributive justice, safety/security, belongingness, self-esteem, personal fulfillment, identity, cultural security, freedom and participation (Burton, 1990, as cited in Sandole et al., 2009). Unlike Maslow, Burton's human needs do not have a hierarchical order but instead are described to be needs that are sought by humans simultaneously. For comparison reasons, Figure 2 (see below) presents a list of Maslow's hierarchy of needs ranging from more basic needs (1) to higher level needs (5) and a list of Burton's human needs (not hierarchically structured). For the purpose of this study, this table has been cropped to focus primarily on Maslow's and Burton's human needs theory.

Figure 2:

Human Needs, as Presented by Various Theorists

Maslow	**Burton**
Food, water, shelter (1)	Distributive justice
Safety and security (2)	Safety, security
Belonging or love (3)	Belongingness, love
Self-esteem (4)	Self-esteem
Personal fulfilment (5)	Personal fulfilment
	Identity
	Cultural security
	Freedom
	Participation

Note. Table listing Maslow's and Burton's hierarchy of needs. Adapted from *ResearchGate* by F. Makonye, Retrived December 2021 from https://www.researchgate.net/figure/Human-Needs-as-presented-by-various-theorists_tbl1_341777802

When comparing the two theories of human needs, it is clear that both Burton and Maslow place much emphasis on both the physical (food, water, safety, security) and non-physical needs (self-actualization, belongingness, personal fulfillment); needs that are considered essential to survive, grow and develop as humans (Danesh, 2011). In the context of peacebuilding, meeting refugees' basic human needs is critical to ensuring their ability to live a sustainable life. Hence, in the process of assisting refugees in the resettlement process, there is an urgency to address some of their basic needs, one of which is the basic need to experience overall well-being.

Other scholars have also suggested that in order for peacebuilding to be successful, more attention needs to be given to the basic needs of those affected by conflict. The needs of Internally Displaced Persons (IDP) fall under this category (Sandole et al., 2009). Because refugees are typically people afflicted and displaced by conflict, they may face significant difficulties in meeting their basic needs. Not only do they require shelter and protection, but they also need to have a sense of overall well-being, which could be achieved at least partially through the provision of basic healthcare, such as mental health support. Hence, it is critical that this kind of support is made accessible for refugees so that these needs are met, thus, assisting them to settle in as true members of the community.

3.4. Empowerment Theory

When it comes to defining the concept of empowerment, different scholars have utilized diverse definitions to explain the empowerment process. The concept of empowerment is regarded as fundamental in a wide range of disciplines including education, political and economic development, democratic theory, African-American politics, feminist politics, mental health, community psychology, business, communitarianism, and transformational politics (Schwerin, 1997).

In the context of all-around health, the World Health Organization (WHO) has emphasized the importance of empowerment, by stating that one of the fundamental components of empowerment involves having a strong and healthy community, which can only be realized if each member has whole health. WHO further emphasizes that this goal can only be achieved if the residents of that community can support one another and actively participate in the process of community empowerment (Maiman, 1996).

Battistoni & Hudson (1997) also emphasize the importance of people's empowerment. They explain that the term empowerment is used to describe a person's sense of self-esteem and process of self-actualization, further noting that in order for a person to have a sense of self-efficacy, a person must first have a positive sense of self, a self-concept that is fundamental to an individual's psychological empowerment (Battistoni & Hudson, 1997). They also emphasize that when an individual can access the necessities of psychological and social resources that support their empowerment, they are more likely to participate in various social settings and feel more confident and competent to actively work towards their own self-actualization as well as the empowerment of others. This means that when a person's ability to engage in different social and political activities increases, so does the individual's and community's access to resources and rights (Battistoni & Hudson, 1997).

Similarly, according to Schwerin (1997), individuals who have developed a higher level of self-esteem and self-efficacy, as well as highly developed knowledge and abilities, are more likely to be socially active. Moreover, emphasizing that a person's attitude and ability to participate in various social and political processes can result in producing empowering outcomes such as increased resources and rights for the individual and their community.

Likewise, Burton (1990), proposes that self-realization should be regarded as the highest stage in a human's exploration of the self, with the end results being, among other things, beneficial civic and social consequences. Being able to exercise control and influence over one's life can feel empowering and result in a sense of mastery over one's lives not only as an individual but as a member of the community level (Zimmerman, 2000).

Reflexively, at the community level, Lovell and Bibby (2018) argue that having a sense of purpose within a community can be truly empowering and can positively influence a person's health and wellbeing. Even though the principles of empowerment have been investigated in many of the aforementioned areas, Schirch (2004) in particular underlines that an empowered person is a person who believes that they have the potential to make decisions that affect their lives. Schirch (2004) further emphasizes that an empowered person recognizes that they possess the power to influence and control certain aspects of their lives, a sensation that is regarded to come from within. That being said, a person should have the opportunity to continuously go through the process of self-realization. This in return allows them to have a sense of purpose in

society which can produce a sense of belonging within the community. For this reason, a person's ability to have a sense of empowerment and self-efficacy should not be underestimated.

3.4.1. Empowerment through social support

This section reviews the effects of social isolation on refugees' mental health and emphasizes the significance of providing refugees with social support in the process of improving their mental health.

In addition to the mental health challenges that refugees face, they must also deal with a variety of social challenges that have the potential to negatively impact their mental health. For example, one of the social problems they experience upon arrival in Canada includes the stress of having to fit into a new community, including dealing with language barriers, cultural differences, and possibly even discrimination (Canadian Mental Health Association, 2014). These are barriers that can contribute to social isolation. Further, isolation is viewed as a risk factor for mental health that has the potential to prevent a person from reaching out for help or connecting with resources such as social and mental health support services. As a result, refugees may be unable to establish meaningful connections with their community or even be able to reach out for social support (Canadian Mental Health Association, 2014). The obstacles that refugees experience due to a lack of social support and resources can set off a chain reaction of events that, in turn, can affect their mental well-being and may lead to low self-esteem or even depression (Noh et al., 1999).

John Burton defines social bonding to be a human need. He goes on to say that when members of society discover satisfaction in their lives, they are better able to generate a more stable society (Burton, 1990). Similarly, Aruma and Hanachor (2017) argue that "social groupings, associations, affiliations and belongings are needed to enhance harmonious human co-existence in various social settings. This gives people the courage and confidence to contribute to community development to improve their living conditions" (p. 15). According to the abovementioned theories, the level of social exclusion experienced by refugees can be related to the prevalence of mental health problems among the refugee community. This emphasizes the significance of providing adequate social support and resources to refugees. Hence, when it comes to a person's health, building a society in which each person is allowed to reach their full

potential as a human being, both socially and emotionally, can result in the community's overall well-being (Lovell & Bibby, 2018).

Peacebuilding efforts involve the process of preventing, reducing, transforming, and helping people to recover from all forms of violence (Schirch, 2004). Furthermore, establishing any type of peaceful coexistence requires addressing PTSD and other trauma-related mental health issues in communities that have undergone violent conflict (Flaherty et al., 2020). Since refugees are defined as people who were forced to flee their home countries due to serious human rights violations (Canadian Council for Refugees, 2008), finding ways to cause positive social change by better supporting and empowering the refugee community is all part of the peacebuilding efforts.

3.5. Conclusion

Overall, because refugees are people who have been displaced by conflict, they may face considerable difficulties in meeting their basic needs, which include not just the need for shelter and safety but also the need to experience overall mental well-being. As a result, when discussing the mental and social challenges that refugees experience, basic needs such as mental health support, cannot be disregarded, when discussing peacebuilding efforts. Chapter five will further analyze the research key findings through a peacebuilding lens in an attempt to better understand refugees' mental health support needs.

CHAPTER 4: RESEARCH METHODOLOGY

4.1. Introduction

This study employed a qualitative research approach, with semi-structured interviews as the main method and source of data that would allow for the participants' stories to be heard and shared. Semi-structured interviews have formed the cornerstone of qualitative research as they provide a platform where a voice can be given to the voiceless (Atkinson & Silverman, 1997).

This chapter outlines the overall methodological procedures employed in this research. The first section highlights the research approach that was applied to the study, including the methodological frameworks. The second section outlines the data collection procedures that were used for this research. The third section addresses the data and document analysis procedures. The fourth section addresses the ethical concerns that were taken into consideration. The fifth section examines the reliability of the research and how credibility in research was established. Lastly, the sixth section provides an overview of challenges that were encountered during the research process. The study proposal was reviewed and approved by the Research Ethics Board (REB) of the University of Manitoba.

4.2. Research Approach

The goal of qualitative research is to better understand how people interpret, construct, or make meaning of their world and experiences (Kahlke, 2014). Engaging participants in dialogue and providing space for them to share personal experiences allows for any misconception of vulnerable populations to be mitigated (Affleck et al., 2013). As previously mentioned, the focus of this research study is to explore the mental health support of the refugee community in Canada, through a peacebuilding perspective.

When it comes to the methodological framework of a study, it is critical to ensure that the chosen approach best suits the research objectives of the study. The principles of narrative research are used in this research. Narrative research is described as an approach that allows for the researcher to capture the participant's experiences underneath the multilayered context of their lives (Creswell, 2013). It also allows for the participants to be involved and allows for the researcher to engage in dialogue and acquire detailed information (Affleck et al., 2013). Since, one of the main objectives of this study was to create a platform that allows for the participant’s

voices to be heard and feel empowered, using this approach in the research study allowed for a better understanding of how participants interpret, construct, or make meaning from their experiences with mental health and mental health services.

Furthermore, the narrative space created by this approach allowed participants to share in-depth stories about their personal and social lives, as well as their past and present encounters, allowing for detailed themes about the participants' experiences to emerge (Creswell, 2013). This allowed for more topics and themes to be explored during the interviewing process.

4.3. Data Collection Procedures

The participants in this study were 3 males and 2 females. All participants were recruited from the city of Winnipeg, Manitoba, Canada, and the five narrative interviews, one with each participant, took place between June 17th and July 9th, 2021.

All interviews were conducted using a licenced version of an electronic platform called ZOOM. With the participants' permission, the interviews were audio-recorded using a digital voice recorder rather than the ZOOM recording feature for ease of transcription and added security. Each interview lasted 60 to 90 minutes and was done with the use of an interview guide that included 15 open-ended questions (see Appendix C). Following, all the recorded interviews were transcribed. This section describes the data collection procedures used in this research study, specifically, the procedures used to determine the research site, study participants, sample size, participant recruitment, and participant selection.

