A Qualitative Investigation of the Mental Health Needs of Syrian Refugees and Immigrants

by

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Abstract

The mental health of Syrian refugees has become extremely important for refugee and mental health scholars worldwide. A scoping review of 14 publications was conducted to synthesize current findings on this issue, which displayed a gap in understanding Syrian coping strategies and well-being. A qualitative investigation was done to explore the mental health perceptions and related resources of Syrians that migrated to Canada both before and after the war. Thirty semi-structured interviews were conducted with Syrian immigrants, 15 non-refugees and 15 refugees. The purpose was to investigate perspectives on mental health, resilience, and desired or received services. Study findings showed refugees' mental health was affected by traumatic events and their resettlement process. Non-refugees expressed feelings of sadness because their homeland has been destroyed. All participants sourced social support as extremely helpful in their lives and was preferred over professional help. These findings can help develop appropriate mental health resources.

Acknowledgments

As a Canadian born of Syrian descent, it was my mission to write this thesis after witnessing the pain and suffering that the conflict in Syria has inflicted upon my family and friends. This was prior to Canada welcoming over 25,000 Syrian refugees into the country. My reasoning also sprouted from my own experiences with mental health issues during my undergraduate studies, which was not easily perceived by my parents or family members. Mental health stigma is very much alive in the Syrian-Canadian community, and although I was born in Canada, my parents still did not know how to respond to my symptoms. I wanted to pursue a project that would impact my community and change the way that mental health issues are perceived and treated. My goal in conducting this research was to identify the need for a cultural understanding of mental health in the Syrian community.

Firstly, I would like to thank my supervisor and mentor Dr. Sean Kidd. You encouraged me to pursue a project that has been proven to be so valuable today, and you never allowed me to give up on it. You took me on and inspired me to overcome many challenges throughout my research. Your mentorship is something I am truly grateful for, and will always value. You were always supportive and extremely helpful in completing this thesis, and for that I say thank you.

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This project could not have been made possible without the many participants that contributed their heartfelt stories and time towards this project. Your participation means the world to me and I hope that this project can be fruitful for all migrants of conflicted countries.

For my parents, who never ceased to provide me with love, compassion, patience, and the ability to achieve the greatest of accomplishments in my life, I am eternally grateful to you both. You both have always understood that my education was a priority for me, and never stood in the way of it. This thesis is in honour of my father, who is suffering from brain cancer and since his fight, he has shown me that with strength and perseverance, that I can do anything I set my mind to.

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List of Abbreviations

CAMH	Centre for Addiction and Mental Health
CDI	Child Depression Inventory
EMDR	Eye Movement Desensitization and Reprocessing
GTA	Greater Toronto Area
HTQ	Harvard Trauma Questionnaire
IDP	Internally Displaced Persons
MINI	Mini International Neuropsychiatric Interview
PSR	Private Sponsorship of Refugees
PTSD	Posttraumatic Stress Disorder
SLE	Stressful Life Events Questionnaire
SUD	Substance Use Disorder
TAHSN	Toronto Academic Health Science Network
UNHCR	United Nations High Commissioner for Refugees

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Chapter 1
Scoping Review Introduction

1 Introduction

1.1 Background

1.1.1 History of Syrian Immigration to Canada

Syrians have been migrating all over the world since the early 1900s. Some migration has been due to several waves of persecution, war, and surrounding conflict (Erickson & Al-Timimi, 2001). However, other migrants left their country looking for a better opportunity for work or to be united with family. While the current wave of Syrian migrants, from November 2015 until today, in Canada were largely forced from their homes by conflict, the pre-existing Syrian-Canadian community is made up of migrants who were more motivated by the economic opportunities in Canada that were available to high-skilled workers from middle-income countries (Castles, Hass, & Miller, 2014). The Canadian National Household Survey reported that in 2011 there were 40,840 people of Syrian origin in Canada (IRCC, 2011). The majority of these residents were born in Syria (61%), with smaller numbers born in Lebanon (8%) and Egypt (8%), and the remainder coming in very small numbers from a range of other countries around the world. Many Syrians in Canada at the time lived in Quebec (44%) or Ontario (39%) (IRCC, 2011).

Syria is a diverse country, comprised of peoples of multiple ethnic backgrounds, religions, and languages. Although demographic data for ethnic groups in Syria is inconsistent because groups are defined along different lines (i.e., religion, ethnicity), existing data suggests that prior to the conflict, the main ethnic groups were: Alawi Muslims (11%), Christians (10%), Iraqi refugees (7.8% to 10.4%), Kurds (10-15%), Druze (3%) Palestinians (2.3%), Ismailis and Twelver Shia (2%) and Armenians (1.7%) (Minority Rights Group International, 2011). Syrian migration to Canada prior to 2011 reflected some of this diversity. More than half of Syrians in Canada at that time were Christian (57%), only a third were Muslim (31%), and 10% reported no religious affiliation. Nearly half of Syrian immigrants living in Canada prior to 2011 were university graduates (48%), with an employment rate of 73%, and an unemployment rate of 9.1%. Although Arabic is the official language of Syria, in Canada Kurdish, Armenian, Aramaic, and

Circassian were also reported to be widely understood, (IRCC, 2015). Thus, the Syrian population in Canada prior to 2011 was primarily Christian, highly educated, and localized to two provinces, and did not reflect the majority population of Syria in terms of religion or ethnic background.

1.1.2 Syria's Political Tension

The recent Syrian conflict has been looked at as one of the consequences of the Arab spring. Protests and demonstrations occurred in March of 2011, which the Syrian regime referred to as a 'crisis', and the opposition called it a 'revolution' or 'uprising' (Lundgren-Jörum, 2012). People who joined the opposition group gave the image of a group of civilians who were frustrated with the government and refused to continue living under the leadership of the Assad regime (Lundgren-Jörum, 2012). The conflict has divided the Syrian population into those who support the Assad regime, and those in opposition. There are many opposition groups and coalitions that have emerged, all but one of which agreed that dialogue with the regime was not an option (Lundgren-Jörum, 2012). This was decided based on the violent actions of the regime, if the regime engaged in violence, the opposition group would not engage in a dialogue.