4.3.1. Study site

A variety of factors need to be considered when selecting a study site for research since choosing a suitable study site and gaining access to participants is a key element of the research process (Kondowe & Booyens, 2014). As previously stated, Canada is a country that is a major recipient of refugees with well-established services to aid refugees in the resettlement process. Similarly, Winnipeg, a city in the centre of the country also accepts a large number of refugees and offers various mental health services to the refugee community. Furthermore, because the researcher was based in Winnipeg at the time of the research and had some familiarity with the refugee community, it seemed logical to recruit participants for this study from the city of Winnipeg, Manitoba, Canada.

Unfortunately, due to the ongoing COVID-19 restrictions that were implemented throughout this study, none of the interviews were conducted in person. Consequently, a different study site had to be found that would still be able to ensure the participant's privacy and comfort. After exploring alternative study sites, the researcher settled on a licenced version of an online platform called ZOOM. Additionally, to ensure the protection of the participant's privacy, to gain access to the narrative interview meeting, the ZOOM platform employed an individualized coded entry that was shared only with the researcher and the participant. Further, to protect their privacy during their interviews, participants were also requested to choose a secluded area with a closed door and a time when others would not be present at their location.

4.3.2. Study participants and sample size

This study selected a total of five participants, all of whom were between the ages of 18 to 35 and had arrived in Winnipeg, Manitoba as refugees. The study specifically targeted participants who felt comfortable discussing mental health matters. While the study intended to have cultural diversity and gender balance among the participants, only the first five people who expressed interest in participating in the study and met the inclusion criteria were chosen. Several factors were taken into account when determining the inclusion criteria for the participant population.

First, the decision to limit the participant pool to young adult refugees that reside in Winnipeg, Manitoba was made for practical reasons. Because the researcher lived in Winnipeg, it was easier to connect with the refugees who lived in close proximity. Also, because the researcher had already formed many personal connections and professional contacts with the refugee community in Winnipeg, Manitoba, it made it easier for the researcher to gain access to the targeted population.

Second, the decision to specifically focus on participants whose ages ranged from 18 to 35 (young adults) was based on the notion that the researcher believed recruiting young adults would provide more research data since young adults are typically more inclined to discuss their mental health than the older generation (Marie, 2019). Although the participants were not asked their specific ages, it was clear from the interviews that the majority of them were in their mid-to-late twenties. The ages of the participants did not appear to affect their responses, however

other factors such as their gender did appear to influence their responses, indicating gender-specific trends that will further be discussed in the key findings section.

4.3.3. Recruitment of participants

As part of the recruitment procedures for this study, the social media site Facebook was utilized as a method to recruit participants for this research study. Specifically, the researcher's personal Facebook account was used to reach out to the participant pool. This was accomplished by sending out recruitment letters over Facebook messenger to Facebook friends for them to share. The recruitment letter included specific inclusion criteria for each research participant, as well as a reminder that participants would need to feel comfortable addressing their experiences with mental health matters (see Appendix B). Because the researcher had already established many trusting and professional relationships with the refugee community on Facebook, the researcher believed that sending out recruitment letters via the personal Facebook account would be a very effective method of locating suitable participants for this research.

Once the participants contacted the researcher, the researcher chose the first five participants that met the participant inclusion and sent an email to each of them using a private encrypted email account to set up interview schedules and to distribute the informed consent form, which the participants were asked to sign (see Appendix D). This informed consent form described the study's objective and methods, as well as any potential risks that might occur throughout the research procedure. In addition, the informed consent described the measures that would be put in place to preserve the participant's privacy during the study. Finally, interested parties were advised to contact the researcher if they had any further questions regarding the consent letter or research study.

4.3.4. Selection of participants

In terms of participant selection, this study determined that the maximum number of individuals selected to participate in the research study would be five. One goal of the qualitative research approach was to conduct interviews in which participants were encouraged to share their ideas and opinions on the topic at hand, as allowing for the participants' voices to be heard would result in highly personalized data. This sample size was set with the expectation that it would yield a diverse range of views and opinions, because, despite the fact that sample sizes in

qualitative research tend to be smaller, they are essential in facilitating the depth of the data, which is vital with this type of inquiry (Sandelowski, 1996).

As previously stated, the participant selection procedure entailed seeking five individuals between the ages of 18 and 35 who had come to Winnipeg, Manitoba as refugees, specifically, targeting individuals that were most comfortable sharing their mental health. This study selected snowball sampling as a sample procedure in order to choose the participant demographic that best represents the aforementioned requirements. Snowball sampling is a commonly employed sampling method used in qualitative research (Noy, 2008). In reality, utilizing the snowball sampling approach enables the researcher to obtain numerous referrals from participants, making it a convenient process that helps in acquiring access to a wide participant pool. Furthermore, this method increased the aspect of trust between researcher and participant since the participants normally vouch for the validity and safety of the researcher while recommending one another to the researcher (Bogdan & Biklen, 2007).

4.4. Data and Documents Analysis

In terms of data and document analysis, this research study gathered information from two data sources, in order to generate a well-informed understanding of the area of research interest (Berg, 2007). Both sources were used to minimize the bias of the researchers' personal interpretation of the major key findings. In order to achieve a balanced and in-depth understanding of the research topic, this study not only relied on the participants' stories (primary data) but also decided to analyze and interpret the key findings using secondary data, such as peer-reviewed journals and literature reviews that were relevant to the research question. The following section discusses the data and document analysis procedures that were used throughout the research study.

4.4.1. Data analysis

The purpose of qualitative research is to investigate the meaning that people or groups ascribe to a social or human issue. When it comes to data analysis, it is important to identify themes and patterns in the data in order to better address these issues (Creswell, 2013). Consequently, the data analysis approach for this study included the use of theme recognition,

also known as thematic analysis, which is the act of detecting themes and patterns within the data to better uncover and address these issues.

The researcher began the data analysis procedure after the interviews had been transcribed. This procedure entailed repeatedly reading through the transcript and marking keywords as well as selecting themes that would be utilized to examine the study's main findings (see Appendix E). This process was repeated several times until a number of common trends and themes were identified. Once that step was completed, the researcher wrote a memo that interpreted all the transcribed interviews by either citing and quoting the data directly or transforming the participants' interview transcripts into poetry. Additional documents were used to support the themes and trends that were identified in the study. The next section goes into further details about the document analysis procedures.

4.4.2. Document analysis

The secondary sources which assisted in comprehending the data were peer-reviewed publications and literature reviews. The secondary materials also assisted in comprehending the context of this research study. Documents that were conceptually significant to the study issues and that had the required material to assist in the exploration of the research objectives were specifically targeted. Consequently, using numerous sources of information increased the validity of the results and allowed the researcher to explore a wide variety of topics in the study.

4.5. Ethical Considerations

This section discusses the ethical precautions taken to ensure the safety of the research participants. This section discusses the Research Ethics Board approval, the informed consent process and the steps taken to ensure participants' privacy and confidentiality throughout the study.

4.5.1. Consent and confidentiality

The first step of this research procedure involved filling out a protocol submission form from the Research Ethics Board, which was forwarded and reviewed by the Ethics Committee of the University of Manitoba. This step was taken to ensure that the entire research met all the research ethics requirements of the University of Manitoba.

Second, was the informed consent process. Informed consent is the foundation of research ethics. The informed consent procedures offer important research information to potential participants and empower them to make a rational and informed decision about participating (Kadam, 2017). The following steps were taken throughout the research process to ensure that each participant was able to make an informed decision to participate in this study.

Once the participants agreed to participate in the research study, they were asked to sign an informed consent form. This informed consent form (see Appendix D) outlined the purpose of the study and its process. It further listed possible risks that could occur during the research procedure as well as the precautions that were going to be taken to ensure the participant's privacy throughout the study. To ensure that the participants were able to comprehend the risks, benefits, and significance of participating in research (Kadam, 2017), the informed consent form was written in simple English to ensure that the participants could make an informed decision.

By signing the informed consent form the participants gave their consent to participate in the study. Participants who were unable to provide a signature due to technical challenges signed their informed consent forms by printing their names on them. Once the informed consent form was signed by the participant, the researcher signed the consent form and emailed a copy to the participant. After that process, the interviewing process began.

A third ethical concern that was carefully considered throughout the study process was the privacy and confidentiality of the participants identifying information. In research, providing privacy and confidentiality to research participants is crucial (Liamputtong, 2007). To protect the participants' identities, each was assigned a pseudonym that was utilized for the raw transcripts, handwritten notes, and final research paper, ensuring that no identifying names were revealed in any written documentation. Because interviews were conducted using a licenced version of the electronic platform, ZOOM, participants were also informed in the consent form that the researcher could not guarantee anonymity during the interview unless they found a private space with a closed door or chose a time when others would not be present at their location.

Further, to ensure the security of the collected data, the audio recordings, transcripts, and written notes were stored on a personal password-protected laptop to avoid unauthorized access. The audio recordings were deleted once transcribed and all transcripts and other notes were shredded at the end of the research study. Also, only the researcher and academic advisor had access to all study data and identifying information. However, only the researcher had access to

the participants' names and contact information and all records were shredded and deleted once the research was completed.

4.5.2. Assessing possible risks

Despite the fact that the purpose of this research study was to create an opportunity for participants to express their thoughts and views concerning the research topic, some risks had to be taken into account. This section outlines potential risks that participants of the study could have faced, and the efforts taken to mitigate or eliminate them.

Even though this research explored the experiences of mental healthcare for refugees in Manitoba, the focus of this study was not to explore the traumatic experiences refugees might have encountered but to create an opportunity for the participants to share their opinion and views concerning mental health and wellness support. Although it was not the goal of the study, discussing mental health matters during an interview can bring forth some unpleasant or traumatic memories for participants (Matlow & Carrion, 2019). With this in mind, the participants were reminded to access their supporting resources, if or as needed, or the researcher could supply them with a list of alternative support services.

It is also worth noting that the participants selected were from a group that could be classified as marginalized or vulnerable and conducting research with participants who are considered vulnerable can present unique challenges and require special attention from the researcher (Von Benzo & Van Blerk, 2017). This section discusses the steps that were taken to protect the participant population.

This study attempted to eliminate any power-over relationship between researcher and participant to ensure that participants did not feel pressured or obligated to participate in this study (Peel et al., 2006). Giving participants the option to withdraw from the study was one of the procedures taken to avoid such a scenario. The participants were informed in the consent letter that they were free to withdraw from the study at any time without having to face any consequences. Further, participants were informed that all their collected data would not be included in the findings and would be destroyed. To ensure that the participants felt comfortable throughout the interview process, they were also reminded that they had the freedom to not answer questions asked by the researcher and to only share what they felt comfortable disclosing.

Additionally, even though no children were involved in the research and the focus of this study was to explore the experiences of young adult refugees, each participant was informed in the consent form that in the unlikely event of child abuse being mentioned during the interview, that the researcher would consult with the research advisor and follow the provincial child abuse reporting protocols.

4.6. Reliability of Research

Reliability in any research is critical to the credibility and trustworthiness of the findings. First, using a qualitative approach created a narrative space to seek valid responses from the participants that allowed for the participants to share in-depth stories about their personal lives. Furthermore, by asking open-ended questions during the interview, the researcher was able to gain a deeper understanding of the participants' responses and opinions (Allen, 2017). This approach allowed for the researcher to have a more comprehensive look at the research findings.

Second, to obtain validation of the study, the data collected was made available to the participants by emailing the transcripts of the narrative interviews to the participants. This strategy was applied to obtain valuable comments from participants as well as have clarifications on some of the themes discussed during the interview.

Third, when it comes to the validity of research findings, it is critical to recognize that the study's limitations can impact or even influence how the research findings are interpreted (Prince & Murnan, 2004). Any qualitative study, including this one, has its limitations. Therefore, the challenges experienced during the preparation and conducting of this research and the study's limits will be discussed in the next section.

4.7. Challenges Encountered During Research

This section outlines the methodological challenges the researcher came across while conducting the narrative interviews with the participants. Because of the COVID-19 restrictions implemented during the period of the research process, interviews were not conducted in person but utilized a licensed version of an online platform called ZOOM. Also, all the communication between the researcher and participants was via email and Facebook. Managing the recruitment and interview process entirely through online platforms presented its own set of challenges.

One of the challenges encountered during the narrative interview process was having to deal with poor internet connection. Because of the weak internet connection, most interviews were repeatedly interrupted, while others got entirely disconnected thus challenging the fluency of the dialogue during the interviews.

Also, managing the participants' environment during the interviews was difficult, because, despite their efforts to interview in a closed and quiet setting, unanticipated interruptions occurred, such as family members interrupting the interview or persistent background noise interfering with the conversation. This presented numerous difficulties for the researcher, not only during the interview but also during the transcription process, as it was challenging to accurately hear and understand the conversation.

Overall, having to manoeuvre around the frequent interruptions during the interviews and managing to resume the conversations disrupted the flow of the interviews. Nonetheless, even though the interview process required a lot of patience from both the subjects and the researcher, all interviews were able to be successfully completed.

4.8. Conclusion

This section outlined the study methods and strategies used to explore mental health support for refugees residing in Manitoba. One of the primary aims of this research study was to establish a platform that allowed for participants' voices to be heard and be represented in the data analysis and overall research findings. As a result, using a qualitative research approach, specifically semi-structured narrative interviews allowed for the participants' voices and stories to be fully conveyed. The next chapter highlights the participants' shared stories and key findings.

CHAPTER 5: KEY FINDINGS

5.1. Introduction

The goal of this study, as part of the peacebuilding process, was to look at strategies to better serve and support the refugee community in Manitoba by addressing their mental health needs. A further goal was to provide refugees with the opportunity to utilize their voices to raise awareness about refugees' mental health and barriers to accessing services. This chapter reflects on key themes identified in the process of the research.

In this study, five participants were recruited, three of whom identified as males and two as females. Because of the small sample size, and the relatively small community from which the participants originate, they are not being described individually in detail. However, despite not being directly asked their exact ages, the participants appeared to be largely in their mid-to-late twenties. Most participants have lived in Canada for approximately ten years. In terms of country of origin, two of the five participants were from Sierra Leone, two were from Rwanda, and one originated from Congo. The participants' pre-migration experiences included war, genocide, political disturbance, loss of family members, separation from family and friends, and loss of wealth. Nonetheless, the magnitude, duration, and severity of each participant's experience differed. Further, regarding the participants' mental health, a number of participants reported a variety of mental health challenges, including experiencing symptoms of depression and anxiety in the past; however, only one of the participants attempted to seek help from an official resource but none of them reported ever having officially received any formalized mental healthcare.

Chapter Five presents the reoccurring themes that emerged throughout the interviews and will include direct quotes from the narrative interviews. The key findings are organized in this manner to provide context for the voices, experiences, and realities of the refugee participants' mental health experiences. Additionally, a summary of the research findings has been included in Appendix E.

This chapter has been divided into four main sections. First, this chapter examines factors that impacted the participants' mental health and overall well-being in the past. Second, this chapter addresses the barriers participants encountered that prevented them from accessing mental health services. Third, this chapter outlines strategies developed by participants to improve refugees' likeliness of accessing mental healthcare. Lastly, in order to better understand

the participants' mental health support needs, this chapter evaluates the key findings of this research through a peacebuilding perspective.

5.2. Factors Impacting Refugee's Mental Health

When it comes to an individual's health, creating a community in which each person is able to reach their full potential on both a social and emotional level can result in the overall well-being of the community (Lovell & Bibby, 2018). One of the objectives of this study was to address the mental health challenges that the refugee community faces in the hope of developing better strategies to assist refugees in reclaiming their mental well-being. This section discusses the stressors that refugees face during their migration period that may put their mental health at risk. Using the narrative interviews as a base, this section goes over the effects of social isolation on the mental health of refugees. Second, this section discusses structural barriers that refugees may face and the negative impact it can have on their mental health.

5.2.1. Social isolation

In addition to mental health problems, refugees face a variety of social challenges that may have an impact on their mental health. One of the social problems they face upon arrival in Canada is the stress of adjusting to a new environment while dealing with language barriers, cultural differences, and even discrimination (Canadian Mental Health Association, 2014). During the interviews, the majority of the participants talked about the social challenges they faced after migrating to Canada, explicitly expressing how the stress of attempting to assimilate into a new culture involves a variety of obstacles. This section reviews the challenges that these refugees encountered upon arrival and how these challenges contributed to them experiencing social isolation.

Language barriers

Language barriers are widely acknowledged to be one of the most difficult barriers to overcome because differences in language impairs the ability to communicate with others, which is critical for survival. It can make it difficult for refugees to find work, obtain an education, obtain medical care, find housing, and generally get around (North York Community House, 2018). The need to overcome the language barrier was one of the many barriers identified by participants.

This section will discuss the language barriers that the participants encountered during the resettlement process and how it affected their daily lives.

Dealing with a language barrier at school was one of the obstacles that contributed to Jacob's social isolation. He recalled how, upon his arrival in Canada, he felt anxious engaging with his peers because he was afraid that they would not understand his English accent:

> So I spoke English at that point. You know, Sierra Leone was British colony so schools taught in English. Everything was in English. So I spoke English, but then with an accent […] so, I found myself sitting across from this teacher, she was asking me a million questions, right? So it's just like, you know when I was just looking at her, I just found myself pulling back like I wasn't answering a lot of questions, 'cause one, I was shy but it was probably also the language too. Like me having to find words to fully describe what it is that I'm trying to tell you, right? And then she'd be like "pardon me, what did you just say?". So it's kind of like…

He continued to voice his frustration with being unable to express himself and how the language barrier limited his interaction with other students at school. He went on to say that not being able to fully express himself made it difficult for him to form new friendships, which led to him isolating himself.

Similar to Jacob's experience, Koko recounted her experience of being unable to communicate with the children at school due to language barriers, noting that:

> Everyone is just *(paused)*…I just remember being worried about myself. At lunch I wouldn't eat with other kids, I would be in the library trying to read and catch up on the language. It was, it was difficult…

Both participants further expressed how having to deal with the language barrier in Canada caused them to feel frustrated, lonely, powerless, left with a sense of wanting to shut down when people would approach them. Most participants expressed how lonely and isolated they felt and how experiencing these language barriers ultimately became a huge issue that impacted their self-esteem and mental health.

Overall, the majority of participants stated that their inability to fully express themselves in English, or their fear that others would not understand them because of an accent, caused them to limit any type of social interaction, resulting in their isolation. Unfortunately, such scenarios

are not uncommon among refugees. Having difficulty speaking and understanding makes it difficult for refugees to make friends with their peers and can even make them a target for bullying. It also causes a lack of confidence in many students, preventing them from speaking up and participating in class, resulting in missed job and educational opportunities (BRYCS, 2016). Based on this, it is critical to recognize that providing refugees with the appropriate social support as they adapt to their new environment is necessary in order to assist them in the process of improving their mental health.

Acculturation: Adapting to a new culture

Another barrier that participants had to battle with during their resettlements processes was the process of acculturation. The Canadian Mental Health Association (2014) defines acculturation as the process of a person adjusting to the cultures and norms of their new home. The process of moving to a new country and attempting to adjust to a new environment can become a serious challenge for refugees' mental health. This section will discuss the challenges that were presented by participants.

It is quite common for children and young individuals to adjust to new cultures more easily than older people, which can lead to disagreement among family members and a great deal of stress within a family or community (Canadian Mental Health Association, 2014). Having to balance and overcome different cultures, may present its own set of challenges. During the interviews, the majority of participants talked about the social challenges they faced after moving to Canada, explicitly expressing how the stress of striving to adapt to a new culture involved a wide variety of challenges.

For example, Koko, one of the interview participants who discussed the difficulties of adapting to a new culture, stated her difficulty in balancing two cultures at the same time as follows:

> As you can imagine, it was not very easy, right? You get home and your parents, even if they don't mean to, they're also judging you, for the way you talk, the way you're dressing. It's like a mirroring. I'm copying what I see and I'm just trying to fit in. So imagine getting to the house then you have to let your hair down, you have to take off your makeup, pull your clothes down, just so your parents don't judge you. And when you step out, you have to pull it all off again, you have to do your makeup again, just so your friends don't judge

> you. And when you go to the other African community, you have to lose the accent, you have to lose the proper English, you have to put slang in there. So it's like a mind juggle. You don't have time to worry about yourself or your mental health or your stresses. All you're concerned about is "Who am I gonna see when I step out of the door and how should I like act, right?" Because we're not gonna admit that we can't juggle things anymore, 'cause that's a weakness and we don't do that. We're not allowed to do that. You can never really be yourself. You always reflect what you see. You're the chameleon, right? You're always mirroring the rules, right? So that's the kind of environment…So, we learn to mirror. I think that's the word I want to use. I don't know, but you always want to mirror where you are, just so you're not judged.