Support for the regime split along ethnic lines. The large Alawi population, a branch of Shia Islam, support President Bashar al-Assad, who is also of this sect. However, most of the Syrian population are followers of the Sunni faith (64%), and most are supportive of the opposition. The other religious and ethnic groups fear Sunni Arab majority rule (Phillips, 2015). The opposition group states that it wishes to make Syria a 'civil, democratic state' (Lundgren-Jörum, 2012). It aims for a future Syria with all religions respected, with a state leader that is democratically elected, regardless of religious affiliation. They hope to have a Syria with freedom and dignity for all of its citizens (Lundgren-Jörum, 2012). The regime's hope for Syria is that it will come out of the ongoing crisis stronger than before and that Syrians are the compass for Syria (Lundgren-Jörum, 2012). The opposition declares that they have been holding peaceful demonstrations and were met by violence from the regime, whereas the regime claims to be involved in combating armed terrorists (Lundgren-Jörum, 2012). Both sides have their own version to the story, and talk of a future Syria for everyone, including the Syrian 'diaspora', communities of migrants who share a homeland to which they remain connected, as an active part of national developments (Lundgren-Jörum, 2012; Wilcock, 2018). The divisiveness of Syrians in the homeland is also

being seen in the diaspora, where a lot of the activism is occurring against the regime in the form of protests and lobbying of Western governments, and networking with international agencies to take action (Andén-Papadopoulos & Pantti, 2013).

1.1.3 Syrians in Canada 2018

The Syrian conflict has created one of the largest displacement crises of the century causing over 5.5 million people to register as refugees (UNHCR, 2018). The Government of Canada promised to resettle more than 25,000 Syrian refugees between November 4, 2015, and February 29, 2016. They continued to resettle displaced Syrians in 2017, reaching 40,081 in January 2017, and possibly over 50,000 today (IRCC, 2015). Canada allows for refugees to resettle through three categories known as Government Assisted Refugees (GAR), Blended Visa Office-Referred Refugees (BVOR), and Privately Sponsored Refugees (PSR). Many of the members of the Canadian Syrian community helped in sponsoring families or individual Syrians who were in need by way of the private sponsorship program. Prior to 2011, we can see that majority of Syrians were of the Christian faith, but since the conflict, most Syrians are of the Muslim faith. Also, most Syrians that had migrated to Canada prior to the war had been a part of the skilled worker's program, come with a higher level of education than most Syrians that are migrating to Canada since the war started (IRCC, 2015).

1.1.4 Mental Health Needs of Syrians

Few studies have investigated the mental health needs of Syrian refugees and non-refugees, prior to the conflict in Syria. Despite the lack of focus on Syrians alone, there is substantial literature that that investigates the health or mental health of 'Arab' or 'Middle Eastern' groups (Amer & Hovey, 2007; Mowafi, 2011; Montgomery, 2010). Western scholars have written about the views of Arabs to increase cultural awareness and sensitivity among stakeholders such as healthcare professionals, settlement workers, and policymakers (Amer & Hovey, 2007). Erickson & Al-Timimi (2001) advise mental health professionals who wish to be effective in working with Arab Americans, to "understand the cultural and sociopolitical factors affecting the worldview of Arab Americans, and be able to identify intervention strategies and techniques that are relevant to Arab American culture and experiences". They point out the need to assess for degree of acculturation, any traditional family beliefs and generational gaps in acculturation. Acculturation for Arabs is described to be difficult, challenging and stressful. Arabs in the West can be seen to

be reluctant to seek out mental health support due to a skepticism about mental health services, which stems from a negative perception of mental illness. They have a fear of being considered "majnun (pronounced ‘muhj-noon’) or crazy (Erickson & Al-Timimi, 2001). This reluctance can also be attributed to the difference in Western and Arab counseling approaches.

Assumptions of a homogeneous ‘Arab’ culture fails to acknowledge the influence of migration status and pathways, cultures of origin, class, education, and race, all of which make the “Arab” experience completely different. Arab activists have contested the word “Arab” for organizing identity, and argue that this term is nationalist in scope and exclusionary toward non-Arab minorities in the region (Naber, 2008). “There are Palestinians, Iraqis, Kuwaitis, Yemenis, Saudi Arabians, Baherinis, Qataris, Duabis, Egyptians, Libyans, Tunisians, Moroccans, Algerians, Sudanese, Eritreans, and Mauritanians, there are Maronites, Catholics, Protestants, Greek Orthodox, Jews, Sunnis, Shi'a, Druze, Sufis, Alawites, Nestorians, Assyrians, Copts, Chaldeans, and Bahais; there are Berbers, Kurds, Armenians, bedu, gypsies, and many others with different languages, religions, ethnic, and national identifications and cultures who are all congealed as Arab in popular representation whether or not those people may identify as Arab” (Naber, 2008). Based on this fact, there is a need to look at individual cultural groups to understand their unique experiences.

Several factors can account for the lack of research on mental health needs of Syrian immigrants. Since the first World War, there has not been a large wave of immigration from Syria to the West (Erickson & Al-Timimi, 2001). It wasn’t until the recent conflict, which caused millions of Syrians to become displaced, that researchers began addressing the mental health symptoms of Syrian people. Ghumann, McCord, and Chang (2016) highlight in their review of the posttraumatic stress disorder of Syrian refugees that although there is a high number of people suffering from PTSD and other psychological problems, there is a low demand for treatment of mental health problems among this population. They do note that few articles have been published in peer-reviewed journals regarding the mental health of Syrian refugees and that most information is obtained from news articles or on organizational websites (Ghumman, McCord, & Chang, 2016). Furthermore, conducting epidemiological studies has been difficult to implement during the crisis.

Accordingly, the research question for this thesis is: what are the mental health needs of Syrian refugees and immigrants? This research question guided the literature review.