As refugees cope with the challenges of arriving in Canada and adjusting to their new community and culture, while keeping one foot in their culture of origin, they are at a greater risk of developing mental health problems (Canadian Mental Health Association, 2014). Koko's experience is an example that demonstrates how interactions with refugee parents and youth can be strained as the youth is caught between their family's culture and that of their friends. Koko's experience further illustrates how the adaption process may be extremely difficult and stressful and can truly take a toll on a person's mental health.

In conclusion, when it comes to the factors influencing refugee mental health, the difficulties that refugees face as a result of a lack of social support and resources can set off a chain reaction of events that can affect their mental well-being and even lead to depression (Noh et al., 1999). Based on the participants' experiences it is clear that having to tackle numerous social problems such as language barriers or acculturating to a new environment can result in isolation and can eventually take a toll on refugees' mental health. However, while language barriers and difficulties of dealing with two cultures can be challenging, there are additional less obvious or visible barriers, such as structural barriers, that refugees encounter upon arrival to Canada, which will further be discussed in the next section.

5.2.2. Structural barriers: non-recognition of refugees' credentials

Not all participants faced similar experiences during their resettlement process. Two of the participants who were interviewed during this research migrated to Canada in their early adolescence, whereas the rest of the participants came to Canada in their middle to late

adolescence. Throughout the interviews, there appeared to be a trend in which participants who arrived in Canada at an older age expressed facing more difficulties in adjusting to their new environment than participants who arrived at a younger age. This section discusses the structural barriers that participants encountered upon arrival and how this impacted their mental health.

Regarding the participants who migrated at a younger age, Mango (who migrated to Canada at a young age) responded to the question about challenges she faced while adjusting to her new environment in Canada with this comment:

> As of like, when we came here, the environment…it wasn't that hard to adjust 'cause we were younger, right? We went straight to Middle School and in [country of origin], I was in an English school. So it was just a bounce back, a little bit. It took a while before I could like get on track. I don't think there was a lot of negatives because I think I'm pretty flexible. So even when I was a young kid, like, I guess I fit in, but I'm fine. I didn't have any problem fitting in.

Mango went on to say that having to acclimatize to the Canadian culture and educational system did not cause any issue. She further shared that the time it took her to adapt to the new environment was pretty fast further emphasizing she had a good support system and felt well taken care of by her family members. However, when looking at the responses of the other participants, it appeared that Mango was the only interview participant that expressed having a smooth transition into her new home.

For instance, Brian, who came to Canada with his family when he was a teenager, expressed how the resettlement process took a toll on his mental health by stating:

> You suddenly got these grown-up problems like bills. I was in school, I'm trying to balance life…Yeah. And I think that was a tough time so, like I was in school, full time in college, working part-time, I was playing [music] in church, I was very social trying to help everyone, and you've got your family and I was barely sleeping.

Similarly, Steven who migrated to Canada in his middle to late adolescence described his resettlement experience as follows:

> I didn't have my parents in Canada and since my sister was working so hard, as soon as I could be of age, as soon as I could work…I mean, I was like, 17. So, I got a job there [at a hotel] and I was cleaning now. You know, I was cleaning the bathrooms there and I was

> helping the housekeeping ladies. I would walk through the rooms first because some of the rooms were like really trashed. So I would go and take the garbage out and I was also responsible for looking after the pool, cleaning the pool. So when I go to school from 8.00am - 4.00pm and I catch the bus to go work from 4.30pm - 11.00pm five days a week, to help my sister at home.

Steven went on to add that managing school and work became very stressful to him, because he didn't feel like he was getting enough support, and that he didn't know where to turn for help. Steven emphasized the hardships refugees faced upon arrival in Canada by saying:

> There's no support whatsoever. You just show up and you're expected to just blend in. So the most that happens is that the government will give you money for six months. Like 700 bucks a month or something like that, but you are expected to get a job as soon as possible. If you're 15 you're expected to find a high school, if you're 21 you're expected to find a university, if you're 25… whatever age you are, you're supposed to go find a job you're supposed to do what society expects from you. There's absolutely nothing out there…

Jacob, who immigrated in his early adolescence, expressed his observations of the older community members around him, addressing the structural barriers that older refugees encounter upon arrival, such as dealing with non-recognition of credentials and financial difficulties, by stating:

> The reason why I said like, mental health wasn't a thing that even existed in our vocabularies, is because we came here and we saw families or parents or aunties working back-to-back with two, three jobs. So it's just like, things like that take a toll on you, right? Us younger ones needed to adapt in school first, but then there were some older individuals amongst us that needed to find jobs and stuff like that. So, they needed to like get going right away, whereas like we're given a bit more time to get used to the system…'cause you come here and you don't have experience right? Like I mean you do you have experience. Mind you, you would have been working back home as a bank teller or something, but when you come here those qualification usually don't apply here. So that's a barrier to jump over. As an older individual, it's tougher! But that's not my story to tell. So, I can only tell the one from what I experienced anyways. But I grew up around these individuals that had

> to kind of like adapt to the language right away and then all of a sudden, you know, you get in the system where it's very new to you.

When the participants who came when they were older were asked what could have been done differently to better assist them during the resettlement period, the majority of them stressed that having to overcome the barrier of not having both their own and their family's academic and professional credentials recognized, had a negative impact on their family's overall well-being. One of the participants stated:

> Our parents for example used to be doctors back home, now they can barely get a job. Part of the mental health support has to involve tangible things, and it's not about giving people handouts, but it has to be, you know…something that allows people to get certain jobs, parents to get jobs….So if you're a doctor, you can actually be able to defend your license, and apply just like anybody else, to get your license, like from all over the world. So, you know, someone coming from Germany, you recognize their education, all they have to do is do the provincial exam…Give them [refugees] the same opportunity or give them a little bit of training plan to get them up to speed, right?

Generally, refugees who were trained professionals in their home country must overcome many barriers. The process of not having their credentials assessed and then not recognized in Canada and sometimes having to repeat their degrees entirely, or even not being able to participate in exams, due to a lack of appropriate documentation, can be extremely frustrating. According to previous research, non-recognition of non-Canadian credentials can result in negative outcomes such as poor integration, underemployment, and poverty, and can have a significant impact on a person's mental health (Houle & Yssaad, 2010), not to mention the loss of qualified talent that could assist Canadian communities.

Overall, the participants in this study demonstrated a level of awareness about the structural barriers that refugees face in Canada. Having to overcome academic expectations, financial challenges, structural barriers and various other responsibilities can end up negatively impacting refugees' mental health, making it even more difficult for them to adjust to their new surroundings. Clearly, there is a great need to find better solutions to support the refugee

community during their resettlement period by addressing the aforementioned structural barriers in an attempt to reduce their mental health stressors and achieve overall well-being.

5.3. Barriers for Refugees in Accessing Mental Health Services

There are physical and mental health promotion activities available to refugees in order to foster healthy living within the refugee community refugees (UNHCR, 2011). Nonetheless, several studies have identified that refugees frequently face barriers in accessing mental healthcare, resulting in mental health treatment being delayed and leading to other complications (Giacco et al., 2014). As previously stated, various mental health support services are made available to the refugee community, however, the majority of participants stated that even though they had considered accessing mental health services in the past, they encountered barriers that prevented them from doing so. This section discusses the obstacles to accessing mental health care that were identified by the participants.

5.3.1. Social stigma

In general, there is a stigma associated with mental health and mental illness in Canadian culture, and the stress of stigma can eventually affect a person's mental well-being. When it comes to the refugee community, stigma, in particular, can have a substantial impact on the outcome of their mental health, leading them to strive to escape stigma by refusing to recognize any mental health challenges (Canadian Mental Health Association, 2014). This section explores how stigma can discourage refugees from seeking mental healthcare in the fear of being judged or labelled.

Culture-Based stigma

One of the most significant barriers to people accessing mental health services is experiencing stigma (Sartorius, 2007). The majority of participants said they did not want to seek mental healthcare for fear of the stigma attached. They were afraid of being judged by family members or being labelled by members of their community. Participants stated that in their community, a young person seeking mental health support reflects a weakness or flaw in the person’s family. Most participants were hesitant to discuss the role of social stigmatization; however, Koko was

one of the few participants who was willing to discuss the impacts social stigmatization can have on refugees accessing mental health services.

Koko described how she had tried to visit a mental health centre to see a counsellor but changed her mind due to her being terrified of being seen by her community:

> So, I remember going to the entrance [entrance of mental health centre], you know, and there was a pastor there, an African pastor who was friends with my dad. He was going to the dentist and he asked, "Oh, hi, how are you? What are you here to do?" and I was like "Oh, I'm here to see the dentist". So, I switched. I wasn't there to see the dentist, but had I said it… Like, I couldn't…I didn't want them (parents) to hear of this happening (knowing that she wanted to see a counsellor). Right? It seemed like whenever I would go, I would meet somebody I know from church, or somebody from our community…and I only tried to go like two or three times before I realized like "this is fine, I shouldn't bother".

When asked what was preventing her from confidently seeking the mental healthcare she desired, she stated:

> I was that scared. Actually having to step in that office. Yeah, someone seeing me. It's not because you're ashamed, but because of self-preservation. You might say "Oh, I don't care what they think", but you do! So, I never tried that route again.

Many refugee individuals who are in need of mental health services are hesitant to seek out these services for the fear of being stigmatized and marginalized in their cultural communities (Amri & Bemak, 2013). Koko's experience of attempting to access mental health services and stopping because of fear of being identified and stigmatized by community members is a perfect example of what appears to be a common barrier among the majority of refugees.

Gender-Based stigma

Similarly, there appeared to be a gender-specific trend in stigmatization among the male interview participants. Mental health problems among refugees are generally thought to differ by gender (Bokore, 2013). The male participants expressed having experienced general social stigmatization in the past as well as reported being concerned about experiencing negative gender-based stereotypes in their community.

The three male participants did an excellent job of articulating how, in their community, men talking about their emotions and mental health status is considered taboo, as well as how the gender difference in communicating mental health concerns can affect their likelihood of accessing mental health services.

The researcher chose to create a poem based on the data provided by the male participant. It is worth mentioning that the following poem was written using direct quotes from all of the male participant's transcription data in an attempt to empower and unify the voices of the male refugee participants:

Patriarch of the Family

I'm a family oriented guy.
My role in the family is to keep the peace.
You know, make sure everybody is okay.
Most people look up to me now in terms of providing.
I am what they call "the stronger individual",
I have always had to be the patriarch of my family.

Family…
You have mouths to feed and you have to feed yourself
and you need to find money too.
You got these grownup problems like bills, school, working,
trying to help everyone but you.
As a man, nobody has time to just sit down and think about the past
and what had happened to you.