1.2 Purpose

Prior to the Syrian conflict, there were no studies that were specifically conducted on Syrian people. Examinations of the mental health perceptions of this population were conducted in studies that focused on ‘Arabs' or ‘Middle Eastern' migrants. Much of what is known about Syrians since 2011 has been about the refugee crisis and the significance of posttraumatic stress on their wellbeing. Most of these studies were conducted in refugee camps, and not in countries of resettlement (i.e., Canada, Australia, United States, Germany, and Sweden). The purpose of this literature review is to investigate the mental health needs of Syrian refugees and immigrants, the different types of barriers they face to receive mental health support in different contexts, and their coping methods. In addition to this, the review was meant to identify the perceptions of Syrian people on mental health. The literature review was based on the following three research questions:

(1) What are the mental health needs of Syrian refugees and immigrants?
(2) What are preferred sources and forms of support for Syrians?
(3) What are the mental health perceptions, or knowledge within the Syrian community?

Chapter 2
Methods

2 Methods

2.1 Background on Scoping Literature Review

Scoping reviews are a more extensive type of literature review, which addresses broader topics where many different study designs might be applicable (Arskey & O'Malley, 2005). This method is one among many that review literature with the 'aim to rapidly map the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as stand-alone projects in their own right, especially where an area is complex or has not been reviewed comprehensively before' (Arskey & O'Malley, 2005, p. 21). One of the reasons for conducting a scoping study includes examining the extent, range, and nature of a research activity, and to identify research gaps in the existing literature. Both are the reasons for why this scoping study was conducted. The methodological framework articulated by Arskey & O'Malley was followed in this scoping study by identifying the research question, identifying relevant results, selecting studies, charting data, and reporting results.

A search strategy was developed to identify peer-reviewed literature that was related to this question. Searches were completed from inception to December 2017, restricted to publications in English and employed MEDLINE, PsycINFO and Google Scholar to identify all publications using terms related to refugees and immigrants and mental health. Keywords were searched within these groups using "OR" and then combined using "AND". In line with the working definition of refugee by the United Nations High Commissioner for Refugees (UNHCR, 1996), terms related to 'refugee' and 'immigrant' were used in the search: refugees, migrant*, asylum seeker, transient*, migration, human migration, immigrant*, foreigner, emigration, emigrant*, immigration. Mental health for Syrians is most often perceived to be related to mental illness, which is why we included it in our term search. Also, 'mental health' term groupings included mental health, resilien*, psychiatric, well being, trauma*, quality of life, psychotherapy, coping*, mental illness. Duplicates of articles were removed, and peer-reviewed articles were sought out in PsycINFO. All search terms were put into Google Scholar as well, which produced 403 results. Hits were generated using the following terms: refugee migrant transient immigrant

emigrant migration immigration AND Syria AND "mental health" OR resilience OR "mental illness" OR psychiatric OR coping OR wellbeing OR psychotherapy OR trauma. After reviewing over 10 search result pages on Google Scholar, no additional articles were included in this scoping review.

2.1.1 Inclusion Criteria

All articles that were peer-reviewed and used original research with a Syrian refugee or immigrant sample, across all ages and genders, that investigated mental health-related issues or symptoms were included in this review. All review articles and any articles that did not focus exclusively on Syrian refugees were excluded. There were articles that examined ‘Arab' or ‘Middle Eastern' refugees, but their samples included other ethnic groups such as Iraqis, Palestinians, or Yazidis, and were therefore excluded because they did not only focus on Syrians.

In the following stage, abstracts were examined where they described in all or part of the analysis their methods to examining the mental health of Syrian immigrants, in which they discussed the coping strategies of Syrians, or in which the abstract described the mental health symptoms or screening of Syrian refugees. Only articles written in English were included in this scoping review due to limitations of accessing a researcher fluent in written Arabic. A full-text review of all articles selected based on the above criteria was done to determine a final sample. Some papers were rejected after this was done because the criteria (see Table 1) were not indicated in the abstract, and some additional papers (see Figure 1) were identified from reference lists.

2.1.2 Explanation of Terms

The search databases use several terms to describe ‘refugees’ or persons seeking refugee status. Authors use the term ‘refugees’ for this group. ‘Asylum Seeker’ refers to persons seeking refugee status either on arrival in a country or afterward. The terms used for refugees and immigrants in the literature varies. The search began by identifying words that would be synonymous with "refugee". Migrant or transient were other words that were used, in addition to migration and asylum seeker. For "immigrant", there were additional terms for this group. Immigrant or emigrant, immigration, emigration, foreigners, and aliens were also found to be related. For the term "mental health", words such as resilience, mental illness, psychiatric,

coping, well being, psychotherapy, trauma, and quality of life were used. Search terms were developed by the researchers prior to conducting the search strategy.

Table 1. Terms included in search strategy

TERM 1 – Refugees/		**TERM 2 – Immigrant.mp.**		**TERM 3 – Mental Health/**		**TERM 4 - Syria**
Migrant*.mp.		Immigrant*.mp.		Resilien*.mp.		Syria
OR		**OR**		**OR**		
Asylum Seeker.mp.		Foreigner*.mp.		Psychiatric.mp.		
OR		**OR**		**OR**		
Transient*.mp.		Emigration.mp.		Well being		
OR	**AND**	**OR**	**AND**	**OR**	**AND**	
Migration.mp.		emigrant*		Trauma*		
OR		**OR**		**OR**		
Human Migration/		Immigration		Quality of life		
				OR		
				Psychotherapy		
				OR		
				Coping*		
				OR		
				Mental illness		

*mp. Stands for keyword.

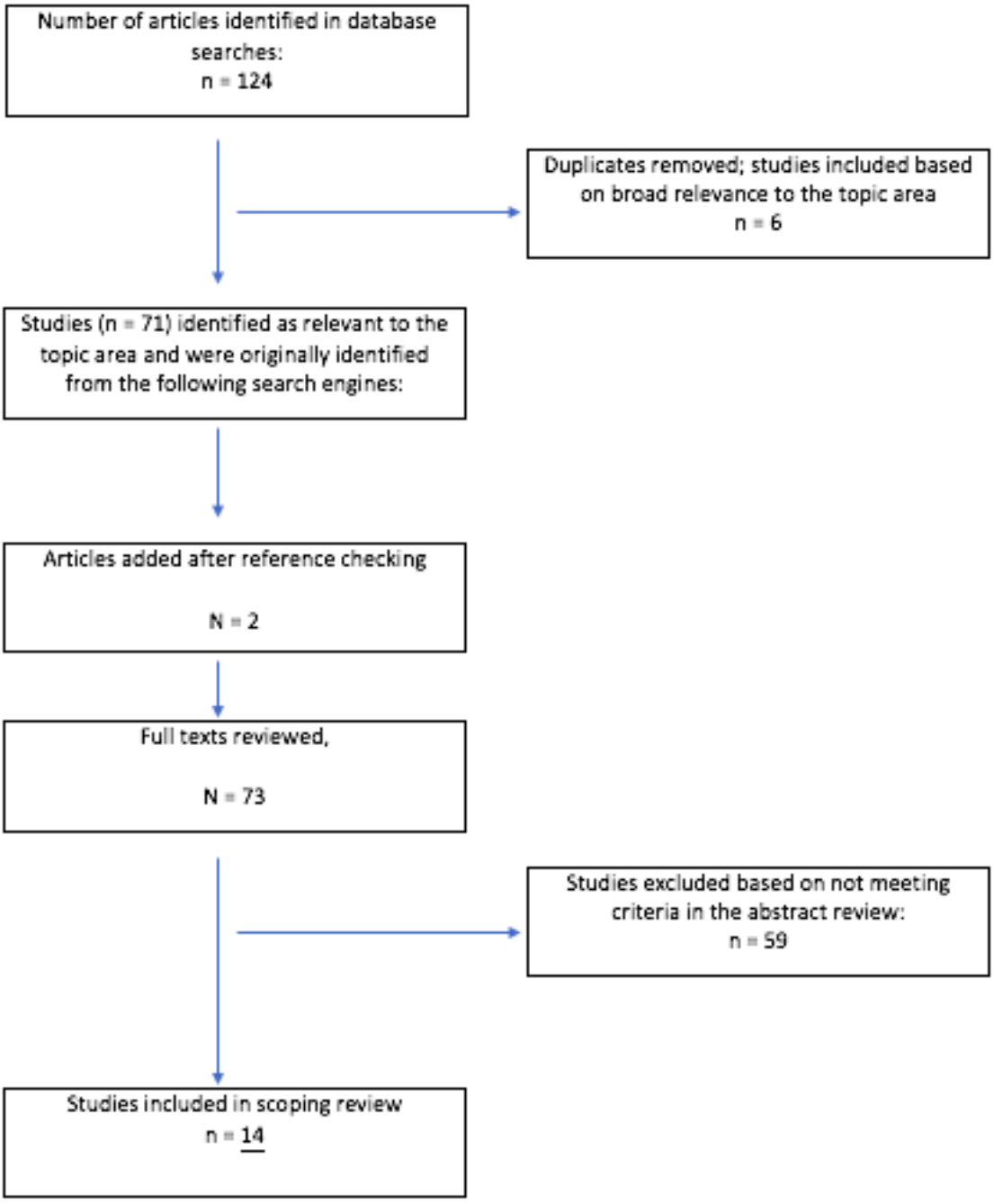

Figure 1. Methodology used in the scoping review.

3 Results

3.1 Search Results

MEDLINE and PsycINFO generated 102 results, and Google Scholar generated more than 400 hits. Google scholar results were reviewed by their titles and abstracts until more than ten pages worth of subsequent results identified no further articles. After removing duplicates, of the articles identified, abstracts from a total of 124 were screened using the search criteria. There were two studies that were added to the review which were found through reference checking and refugee scholar networks. The full text of 72 articles was selected and then reviewed. Excluded during the full-text review were 59 articles that were not research studies, or not related to the topic of interest or because they did not focus on Syrian refugees specifically.

3.2 Overview

Among the 14 publications there was a wide range of studies and focus on Syrian refugees. Several of the publications used methods of intervention, or cross-sectional surveys to investigate PTSD symptoms of Syrian refugees. Three were descriptive studies that took place in refugee camps based in Turkey and Jordan, (Jefee-Bahloul, Moustafa, Shebl, & Barkil-Oteo, 2014; Mhaidat, 2016; Alzoubi, Al-Smadi, & Gougazeh, 2017); two had implemented interventions in refugee camps in Turkey and in Jordan (Ugurlu, Akca, & Acaturk, 2016; Weinstein, Khabbaz, & Legate, 2016); one was observational in Alzatary camp based in Jordan (Basheti, Qunaibi, & Malas, 2015); one was a retrospective study on Syrian refugees in Lebanon (Lama, François, Marwan, & Sami, 2016); two were qualitative were situated in Jordan and Turkey (Boswall & Al Akash, 2015; El-Khani, Ulph, Peters, & Calam, 2017); four were cross-sectional, two of which were based in Lebanon, one in Iraq, and one in Turkey (Naja, Aoun, El Khoury, Bou Abdallah, & Haddad, 2016; Kazour, Zahreddine, Maragel, Almustafa, Soufia, Haddad, & Richa, 2017; Taha, Taib, & Sulaiman, 2016; Alpak, Unal, Bulbul, Sagaltici, Bez, Altindag, Dalkilic, & Savas, 2015); and one was a randomized controlled trial in a Turkish-Syrian bordered refugee camp (Acaturk et al., 2016). There was one study identified in this scoping review from 2014, four in 2015, six in 2016, and three in 2017.

3.3 Descriptive Studies

3.3.1 Coping Methods

Two qualitative studies described the coping mechanisms of Syrian refugees in camps. El-Khani et al. (2017) explore coping mechanisms used by displaced Syrian refugee mothers who care for children in refugee camps located in southern Turkey. They gathered women into a qualitative study with two phases, the first having semi-structured interviews, and followed by focus groups. Twenty-nine participants took part: eight interviews and four focus groups with mothers, and two interviews with professional aid workers. Thematic analysis was used to identify the themes that came out of the interviews. This was the first study to explore coping strategies in Syrian parents living in refugee camps. It was found that faith often facilitated coping strategies. Parents used adaptation to a new norm related to their circumstances, and reached out for support and maintained mental health using their faith. Parents began adopting new parenting techniques as they accepted the changes they saw in their children.