You've got your family and though you're barely sleeping,
you just keep going and going and going.
You gotta be a man, you, you, you shouldn't break down but fight.
As a man in society, you're supposed to be this tough person
and show your strong side.
I mean you're made out of iron, right?

Well, everybody is human…
I never talked to anyone about what I am going through.
So instead of crying in front of everybody, I keep it to myself,
you just don't want to bring your problems outside to anybody else.

Girls can talk to someone,
I think it's easier for them to find someone to share what they're going through,
But when the guys meet up, there's nothing like "how are you?".
That thing isn't there,
you can't express your feelings, cause there's no one to share.

And therapy?
I have never really considered therapy.
Never…not even as a last resort.
I don't know why it's just ingrained in me that it's just not for me,
we're not used to anything of that sort.

And I fear…
I fear that I would pour these things out,
and what will come back at me would be something that wouldn't be of use to me.
I don't want to get anybody's sympathy.
But saying "it is what it is" or "that's just the way we men are built",
is surely not healthy.

Well…I guess the world is changing and men are changing too.
People are starting to be more in tune with their emotions.
That "suck it up, be a man" thing, it's not going to work for everyone.
I think it harms people more than it helps.
But then again…
you just don't want to bring your problems outside to anybody else.

Looking at the responses of the male participants in this study, a surprising trend occurred, making it clear that the societal expectations placed on the male gender may prevent male refugees from presenting their needs to the health system or accepting help for mental health conditions. Negative stereotypes in the community can be quite destructive not only to a person's mental health well-being but are also regarded as a barrier that can create difficulties in accessing services (Wood & Newbold, 2012). This trend, however, can also be found across the general male population. Many studies across the Western world have shown that men underutilize mental health services as compared to women (Vasiliadis et al., 2007), with the most common explanation being that men are trained to be tough and self-reliant in the face of adversity. As a result, getting professional care for mental health concerns may seem opposing to these firmly held beliefs of masculinity that form a major part of men's identities (Courtenay, 2010). Consequently, many men choose not to seek mental health services, fearing that doing so would be regarded as "unmanly" or be a sign of weakness (Affleck et al., 2018, p. 585).

All in all, when it comes to the wellbeing of the refugee community, numerous factors must be considered when attempting to develop more suitable mental health strategies for them. Cultural differences and stigma can have a significant impact on a person's likelihood of seeking mental health services. In terms of gender-based stigma, it is visible that male refugees who may be struggling with mental health issues must not only overcome cultural stigma but also gender-based stigma. They face double stigma, a barrier that can reduce their likelihood of seeking care and treatment. In order to better support and empower the refugee community, the barriers discussed must be addressed and handled so that their needs can fully be met.

5.3.2. Perception of mental health services

In order to comprehend refugees' mental health needs, services must investigate how refugees perceive the mental health services made available to them (Vasilevska, 2010). When it comes to the mental health of the refugee community, there are numerous factors that need to be considered when developing mental health strategies that are appropriate for refugees. This section discusses how a person's perception of the mental healthcare system can influence their likelihood of accessing these services.

When asked what they thought about the support systems that had been provided to them, one of the participants (Steven) expressed his concern that the mental health support needs of refugees, particularly those from war-affected countries, were not being met by stating:

> I am always grateful that the provincial government of Manitoba and the Government of Canada, were willing to bring us to Canada. But when you come to Canada, you get treated with a "one size fits all approach". What I mean by the "one size fits all approach" is that so for example, I had a guy in Canada […] this guy was a child soldier back in Sierra Leone. And part of the indoctrination for these child soldiers is that they get their parents, for example, killed in front of them, and they get fed a lot of drugs […] and so when the system brings us, when we come to Canada, we all get treated the same, there is no way of trying to help these people that have actually gone through like severe traumatic events, such as being a child soldier as supposed to someone like me. I saw the war, but what I saw was quite minimal compared to having to actually kill someone, you know.

Steven also stated that he believes the services provided to them are overly Westernized and that the "one-size-fits-all" approach is insufficient to accommodate the experiences and mental health needs of refugees. He went to say that even if services were readily accessible, that he believed that many mental health professionals would not know how to address their concerns.

Similarly, other interview participants emphasized that one of the reasons they do not seek mental health support is because they believe mental health professionals will not understand their experiences. Jacob stated his thought as follows:

> I have never really like considered therapy, which is not saying that I'm above you. I think, for me…I'll put it this way. What I've been through, I would rather find somebody that has experienced somewhat the same thing that I have than to sit across someone who has read about it, right? And has learned about it, right? I think…because…What I'll be pouring out is raw and it's something that has always been there in my heart and has always been in my mind. So I fear, this is just my fear, I fear that I would pour these things out, and then what will come back at me would be something that wouldn't be of use to me, right?

Standard medicalized approaches used for refugees' mental health, in particular, raise concerns about their suitability to assist refugees in managing and coping with their traumatic experiences (Shannon et al., 2015). Similarly, Jacob further discussed how mental health and mental

problems can be difficult to address because he believed that there is a general lack of professionals who would genuinely understand the experiences that refugees have had to face.

Overall, the participants believed that the services made available to them are overly Westernized and that the "one-size-fits-all" approach is insufficient to meet their mental health needs. They also stated that they do not believe most mental health professionals will understand their experiences and where they are coming from. As a result, it is clear that refugees' perceptions of the mental health system can have a significant impact on their willingness to use the available support services, and thus can act as a barrier to them seeking mental healthcare. Since the Western approach to supporting refugees' mental health has often been perceived as misinterpreting or misunderstanding the social context of refugees' mental health needs (Summerfield, 1999), numerous factors need to be considered when attempting to develop more effective mental health strategies for refugees.

5.4. Strategies for Improving Refugees' Access to Mental Healthcare

When developing more appropriate mental health strategies for refugees, there are numerous factors to consider when it comes to the well-being of the refugee community. Cultural differences and stigmatization, for example, can have a significant impact on a person's likelihood of seeking mental health services. These culturally diverse needs must be addressed and accommodated in order for the refugee community to be better supported and empowered. This section will provide an overview of some of the participants' ideas on approaches that could break down the aforementioned barriers in an attempt to increase refugees' likeliness of accessing mental health services.

5.4.1. Community-based support groups

The battle of having to find ways to navigate with a new language, culture, and a lack of social support, can at some point put a toll on a person's mental health (Schirch, 2018). According to the participants, contributors to social isolation including cultural misunderstandings and language barriers were viewed as a huge issue that significantly impacted their mental health state. One of the participants, Steven, shared how the danger of having no proper social support could negatively affect a person's wellbeing by sharing:

> We that have gone through the system, we could have actually been there and supported and given them (newly arrived refugees) our numbers and say "here man, call me any hour of the night, if you have anything, we can talk about it. I can be the person that you can call and talk to about stuff".

As a solution, Steven suggested he believed that the refugee community should support their own community by having a platform for refugees to help and mentor newly arrived refugees by offering a safe place where they can support and mentor one another. He further emphasized that establishing more community-based groups that run special events and have mentoring programs could increase the social support networks of refugees and further provide a space where advice and knowledge could be transferred:

> People like us that have actually gone through this [resettlement process], and come out of it somehow, unscathed, right? We should go back…we should organize events for people that are coming into Canada, while you can still influence them. And we have to be here as role models, right? One of my good friends in Winnipeg […] he works at the bank, but we went to uni together, and I was trying to tell him "We can partner up with places like New Directions [a social support NGO] and maybe he can provide financial literacy classes, you know about money." To teach kids and parents that the credit card they tell you to take, it's not free. Just don't take it and mess up your credit, right? Or have someone that's a lawyer, you know, like I know a girl, she's a lawyer, from Congo. Like, talk about the criminal justice system, right? Talk about how that stops you from doing anything else in life, you know, and just provide those groups, provide like support groups […] or for the young ones, you know, have among themselves…You know, we like playing soccer, let's have a football club or have a soccer team and get us together, right?

Following Steven's advice, more community-based groups in Manitoba that would allow refugees to have a stronger social network within the community could prevent refugees, particularly newly arriving refugees, from feeling isolated and alone. This could further help refugees adapt to life in Canada and ease their resettlement experience. For instance, a consistent element that emerged from all participants throughout the interviews was the participants' desire to find someone to connect with. This further emphasizes the importance of belonging to a community and having a sense of belonging. In the process of establishing more community-

based groups, pulling the refugee community together could give them a sense of belonging and empowerment as they are able to catalyze change within their community (Schirch, 2004).

5.4.2. Minimize shame and stigmatization by offering more privacy to refugees

Stigma is known to be one of the greater barriers when it comes to people accessing mental health services (Sartorius, 2007). One of the participants, Koko, shared the challenge of stigma around mental health and how the fear of her being seen by community members had prevented her from reaching out to mental health institutions. Koko was the only participant who expressed that she had attempted to access mental health services in the past. When she was asked to share what she thought could have been done to prevent such situations she responded:

> By opening a private entrance! The door, the door, it was too damn hard! There should have been like four or five doors or if it was in the back way. If you asked me like "What could they have done differently?", they could make a different entrance for those kinds of private entrances where nobody's gonna see you enter. It is so simple, but it honestly goes a long way.

She went on to say that she was never able to overcome that barrier, and as a result, she never went to another mental health facility. When asked if she had considered an alternative, such as obtaining mental health support over the phone, she replied, "No. Over the phone, it would have been too impersonal."

Like Koko, the majority of participants during the interviews expressed not wanting to access mental health services as they were worried to be judged and stigmatized by family and friends around them. Perhaps, one step that could be taken to increase the chances of refugees feeling more comfortable to access mental health support is to allow refugees to have more privacy and confidentiality by constructing private entrances to mental healthcare buildings. This would allow refugees to receive mental health services without having to worry about being seen or stigmatized by community members and hopefully could be a way to break one of the many barriers to accessing mental health.

5.4.3. Integration of non-traditional ways of coping and healing

Prior to arriving in Canada, refugees may have been subjected to traumatic events such as living through violent conflict, persecution, and loss of family, all of which can have a negative impact on their mental health (Robert & Gilkinson, 2012). The mental stress caused by such events might be difficult to cope with and can become a potential source of mental health problems. During their interviews, the majority of participants were prepared to admit to having dealt with mental health issues in the past however, none of the participants had ever sought formalized mental health services. In an attempt to explore other mental health solutions, this section will discuss refugees' indigenous knowledge of coping and healing and how that approach could be used as an alternative to supporting refugees in the process of reclaiming their mental health.