An ethnographic study conducted by Boswall & Al Akash (2015) gave insight into perspectives of Syrian women of different ages and social backgrounds as they shared thoughts and feelings about separation, different levels of hardship, vulnerability, and isolation. They focus on the experiences and emotions of 50 women and adolescent girls living in continued and uncertain displacement in a camp based in northern Jordan. Their research findings showed that although the participants' day-to-day coping mechanisms varied, most of them reported regularly facing feelings of isolation and sadness. Some of the coping methods included reading the Qur'an, faith, watching television, and listening to songs on phones. They would listen to songs that commented on the Syrian experience of the revolution and about the martyrdom of the children of Dara'a, the city where the first anti-government demonstrations took place (Boswall & Al Akash, 2015). Songs were listened to alone after children were asleep.

A quantitative approach was used by Mhaidat (2016), with the objective of identifying the level of adaptive problems that Syrian teenage females have, and the positive and negative behavioural methods they use to adapt with problems of asylum. A questionnaire was given to 210 female students from government schools, which included a measure for adaptive problems, adjusted symptoms, a measure for controlling anger, a measure for feeling safe, and a measure of self-esteem. What was found was that adolescents suffer from adaptation problems to a moderate

degree, and they use more positive methods to cope than negative ones. Positive methods included praying and fasting, studying to gain success, practicing sports or exercise, writing diaries or poetry, and doing chores at home. Mhaidat (2016) revealed no significant relationship between the level of religious beliefs and development of depression, but a substantial emergence of depressive disorders after the war. However, the prevalence of current depression was 43.9% with no difference across sociodemographic factors.

A cross-sectional correlational descriptive study was conducted by Alzoubi et al. (2017) to investigate the coping strategies that were used by Syrian refugees in Jordan, in relation to their demographics. A linear regression was used to identify the ability of participant demographics to predict the primary method of coping for each individual, specifically problem solving, seeking social support, or avoidance. The model was found to be able to predict problem solving. The three significant predictors of problem solving were gender, education, and income level. Gender was found to be a significant predictor for problem-solving and in the selection of coping strategies. Males were found to be responsible for taking care of the family financially, and solving their problems, whereas females care for the household (Alzoubi et al., 2017). Educational level was also seen to be a predictor for selection of coping strategies, and a good predictor for problem-solving. Problem solving requires the application of knowledge and cognitive skills to develop the appropriate solution to address a specific problem. This included strategies such as time management, stress management, brainstorming, getting organized, prioritizing, and awareness, to develop a solution that would solve a problem. Syrians in this study used minimal problem-solving skills because most of them had lower levels of education (primary or secondary levels). Level of income was also a significant predictor of problem-solving. One of the primary predictors for social support-seeking strategies was gender. Female participants had reported a higher score for seeking social support than male participants. The primary coping strategy that was used amongst participants was social support. They were looking for strong social relationships with other Syrians, and on ways to empower themselves, obtain financial and instrumental support, provide a sense of belonging, safety, and protection, and to feel socially engaged and not isolated (Alzoubi et al., 2017). Having a job was a predictor of higher problem-solving scores, whereas unemployed refugees had a higher score for seeking social support. The most interesting finding was that problem solving was negatively correlated with seeking social support. This was explained as being due to Syrian refugees' dependence on

social support to solve their problems. Whether it involves providing housing, or financial and instrumental support, it indirectly helps refugees to solve their problems.

3.4 Cross-Sectional Studies

3.4.1 PTSD/Psychological Distress Measures

Of the six quantitative studies identified in the review, four used cross-sectional survey methods (Taha et al., 2016; Kazour et al., 2017; Naja et al., 2016; Alpak et al., 2015). All of these focused on the prevalence of PTSD among Syrian refugees in refugee camps. Two of them took place in Lebanon, where one focused on the influence of religiosity, and the other on both Substance Use Disorder (SUD) and PTSD. Kazour et al. (2017) conducted a cross-sectional survey with 452 Syrian refugees in camps within the Central Bekaa region in Lebanon, to determine the predictors of PTSD. Screening measures used included the MINI for PTSD and demographic data to identify onset times of PTSD symptoms. The survey identified a PTSD point prevalence of 27.2% and a lifetime prevalence of 35.4%. A multivariate logistic regression could not identify a predictor for current PTSD, but identified the Syrian hometown as a significant predictor of lifetime PTSD, with refugees from Aleppo having significantly more PTSD than those coming from Homs.

Naja et al. (2016) assessed the onset of new depressive disorders that occurred following the Syrian war and to investigate the influence of religiosity on depression. Among the 310 Syrian forced migrants that took part, the Arabic version of the structured Mini International Neuropsychiatric Interview (MINI) was used. Religiosity was assessed using the original Arabic religiosity scale. There was no significant correlation between the level of religious beliefs and development of depression, and both genders were equally affected by the war.

Taha et al. (2016) investigated the PTSD prevalence in Syrian refugees in Duhok, Iraq. Survey methods were used with 820 Syrian refugees, of whom 16.3% of had PTSD symptomatology. Using face-to-face interviews and the Harvard Trauma Questionnaire (HTQ) to assess this, it was found that the rate of PTSD among mildly traumatized refugees was 12%, among moderately traumatized refugees 13.6%, and among severely traumatized refugees 50%. Cumulative traumatic events were significantly associated with the severity of PTSD.

Alpak et al. (2015) utilized cross-sectional methods on Syrian refugees in Turkey, to examine the prevalence of PTSD and explore its relationship to various socioeconomic variables. A total of 352 Syrian refugees participated in face-to-face interviews that included the stressful life events screening questionnaire, diagnostic psychiatric interviews, PTSD according to DSM-IV-TR, and a stressful life events screening questionnaire. Among the Syrian refugees who participated, there was a 33.5% prevalence of PTSD. Among 9.3% it was acute, and 89% chronic, with 1.7% showing late onset and 11.6% spontaneously remitted. As in other studies that investigated the prevalence of PTSD (Taha et al., 2016), there was a significant relationship between the number of traumatic events and PTSD diagnosis. There was also a positive correlation between PTSD, the number of traumatic events experienced, and sociodemographic features such as gender (p = <0.001), occupation (p = <0.001), personal (p = 0.012) and family history of any psychiatric disorder (p = 0.021). A binary logistic regression analysis showed a probability of 71% of being diagnosed with PTSD among refugees with these factors.

3.4.2 Openness to Mental Health Service

The remaining two descriptive studies were pilot studies that employed survey-based methods to assess psychological stress of Syrian refugees in a camp in Jordan and Turkey. Jefee-Bahloul et al. (2014) investigated the openness for a referral to telepsychiatry in addition to the level of psychological stress of Syrian refugees. There were 354 participants that were screened using the HADStress screening tool, in which 41.8% of respondents to this survey had scores that correlated to PTSD. Results on the openness to referral to psychiatry and telepsychiatry revealed partial acceptance, where 34% of respondents reported that they saw a need to see a psychiatrist, but only 45% of those seeing a need were open to telepsychiatry.

Basheti, Qunaibi, and Malas (2015) conducted an observational study in Alzatary camp for Syrian refugees in Jordan that revealed that 46% of 73 participants believed that psychological therapy and support is needed, and only 14.5% of this sample reported receiving such therapy. Many respondents reported living in the camp for a period that exceeded 1 month, and 79.5% reported a presence of illness. Psychological assessments showed that a high proportion of respondents were suffering from one or more of the following: anger, fearfulness, nervousness, difficulty falling asleep or staying asleep, hopelessness about the future and spells of terror and panic. The state of living at the camp made a significant difference to the reported need of

psychological support. A significantly higher proportion of refugees staying in tents reported the need for psychological support compared to refugees staying in caravans.

3.5 Randomized-Controlled Trials

3.5.1 Interventions for PTSD

A randomized controlled trial (Acaturk et al., 2017) utilized eye movement desensitization and reprocessing (EMDR) as a method of treating PTSD for Syrian refugees in a refugee camp located on the Turkish-Syrian border. The EMDR intervention was used in 37 adult Syrian refugees, and 33 participants were put into a wait-list control group. All participants were assessed with the MINI prior to the intervention, 1 week afterward, and five weeks after completing the intervention. Main outcome measures included the HTQ and the Impact of Event Scale. In addition to these, the Beck Depression Inventory and Hopkins Symptom Checklist-25 were included. The full EMDR therapy reduced the symptoms of PTSD that were assessed.

An art therapy intervention (Ugurlu, Akca, & Acaturk, 2016) was used to alleviate PTSD, depression and anxiety symptoms in Syrian refugee children. Ugurlu et al. (2016) examined psychological symptoms among 64 Syrian refugee children aged 7-12 in Istanbul, Turkey. This intervention was based on age groups (between 7-8, 9-10, and 11-12) where all children participated in sessions. The purpose of separating the children into three groups is because previous research with group therapy has shown that small groups allow them to share their traumatic experiences through different kinds of art therapy techniques (Ugurlu et al., 2016). This study had also shown the effectiveness of working in groups because it allowed children to feel socially supported and safe. Two assessments were done, both pre- and post-treatment, in which the Stressful Life Events Questionnaire (SLE), Child Depression Inventory (CDI), Strait-Trait Anxiety Scale, and PTSD Index for DSM-IV were used. Findings in post-assessment of the art therapy showed that trauma, depression and trait anxiety symptoms were significantly reduced.

A Jordan based study (Weinstein et al., 2016) applied a need-satisfaction intervention among 41 Syrian refugees ages 15-68 years old, that followed a self-determination theory. The two-phase intervention was conducted to (1) examine the relation between need frustration and psychological distress that were seen in symptoms of depression, generalized stress, and PTSD;

and (2) investigate the effects of a basic, easy-to-implement psychological intervention which encourages individuals to seek out need-satisfying activities. This study found that need frustration was linked to more symptoms of depression, generalized stress, and PTSD. Refugees who faced a greater amount of need frustration, exhibited higher levels of depression, generalized stress, and symptoms of PTSD. Symptoms of stress and depressive symptoms were reduced after the one-week intervention, but PTSD symptoms did not change. This is possible because the intervention was too short to address any severe symptoms of PTSD.

3.5.2 Health Care Problems

A retrospective analysis was conducted to identify the difference in hospitalizations for Syrian patients prior to the conflict and afterward by assessing the rates of hospitalizations. In Lebanon, Lama et al. (2016) assessed the impact of the Syrian crisis on hospitalization of Syrian patients in a psychiatric setting by applying a retrospective analysis of 150 patients that were admitted to the hospital before and after the crisis. There were 44 patients that were admitted before the conflict, compared to 106 after it. The distribution of diagnosis varied significantly following the crisis, with most patients being admitted for schizophrenia (37.7%). In addition to this, the prevalence of suicidal ideation was greater after the crisis.

Chapter 4
Discussion

4 Discussion

There is a great amount of work that is currently being done for Syrian refugees both in countries of settlement and in refugee camps, whether it be research on any vulnerabilities and issues, or implementing strategies to help cope with the effects of displacement (Korntheuer, Pritchard, & Maehler, 2017; Oda, Tuck, Agic, Hynie, Roche, McKenzie, 2017; Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016). Prior to the Syrian conflict, not much was known about Syrian mental health needs, possibly because there was not any reason to identify their mental health problems if most of the Syrian population was residing in Syria. The last period of migration for people from Syria was as early as the first world war when thousands of Syrian people were forced to find refuge from the war and the expansion of the Ottoman Empire at the time.

This literature review was performed to determine whether the mental health needs of Syrian refugees or immigrants have been identified since the conflict has occurred, and how they have been addressed, whether by self-reports from Syrians or by service providers, or a conflation of both. It was challenging to compile a synchronized comprehensive literature review on this topic, as there is a greater amount of research that investigates this population's physical health issues, than their mental health.