Using art to cope with mental health challenges

One of the participants, Jacob, expressed that he had never sought to access mental health services. However, he mentioned that he had found an alternative way of coping with mental health stressors by stating:

> So, things I like to do….I do like to write. Poems or spoken words. I do it, you know, as a mental health thing. I began to write down what it is that I was feeling. So I used to be into art. So like I would draw something and then I would write something underneath to explain what that picture was trying to portray. An art teacher that taught me in high school showed me this. He was like "Okay, you're drawing these images like of what may have happened to you or what happened to you. Just write something underneath it." Eventually, I started to write detailed, you know, stories. Maybe they had a lot of spelling mistakes, my writing still does so…At least it was raw and it was coming from right here, my heart, and then now just pouring it on paper. So yeah, that gave me a way, now I can use that paper to be an outlet for me to let some things out.

Jacob's approach to coping with mental health challenges by using the arts is an approach that has become more popular among the general public, specifically by people who have undergone some sort of traumatic experience and with the reason being that verbal counselling can be coercive and limiting to certain individuals (Malchiodi, 2005).

Needing elders to turn to for mental health support

Another alternative coping mechanism identified among the participants was that they would rather turn to family members for mental health support than to someone outside the family. They specifically stated that they would seek guidance and direction from an elder.

For instance, during the interview, Brian shared how it was difficult for him to balance the various responsibilities of life and how that had taken a toll on his mental health. When asked if he had ever considered seeking more formalized mental health support, Brian stated that he had never sought professional mental health support. Following that response, he was asked how he generally deals with mental health issues, to which he replied:

> I met a friend who started talking to me about stuff and you know, they gave me advice because they were older than me. So they would give me advice, like "Okay do this". You know when you're confused, right? Like obviously you got these grown-up problems like bills, I was in school, I'm trying to balance life…Yeah. And I think that was a tough time so, like I was in school, full time, working part-time, I was playing in church, I was very social trying to help everyone, and you've got your family and I was barely sleeping […] and you know, at that point you're not stable right? At that point I had a friend and you know…she told me what to do, and she was older, so I took her advice. And I feel like the same now if something small is happening, I can talk to my friend or you know…now that I have some friends or I would talk to an elder.

Mango responded similarly when asked how she copes with mental health challenges, stating:

> Family is the closest thing to me, and then everything else or everybody else after that. So if I'm not able to tell my family, then there's nobody else I can tell. Does that make sense? If it can't be brought to my family, then that's something that is going to stay within me […] like if I do need assistance and I keep having the same question or I keep having the same problem, then yes I can talk to somebody, right? It can be anybody, to be honest. Or an older person or…

Generally speaking, the ways or avenues that people use to seek help may be tied to culture. Some may prefer to talk privately with family members rather than a professional. Others may prefer to talk to someone outside of their cultural group and some may be less likely than other

Canadians to talk to anyone (Canadian Mental Health Association, 2014). In the case of Brian and Mango, being able to talk to an elder or talk to their family members and having them as a support system aided them in the process of resettling and coping with their mental health.

Religion: Prayers and faith

Religion and spirituality are known to play a crucial role in the process of coping with conflict situations in general and has been shown to be particularly useful in the lives of people who have experienced forced migration, such as refugees (Reale, 2010). When it came to the role of prayer and faith in the lives of the participants, the majority of participants stated that their religious faith had a significant impact on their mental health outlook.

In the following poem, the participants described how their religious faith aided them in the development of valuable coping skills for dealing with everyday challenges and has strengthened their resilience to remain optimistic in all circumstances. This poem was written using direct quotes from the participants' transcriptions in an attempt to portray the shared experiences of the participants:

Faith Is a Big Part of Me

I know as a Christian I've always known that
whatever you have you can bring it to God.
Sometimes it's bigger than something you can resolve,
so I pray about it and it helps with taking off the load.

But when I was younger, it used to be a lot for me.
On the outside, on the surface, I'm all good
but I had a lot of things that I bottled up within me.

Almost every single day I would hear gunfire
and guys going around burning people's houses and I hit a low,
I was going from church to church trying to find peace
cause there was nowhere else to go.

> But the more I grew up the more I got to realize
> that faith was a big part of me, I've really coped with stress,
> depression, and anxiety by bringing it to God
> and I've seen that it works for me.

Religious belief is widely recognized as a valuable coping tool or source of support that is readily accessible (regardless of financial, social, physical, or mental situations) and can have a therapeutic effect on a person's mental health (Koenig, 2015). The majority of participants stressed the importance of prayer and faith in their lives in terms of coping with mental health stressors and maintaining a positive sense of mental wellbeing. The participants' strong faith in God allows them to live a peaceful life and choose a positive outlook when confronted with life's challenges. Religious beliefs motivate many refugees to develop effective coping mechanisms for dealing with stress, even when they are confronted with difficult situations. Hence, the majority of participants' firmly holding on to their religious beliefs illustrates that having religious engagement may function as a generalized resistance resource for refugees, that could assist them in coping with their day-to-day challenges.

In conclusion, these non-traditional approaches (non-traditional from a Western medical perspective) could be used to aid refugees in the process of coping and reclaiming their mental health. The mental health professionals who work with refugees are gradually realizing that the traditional system of clinical intervention, while certainly useful, cannot be the solution to refugees' mental health needs (Miller & Rasco, 2004). In light of this, providing these less formalized, non-traditional (from a Western point of view) ways of dealing with mental health challenges and accommodating refugees' needs to speak and get advice from elders could just be the solution to accommodate culturally diverse mental health needs. All in all, more mental health services need to be provided that incorporate these types of approaches to mental health support by establishing programs that integrate the diverse culture's knowledge of coping and healing from mental health challenges.

5.4.4. Collaboration with religious-based organization

Religion has been described as providing individuals with social support that results in a sense of belonging and a sense of being cared for by their community, allowing them to build a

support system that can assist them in overcoming life's challenges (Behere et al., 2013). This section looks at how organized religion can help refugees through the challenges of the resettlement process, as well as how churches may support and cultivate healthy social connections with refugees.

For example, Steven, who grew up in a Catholic environment, explained how his involvement in the Catholic church assisted him in developing a routine that kept him away from disruptive and harmful behaviours. His participation in religious activities, he said, was his saving grace:

> We did a lot of bad things you know. We were beating up all the kids, starting up fights and so that went on for the longest time. We were going bad. We were fighting all the time […] but my punishment was I became an altar boy in the church and I had to go to church every single day, and I think that was one of my saving grace. Because religion you know, was what kept me distracted. I went to one mass and I had to wake up early which meant that later on in the day, I am going to be too tired to do anything stupid, right? I think I found peace in that, I found peace.

According to a study on refugee parenting and adolescent wellbeing, parents typically insist on their children participating in religious activities as they believe it helps them choose healthy lifestyles and associations (Tingvold et al., 2012). Intriguingly, a similar strategy was employed on Steven, who was asked to participate in church activities by his family. Interestingly, his decision to join the Catholic community and participate in religious activities was what kept him from engaging in disruptive behaviours that could have harmed his wellbeing.

In contrast, the majority of participants stated that being a part of the church community provided them and their families with a strong social support network during the post-migration period. One example of such a story is that of Jacob, who was sponsored through the church. He described how the Winnipeg church assisted and supported him and his family during the migration process. He continued to express how receiving the support from church really helped him and his family in the process of getting used to the Canadian system. He stated the following:

> We got sponsored through church, so for the first month or so we had a family who helped us and they'd come pick us up and we'd go grocery shopping and just stuff like that and

> they'd invite us over to have food […] that later became very important. So knowing somebody that you know, can show you around to show you where exactly you can…'cause you come here and you don't have experience right?

In regards to the involvement of organized religion in helping refugees resettle, religious congregations have known to provide support to newcomers through refugee sponsorship by providing language classes, space for immigrant congregations or organizations, and assisting them in meeting their basic needs (food, clothing, shelter, and transportation), among a variety of other supportive and developmental activities. These services can range from short-term settlement to long-term integration, and they can be provided to refugees regardless of their religious affiliation (Dwyer et al., 2013). In Jacob's case, being connected to the church provided a space for social support, allowing him and his family to develop a strong sense of control over their new lives in Canada. Overall, it has been demonstrated that, in addition to providing spiritual support to refugees, churches can also be very helpful in providing resources in the form of social support to assist refugees in making a prosperous transition to life in Canada.

In summary, the role of spirituality and organized religion in the lives of refugees has proven to be extremely beneficial. It is clear that the churches' role in instilling good morals and values, as well as providing social support to aid in the resettlement process of refugees, has helped to reduce daily stressors and promote their overall well-being. Additionally, creating a sense of belonging by providing social support to refugees also demonstrates how valuable the churches in Canada can be in the process of integrating refugees into their surroundings.

5.5. Cross-data Analysis: A Peacebuilding Perspective

When the basic needs of those affected by conflict (refugees) are addressed, peacebuilding is much more likely to be successful (Sandole et al., 2009). According to Burton (1990, as cited in Danesh, 2011), basic human needs are defined as a set of needs that are regarded to be universal, further underlining the necessity to satisfy people's psychological needs, as they are also to be considered essential and non-negotiable (Burton, 1990, as cited in Sandole et al., 2009). In the context of this study, since refugees are typically people afflicted and displaced by conflict and may face significant difficulties in meeting their basic needs, this

study chose to explore ways to meet the refugee community's basic needs and develop strategies to better empower them, with a focus on mental health and well-being.

5.5.1. Basic needs

In the context of peacebuilding, meeting refugees' basic human needs is crucial in ensuring their ability to live a sustainable life. In regards to meeting the basic need of refugees, participants in this study addressed how the services supplied to the refugee population fall short of meeting their needs. Furthermore, they claimed that the services provided to them are overly Westernized and that the “one-size fits all” approach, as stated by Steven, does not suffice to accommodate their unique and culturally diverse needs. Similarly, the participants emphasized that one of the reasons as to why they do not reach out for mental health support is because they fear that services are not relevant to them and that they will not be understood by them.

Taking this into consideration in the resettlement process, it would be helpful to create more awareness of refugees’ unique cultures, values, beliefs, traditions, and views by diversifying the mental health resources provided to refugees, thus, addressing some of the basic needs linked to mental health and wellbeing.

Overall, it is clear that when it comes to supporting refugees and their mental health status as part of peacebuilding processes, it is crucial to recognize the complex and multidimensional factors that affect refugees' mental health and access to mental health services. As peacebuilders, we must be cognizant of the challenges that refugee communities experience and incorporate their insights into the delivery of mental healthcare. This should be done while keeping in mind that the process of empowering people is not a one-person job (Schirch, 2004), and that it is our role as peacebuilders to identify strategies to better foster and empower the refugee community as a whole.