Most of the papers investigated the prevalence or rate of posttraumatic stress disorder, and psychological distress levels in the Syrian refugees (Taha et al., 2016; Kazour et al., 2017; Naja et al., 2016; Alpak et al., 2015). Very few of the papers utilized qualitative approaches. This could have been a limitation in the findings of this review because it could have been easier for participants to speak about stigmatized conditions in a qualitative format (Rodgers, 2004). Only a few articles explored the mental health perceptions of this population – most probably because this population is currently extremely vulnerable, and requires psychological support, and therefore understanding the PTSD prevalence seemed to be more concerning in the first few years of displacement of the Syrian population. However, cultural understandings of Syrian people are important in considering approaches to providing mental health support, and for diagnosis.

The literature suggested that working in the field of mental health of Syrian refugees requires cultural sensitivity, just like any other community (Boswall & Al Akash, 2015; Acaturk et al., 2016). Following an investigation of the coping strategies that Syrian refugees in Jordan had selected, researchers advised nurses to allow for the provision of counseling services, stress management education, and connection of refugees with social services, and organizations that provide financial aid and psychological support (Alzoubi et al., 2017). The interventions that applied EMDR and art therapy found that it may be effective in reducing PTSD and depression symptoms among Syrian refugees with PTSD in refugee camps (Acaturk et al., 2016; Ugurlu et al., 2016). The one week need satisfaction which aimed to increase need-satisfying experiences, suggested that it might not have been enough time to address the more severe symptoms of PTSD and that it might require a three to six month-long intervention to see significant results for this group (Weinstein et al., 2016). Researchers identified that cognitive behavioural remedy programs were effective in easing the impact of asylum on children and adolescents (Mhaidat, 2016). After investigating the PTSD prevalence of Syrian refugees in Iraq, it was found that there is a great need to reduce exposure to traumatic events to control violence and to provide suitable mental health services to break the cycle of violence as it could perpetrate violence (Taha et al., 2016).

After determining PTSD rates, it was found that PTSD diagnoses in Syrian refugees should be flagged in particular for females, refugees that faced 2 or more traumatic events, and sociodemographic features such as personal and family history of psychiatric disorder (Alpak et al., 2015). In addition, authors Alpak et al. (2015) noted that a screening scale for PTSD might be developed to include only these four factors. Basheti et al. (2015) found that there are differences in the standard of care delivered to refugees at the camp in Jordan, suggesting that the situation needs to be reevaluated based on the increase of refugees and that a dedicated paramedical team is required to assess the needs and coordinate them as they emerge. They call for raising awareness of the psychological issues being faced by refugees and developing and implementing a program that can address those needs (Basheti et al., 2015). Further research on the hospitalization of Syrian refugees since the conflict suggests that clinicians should inquire about PTSD symptoms before taking decisions, and be aware of the possible burden of mental illness in this refugee population (Lama et al., 2016).

Also, there is a need for more psychologically informed approaches that can consider the beliefs, perspectives, and values relevant to supporting Syrian families (El-Khani et al., 2017). Telepsychiatry is a method that has been tried with Syrian refugees in camps, due to the difficulty in providing psychiatric services for them in Arabic, and it has been recommended to train primary care physicians in providing teleconsultations for difficult cases (Jefee-Bahloul et al., 2014). It was noted that adopting Western techniques for Syrian refugees would be challenging because approaches would need to accommodate cultural and religious backgrounds of Syrians, e.g. tensions between religious groups and opposing political groups, and the various types of trauma that might exist amongst this refugee population (Kazour et al., 2017). However, an integrative approach that adopts social, pharmacological and psychological interventions have been reported as positive (Kazour et al., 2017).

One limitation in this review was that PTSD was found to be a problem for most Syrian refugees found in the refugee camps, which could be due to the environmental stressors that camp conditions inflict upon individuals (Basheti et al., 2015; Roberts & Browne, 2011). There was not a lot of literature that documented the mental health symptoms of Syrians that resettled in countries such as Canada, Sweden, or Germany. The literature seemed very focused on Syrians that displayed symptoms of PTSD and identified mental health treatment programs that would assist those with PTSD only. Research about the approaches that might be considered for Syrian refugees with non-PTSD symptoms, was also missing from this scoping review.

Only one article explored the openness of this population to being referred to psychiatric services or telepsychiatric services (Jefee-Bahloul et al., 2014). Interventions that were tested in some of the literature were either novel approaches that have not been used before on refugees or were not proven to be effective in alleviating PTSD symptoms (Acaturk et al., 2016). There is little known in the literature about successful treatment for refugees, let alone for Syrian migrants (Tol, Barbui, Galappatti, Silove, Betancourt, Souza, Golaz, & van Ommeren, 2011).

This literature review only included English language articles and was limited by the number of articles that were published in peer-reviewed journals. If possible, it would be advisable to have subsequent literature reviews to include Arabic studies, which would enable a greater understanding of the needs of this population.

Chapter 5
Conclusion

5 Conclusion

This review was limited by the amount and quality of the research available through the databases that were used. There was one article that was not included in this review, as it was written in a German journal that could not be accessed through University of Toronto libraries. Perhaps there is a lot more literature coming from Europe in the German and Swedish language, seeing as many Syrians had migrated to that part of the world in the last seven years. Most of the articles aimed to identify the mental health symptoms or illnesses that they might be currently facing because of the conflict, and only a few were able to comment on the coping methods of Syrians. Despite these limitations, the literature review displays the extreme need for psychological support for Syrian refugees, due to a high prevalence of PTSD symptoms, especially for those living in refugee camps that suffer from daily challenges and trauma of being forced to leave their homes and reside in a vulnerable setting.

Overall, there is a gap in the literature in addressing the mental health needs of Syrians that have settled in countries such as Canada, Germany, and Sweden in this review. Employing Arabic speaking researchers upon the resettlement of Syrian migrants would allow for a quicker understanding of the mental health needs of Syrians. The Syrian conflict has been ongoing for so many years, that it has left people of Syrian origin torn between support of the government, and against it. This political conflict creates tension within the community and requires an understanding of the political viewpoints of Syrians before providing any kind of support for them. The Canadian government needs to develop a mental health initiative that is catered towards refugees, not only from Syria but for all migrants of conflicted countries, to better address their trauma and vulnerabilities. Many Syrians just want to find a job and to be able to provide for their families. There could also be a program in place that helps newcomers find suitable and affordable housing, employment and connect them with other Canadians to help them transition into Canadian society, to learn the English language, and to feel as productive contributors to their families. A more comprehensive view of the situation from a viewpoint outside of refugee camps would be needed to understand the broad context. Many of the issues

or needs that were examined in the articles in this review focused exclusively on Syrian refugees in camps in Turkey, Jordan, Iraq, and Lebanon.