5.5.2. Empowerment

An empowered person, according to Schirch (2004), is someone who feels they have the ability to make decisions that affect their life, has a sense of mastery over their lives, and can make a difference in their community (Elgersma, 2015). As part of the peacebuilding processes, the goal of this study was to explore strategies to further empower the refugee community by creating a platform that allowed for participants' voices to be heard. For that reason, this study

chose to use semi-structured interviews, to provide a platform where the voiceless can be given a voice (Affleck et al., 2013), by allowing refugees to use their voices to raise awareness about how refugees interpret, construct and experience mental health and mental health services.

When looking at the findings of this study, the participants in this study were able to voice concerns about various barriers for refugees in accessing mental health services, such as experiencing a lack of a social network, structural barriers, social stigma and cultural barriers. Since one of the primary goals of this study was to create a platform where the participant's voices could be heard and feel empowered, this study provided a better understanding of how participants interpret, construct, or make meaning from their experiences with mental health and mental health services.

CHAPTER 6: CONCLUSION

6.1. Research Summary

The focus of this research study was to explore the mental health support of refugees residing in Manitoba, through a peacebuilding perspective. This was accomplished by investigating the mental health challenges that refugees face as well as the mental health support services that are available to them. Furthermore, this study looked into the barriers that refugees face when trying to access mental health services, as well as the alternative coping strategies they use to deal with stressors that affect their mental health.

This study used a qualitative research approach, with semi-structured interviews as the primary method and recruited five participants, three of whom identified as males and two as females in the hopes of obtaining a diverse range of perspectives and opinions. The use of narrative research principles in this study provided a platform for participants to share their in-depth experiences and perspectives, allowing the researcher to gain a better understanding of how the participants interpret, construct, or make meaning of their experiences with mental health and mental health services.

When it comes to the research findings, one of the study's objectives was to address factors that impact refugee mental health in the hope of developing better strategies to assist refugees in reclaiming their mental well-being. One of the social challenges addressed by the participants was the challenges they encountered upon arrival in Canada and how these challenges contributed to their social isolation. In general, one of the social problems refugees face upon arrival in Canada is the stress of having to fit into a new community, including dealing with language barriers, cultural differences, and possibly even discrimination (Canadian Mental Health Association, 2014). Isolation is viewed as a risk factor for mental health that has the potential to prevent a person from reaching out for help or connecting with resources such as social and mental health support services. As a result, refugees may be unable to establish meaningful connections within their community or reach out for social support (Canadian Mental Health Association, 2014). The difficulties that refugees face as a result of a lack of social support and resources can set off a chain reaction of events that can affect their mental well-being and may lead to low self-esteem or even depression (Noh et al., 1999).

According to the research findings, the participants identified a variety of social challenges that had an impact on their mental health. One of the many barriers noted by the participants was the need to overcome language barriers. The majority of participants discussed how language differences hindered their ability to communicate with others and how having to deal with the language barrier in Canada caused them to feel frustrated, lonely, and powerless, which ultimately became a huge issue impacting their self-esteem and mental health. Furthermore, the participants discussed how they had to cope with the process of acculturation during their resettlement processes. During the interviews, the majority of participants clearly indicated that the stress of relocating to a new country and attempting to adapt to a new culture was a serious challenge to their mental health.

Building a society in which each person is permitted to fulfil their full potential as a human being, both socially and emotionally, can result in the community's general well-being (Lovell & Bibby, 2018). The experiences of the participants show that having to deal with multiple societal problems, such as language barriers or acculturating to a new environment, resulted in isolation and eventually took a toll on their mental health. As a result, the level of social exclusion experienced by refugees can be linked to the incidence of mental health problems in the refugee community. This highlights the importance of providing appropriate social support and resources to refugees.

Another objective of this study was to explore the barriers that refugees face in accessing mental health services. There are physical and mental health services made available to refugees in order to promote healthy living within the refugee community. However, studies have shown that refugees frequently face barriers in accessing mental healthcare that can lead to mental health treatment being delayed (Giacco et al., 2014).

One of the most significant findings of this study was that, although one participant came close, none of the participants officially ever sought formal mental health care services despite their knowledge of the availability of such services, with the reason being that there were barriers that prevented them from receiving mental healthcare. When looking at the research findings, it appeared that one of the most common challenges stated by participants was needing to overcome the barrier of stigma. When it comes to the refugee community, stigma, in particular, can have a substantial impact on the outcome of their mental health, thus, prompting them to escape stigma by refusing to recognize any mental health challenges (Canadian Mental Health

Association, 2014). The majority of participants stated that they refused to seek mental health care because they were afraid of being stigmatized by their community. Similarly, there appeared to be a gender-specific trend in stigmatization among male interview participants, who also reported being concerned about encountering negative gender-based stereotypes in their community. This made it more difficult for the participants to obtain mental healthcare, as well as make access to mental health services. Overall, these kinds of barriers can make refugees even more reluctant to discuss matters with a counsellor (Hyndman, 2011).

Furthermore, when it comes to receiving healthcare services, a person's impression of the mental healthcare system can influence their chance of accessing and utilizing these treatments. Standard medicalized methods to refugees' mental health, in particular, raise concerns about their adequacy to assist refugees in managing and coping with their traumatic experiences (Shannon et al., 2015). The research participants expressed that they believed that there was a general lack of professionals who would genuinely understand the experiences that they have had to face. They also stated that they considered the services provided to them to be overly Westernized and would be insufficient to meet their mental health needs. Clearly then, refugees' perceptions of the mental health system can have a substantial impact on their willingness to use available support services, acting as a barrier to them seeking mental healthcare.

Overall, when it comes to the mental health of the refugee community, there are various factors that must be considered when seeking to establish more suitable mental health strategies for refugees. The section that follows provides an outline of the strategies proposed by the participants to increase the likelihood of refugees obtaining mental healthcare.

6.2. Implications for Action

Based on the stories and experiences shared by the participants, the findings of this study point to a number of approaches that could be used to break through numerous barriers and increase refugees' likelihood of accessing mental health support:

Action One: **Minimize shame and stigmatization by offering refugees more privacy**

Allow refugees to have more privacy by constructing private entrances to mental healthcare buildings. This would allow refugees to receive mental

health services without having to worry about being seen or stigmatized by community members.

Action Two: **Community-based support groups**

Offer a platform for refugees to help and mentor newly arrived refugees by offering a safe place where they can support and mentor one another. This resource should be obvious and easily accessible to refugees.

Action Three: **Integrate non-traditional ways of coping and healing**

Provide more mental health services that incorporate non-traditional intervention by integrating the diverse culture's knowledge and making the services visible and readily available.

Action Four: **Create a safe space for refugees to share their stories**

Create safe spaces where refugees can talk about their experiences and mental health challenges in an attempt to raise mental health awareness and decrease stigmatization in the community. These resources need not be officially called mental health resources, but rather community resources.

Action Five: **Represent the voices of refugees in the mental health system**

Conduct additional research on the mental health support of refugees in Manitoba discover ways for more services to incorporate strategies that include refugees' voices, perspectives and ideas.

Action Six: **Mental health providers collaborate with religious-based organization**

Make more typical mental health resources collaborate with external religious resources as a generalized resistance resource for refugees, with the goal of assisting them in coping with mental health challenges.

Action Seven: **Mental health providers collaborate with ESL program**

Use English as a Second Language (ESL) program as a platform to assist newly arrived refugees in becoming acquainted with mental health terminology and raise mental health awareness within their community in an effort to educate them on mental health and reduce stigmatization among the refugee community.

6.3. Directions for Future Research

This section discusses the directions for future research on the mental health support for refugees residing in Manitoba. These are the following research recommendations:

Direction One: **Interview participants who have accessed formal mental health care**

One of the most important findings of this study was finding that none of the participants sought formal mental health care services despite their knowledge of their availability. Further, research on refugees who have used formal mental health care services can be conducted to determine how the Canadian mental health system can better meet the diverse mental health needs of refugees.

Direction Two: **Interview more research participants**

Even though the contributions of the five research participants were valuable, interviewing more participants would allow for even more diverse contributions to surface in order to better represent a broader range of the various voices of the refugee community.

Direction Three: **Conduct interview with focus group**

Even though the semi-structured interviews provided rich qualitative information, using a focus group approach could also provide additional insight into the participants' experiences as well as facilitate further discussions and actions regarding mental health support for refugees and the barriers they encounter.

6.4. Research Limitations

The highly personalized data collected from this research study has helped create a greater understanding of how to help and support refugees in Canada by addressing their mental health needs as part of the peacebuilding process. Despite the significant contribution of the collected data from the participants, there are a few limitations that need to be acknowledged.

First, the conclusion that is based on the group of participants, cannot be generalized to the entire refugee population that resides in Manitoba. The sampling method was not randomized as the researcher’s personal social media platform, Facebook, was used to recruit participants.

Using that social media platform as a recruitment tool limited the outreach of participants to the researcher's Facebook friends or friends of friends. If this study was replicated with the general refugee population in Manitoba, it would be unlikely for the findings of that study to have the exact same conclusion. Nevertheless, it would be probable to find similar concepts and themes that were observed in that study.

Another potential limitation of this research study is that some of the participants had prior contact with the researcher. It is difficult to predict whether or not having a prior relationship with some of the participants influenced their shared narrative. Nevertheless, having a personal relationship with some of the participants, on the other hand, had its own set of advantages in terms of the study's execution. Having a personal relationship with the participants helped to establish a level of trust and comfort that allowed the participants to freely share their personal stories and experiences.

Lastly, another limitation that might also be associated with this study is the sample size. The study involved a total of five participants that resided in Manitoba. Although using semi-structured interviews allowed for the collection of rich qualitative data and the discovery of core themes, it is likely that interviewing more participants would have allowed for even more themes and diverse contributions to surface.

The purpose of this study was to explore the mental health support provided to refugees residing in Manitoba through a peacebuilding perspective. Specifically, the objective was to explore ways to meet the basic needs of the refugee community and develop strategies to further empower them by providing members of the refugee community the opportunity to tell their stories and voice their opinions on the research topic. According to the researcher, this aim was attained since the participants in this qualitative study were given a safe space to share their thoughts and experiences regarding mental health support. Also, allowing the participants' stories to be used to represent the refugee population in Manitoba and participate in the peacebuilding process may have given them a sense of empowerment, which was one of the study's goals.

Finally, because this study explored various ways to support refugees' mental health needs, the collected data and newly acquired insight may benefit the refugee community at large. It could aid in the development of strategies to address their needs and help build healthier

communities and inform further development of suitable mental health services offered to the refugee community in Manitoba.

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APPENDICES

Appendix A: Ethics Protocol Approval Letter

University of Manitoba | Research Ethics and Compliance

Human Ethics - Fort Garry
208-194 Dafoe Road
Winnipeg, MB R3T 2N2
T: 204 474 8872
humanethics@umanitoba.ca

PROTOCOL APPROVAL

To: **Catherine Muthoni Wafula** **(Advisor: Maureen Flaherty)**
Principal Investigator

From: **Andrea Szwajcer, Chair**
Research Ethics Board 2 (REB 2)

[redacted]

Re: **Protocol # R2-2021:054 (HS24945)**
Exploring Mental Health Support for Refugees Residing in Manitoba: A Peacebuilding Perspective

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Effective: June 17, 2021 **Expiry:** June 17, 2022

Research Ethics Board 2 (REB 2) has reviewed and approved the above research.

REB 2 is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018)*.

This approval is subject to the following conditions:

i. Approval is granted for the research and purposes described in this application only.

ii. Any changes to this research must be approved by the Human Ethics Office (HEO) before implementation.

iii. Any deviations to the research or adverse events must be reported to the HEO immediately.

iv. This approval is valid for one year only. A Renewal Request Form must be submitted and approved prior to the above expiry date.

v. A Study Closure Form must be submitted to the HEO when the research is complete prior to the above expiry date, or if the research is terminated.

vi. The University of Manitoba (UM) may request to audit your research documentation to confirm compliance with this approved protocol, and with the UM *Ethics of Research Involving Humans* policies and procedures.

Funded Protocols: Email a copy of this Protocol Approval, with the corresponding UM Project Number, to ResearchGrants@umanitoba.ca

Appendix B: Recruitment Letter

Peace & Conflict Studies
University of Manitoba

242 – 70 Dysart Rd.
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2M6

Research Project: Exploring Mental Health Support for Refugees Residing in Manitoba – A Peacebuilding Perspective

Are you a young adult who arrived in Canada as a refugee? Would you like to share your story and views on mental wellness and resources available to support mental wellness? This research project invites you to share your story and the strategies you have used to cope with the challenges of mental stress.

Who can participate?

- You came to Canada as a refugee.
- You are between the age of 18-35 years.
- You are comfortable talking about mental wellness.

Who is doing this research?

- An international student doing Master's degree in Peace and Conflict Studies at the University of Manitoba. The research is part of my Masters' thesis.

How will the interview be conducted?

- Because of COVID-19 restrictions, interview will be over a ZOOM call.
- Interview will be audio-recorded.
- Interview will be held in English.

How much time will it take?

- 45 minutes to 1 hour, or until you feel you have shared as much of your
- story as you desire.

What will happen with your story?

- You will be given a copy of the final research findings.
- Your name and identifying information will remain anonymous in the written document.

If this sounds like something you would like to be a part of, please contact me via email:

[redacted]

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus.

Appendix C: Narrative Interview Guide

In this interview, participants will have an opportunity to share their opinion and views concerning mental health and wellness. I will facilitate the narrative interview by asking participants open-end questions. However, they will just share what they feel comfortable sharing. They can also choose not to answer a question, and I can provide them with support services if they might require any.

General Questions

1. I will be using an individually assigned pseudonym for this interview to protect your identity. What name would you like for me to use today?
2. I appreciate you taking your time to participate in this study. Could you please state your pseudonym?
3. Could you please tell me a little about yourself? How would you describe yourself as a person? Your personality, your role as a student/worker, place in the family etc.?

Questions on Cultural Background

1. Could you tell me a little bit more about your cultural background/identity? Where are you originally from?
2. Where did you grow up? Could you please tell me more about the culture and traditions you grew up in?
3. How would you describe the environment you grew up in? How did you feel interacting within your community?

Questions on Resettlement

1. What circumstances brought you to Canada?
2. As a refugee, what was it like having to adjust to life here in Winnipeg/Canada?
3. What were some challenges you had to face when having to adapt to this new environment and culture?

Questions on Mental Health Challenges

1. When you hear the word "wellbeing" or "mental health", what comes to your mind? How would you define those words?
2. Have you personally ever struggled with your mental wellbeing?

Questions on Mental Health Support Systems

1. What do you do to cope with stressors that affect your mental wellness? Have you ever considered accessing more formalized services for support?
   a) If **no**, is there a reason you have not?
   b) If **yes**, where did you look for help and how was that experience?
2. When accessing these support systems, what are some of the barriers that you encounter?
3. How did you overcome these barriers? Did it affect how you received these services?
4. In your opinion, what would be the ideal way for someone to support you in the journey of reclaiming mental wellness?

Closing Questions

1. Is there anything else you would like to say concerning this research topic or something you would like to share about yourself?

Closing Statement

Thank you very much for your time and for sharing your thoughts and opinion concerning this topic. I appreciate it, and your input was very insightful. As I had mentioned in the informed consent, I will send you the transcript via email. If you read through transcript and would like to make any changes, just contact me within two weeks of receiving transcript. If I do not receive a response within the two weeks, I will assume that you approve of the transcript. Please feel free to contact me if you have any further questions regarding this interview, and again I would like to thank you for participating in this interview.

Appendix D: Participant Consent Form

Peace & Conflict Studies
University of Manitoba

242 – 70 Dysart Rd.
University of Manitoba
Winnipeg, Manitoba
Canada R3T 2M6

This form will be sent and received, password-protected via email prior to beginning an interview.

Research Project Title:	Exploring Mental Health Support for Refugees Residing in Manitoba: A Peacebuilding Perspective
Principal Investigator and contact information:	Catherine Wafula, Peace & Conflict Studies University of Manitoba [redacted]
Research Supervisor and contact information:	**Dr. Maureen P. Flaherty, Associate Professor** Peace & Conflict Studies, University of Manitoba Maureen.Flaherty@umanitoba.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Research description and time commitment

My name is Catherine Wafula and I am a Master's student at the University of Manitoba and will be conducting this research as part of my final Master's thesis. I am studying the types of mental

health supports that are important to young adults as well as ongoing challenges refugees may face with accessing mental health support. This research will be using individual interviews that will take about an hour, or more if desired, with each of five young adults to learn more about the issues.

Benefits of the research

The benefit of this research is that you will have an opportunity to share your opinion and views concerning mental health and wellness. Also, indirectly others may benefit from learning from yours and other's experiences in my research report.

Risks of being involved in the research

There will be no physical, economic or social risks. Nevertheless, when you talk about your own experiences with accessing resources, you may recall unpleasant or emotional memories that may upset you. You can choose not to answer questions, and I can provide you with a list of supportive resources if you would like.

The process of the research

All interviews will be audio-recorded, and your identifying information will only be known to me. I will protect your identity by using an individually assigned pseudonym for each participant. Also, I will ensure that no names will be mentioned in the written documentation. I will meet with you via a licensed version of the electronic platform, ZOOM, at a time convenient for you. With your permission, your session will be audio-recorded on a handheld recorder. Please note that since the interview will be carried out via the ZOOM platform, I will not be able to guarantee anonymity during the time of interview unless you find a private space with a closed door or choose a time when others will not be present at your location. The interview will last for approximately an hour.

I will destroy the audio recording from the recorder once I have secured it on my password-protected laptop. Each audio recording will then be transcribed and a copy of your individual interview will be given to you. I will send you the transcript via email. If you read through transcript and would like to make any changes, just contact me within two weeks of receiving

transcript. If I do not receive a response within the two weeks, I will assume that you approve of the transcript. Also, The audio recording and transcript, as well as my written notes, will be kept on my own password-protected laptop until the completion of the Master's thesis in August 2021. After that, I will destroy all audio recordings from my laptop and shred any written transcripts and notes.

Options to withdraw from the study

I want you to know that you may choose to not answer any question that I ask. You also have the option to withdraw from the study at any point without having to face any consequences, and any information collected from you will not be included in the findings. If you decide to take that route, all you will have to do is contact me via email. However, after August 1, 2021 the option to withdraw from this study will no longer be possible. Also, note that feedback will be available to all participants. Please add your contact information below, to receive a copy of the research summary.

Dissemination Plan

At the end of the study in August 2021, you will be given a copy of the summary of the final research via email. Your name and identifying information will remain anonymous in the written document. You will also be able to access the results of the study through MSpace on the University of Manitoba library system.

Reporting child abuse

The focus of this study is to explore the experiences of young adults and their access to mental health resources. If in the unlikely chance present, child abuse is mentioned in the process of any interview, the researcher will consult the research advisor and follow the provincial protocols related to reporting child abuse.

The University of Manitoba may look at your research records to see that the research is being done safely and properly.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Statements of Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to be audio-recorded and participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study until August 1, 2021, and /or can refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Principal Investigator	Signature	Date

Contact Information (optional)

Address: _____

_____

Phone: _____

E-mail: _____

Appendix E: Table of Research Findings

Factors Impacting Refugee's Mental Health

• The majority of participants were prepared to admit having dealt with mental health issues in the past.
• Factors such as social isolation, language barriers, and cultural differences affected participants' mental health upon arrival.
• Participants shared that structural barriers such as non-recognition of their credentials negatively impacted their integration experience and overall well-being.

Barriers for Refugees in Accessing Mental Health Services

• The fear of being stigmatized was recognized as the most common obstacle to receiving mental healthcare.
• Culture-Based Stigma: Participants expressed having a sense of "fear" of being judged by their community for seeking mental healthcare.
• Gender-Based Stigma: Male participants described their reluctance to open up about their feelings and mental health state.
• Majority of participants expressed having an overall negative perception of mental health professionals and services.

Strategies for Improving Refugees' Access to Mental Healthcare

• Participants were able to generate new strategies for improving access to mental health treatment.
• **Community-based support groups** A consistent element that emerged from all participant interviews was the desire to connect with people who could relate to their experiences. They further emphasized the need of wanting to be a part of a community and having a sense of belonging.
• **Minimize shame and stigmatization by offering more privacy to refugees** Participants mentioned needing more privacy when accessing mental health support in an attempt to avoid being seen/stigmatized by community members.
• **Integration of non-traditional ways of coping and healing** Participants mentioned adopting various strategies such as using art, talking to elders, and resorting to religious faith as a way of coping with mental health challenges.
• **Collaboration with religious-based organizations** Participants mentioned how the role of organized religion played a valuable part in their resettlement process and the promotion of their overall well-being.