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Chapter 6
A Qualitative Investigation of the Mental Health Needs of Syrian Refugees and Immigrants

6 Introduction

6.1 Background

The plight of Syrian refugees is currently one of the most critical concerns for the international community. The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as "a person who is outside of their country of origin due to a well-founded fear of persecution for reasons of race, religion, nationality, a particular social group membership or political opinion and is unable or unwilling to avail themselves of the protection of their country or return to it" (UNHCR, 1996). Refugees and internally displaced persons (IDPs) from Syria have experienced and suffered war-related violence since January of 2011 (Almontaser & Baumann, 2017). Many have been detached from their family members, experienced the seizing of villages, and have been exposed to many severe stressors in contexts where murder, torture, hostage-taking, enforced disappearance, and sexual violence routinely occur (James, Sovcik, Garoff, & Abbasi, 2014). Researchers have declared that the mental health of Syrian refugees must be a top priority (Colborne, 2015; Jefee-Bahloul, Barkil-Oteo, Pless-Mulloli, & Fouad, 2015). Since the Canadian government has opened its doors to welcome almost 50,000 Syrian refugees to date, migration scholars, settlement workers, and mental health professionals have been determined to address the mental health needs of this population (IRCC, 2017). A review of current literature on the pre- and post-arrival mental health of refugee children and adults report that post-migration factors on mental health are said to be just as important as the factors of asylum in refugee camps (Hadfield, Ostrowski, & Ungar, 2017; Porter & Haslam, 2005). Based on the Resettlement Assistance Program, which has admitted Syrians in three streams, by way of government-assistance (GARs), through sponsorship by private groups (PSRs), and a blend of both known as BVOR, not all Syrians have had access to the same level of physical or psychosocial support (Hadfield et al., 2017). This occurrence has sparked the interest of Canadian researchers to identify the needs of Syrian refugees admitted through the various levels of assistance (Oda, Tuck, Agic, Hynie, Roche, & McKenzie, 2017).

Immigrants that migrated from Syria before January 2011 have also been affected by the conflict, but their mental health needs have not been addressed in the literature. Much of the literature since the conflict has been focused on Syrian refugees that live in refugee camps, or that have recently settled into a third country such as Canada, Germany, Sweden, or the United States. Prior to the conflict, research conducted on the mental health of Syrian immigrants was found in studies that focused broadly on 'Arab Americans' or on 'Middle Eastern' migrants (Erickson & Al-Timimi, 2001; Amer & Hovey, 2007; Montgomery, 2011). A few recommendations for mental health service providers when providing services to 'Arab American' clients included: understanding their ethnic identities, to be patient with openness of clients, pay attention to ways in which language, culture, religion, and attitudes toward mental health may affect diagnostic process, and to attempt to counter clients' negative attitudes toward mental illness (Erickson & Al-Timimi, 2001).

Qualitative research has been proven effective in investigating the mental health needs or issues of refugees within the following groups: Sri Lankan, Pakistani and Somali, and Sudanese (Beiser, Puente-Duran, & Hou, 2015; George, M., 2013; Schweitzer, R., Greenslade, J., & Kagee, A., 2007; Thomas, F.C., Roberts, B., Luitel, N.P., Upadhaya, N., & Tol, W.A., 2011; Townsend, Pascal, & Delves, 2014; Tsoi, Yu, & Lieh-Mak, 1986;). Three different groups were used to collect data in a study by Stewart et al. (2008) to identify multicultural meanings of social support amongst immigrants, refugees, service providers, and policymakers. The comparison of less-established refugees with a more established immigrant community highlights the variables that intersect with social support and support resources (Stewart et al., 2008). A qualitative study was conducted by George (2013) where Sri Lankan Tamil refugees were asked about their experiences. These studies show that qualitative research can be helpful in contributing to the understanding of the mental health needs of refugee groups.

6.1.1 Objective of the Proposed Study

What are the mental health-related resources of Syrian refugees and immigrants in Canada?

This project involved two groups in a triangulated, qualitative inquiry: Syrian immigrants in Canada that migrated prior to the civil war, and the Syrian newcomer or "refugee" group that arrived since the civil war. Examining resilience and experiences associated with mental health for these two groups will assist with capturing needs broadly but also with specifying unique

needs and perspectives as a function of group membership. This exploratory qualitative study will allow for an in-depth exploration of Syrian refugees' experiences to gain a greater understanding of their mental health needs as they migrate to Canada. This information is much needed as the recent Syrian refugee crisis is the largest refugee crisis since the Second World War, and will open a much-called dialogue about their mental health. It will also inform our understanding of the methods through which this line of inquiry can be effectively undertaken. This study will inform service design, future research that might employ other methodological designs, and policy development.

Chapter 7
Methods

7 Methods

7.1 Overview of Method of Inquiry

This exploratory qualitative study employed a thematic analysis informed by grounded theory methods (open and thematic coding processes and memo use though stopping short of theory generation; Charmaz, 1995). Saturation was achieved prior to interviewing all participants, but the target of this study was to interview fifteen participants in each subgroup to ensure an equal amount of participation across genders and educational levels. Thirty participants who originated from Syria who was aged 18 years or older were engaged in semi-structured interviews that investigated the participants' perspectives on mental health, resilience, and associated experiences and perspectives on desired or received services and other resources. A purposeful sampling approach was employed (Bryant & Charmaz, 2010). We selected 15 Syrian immigrants (non-refugees) and 15 Syrian refugees, for a total of 30 participants to gain a better understanding of the different mental health needs per group. This could be considered typical of many in-depth qualitative investigations that should facilitate an adequate elaboration and exploration of key themes.

7.2 Sample

The number of participants in both the refugee and immigrant subgroups was 15, for a total of 30 participants in the project. The sample size had been chosen in part to allow for some degree of depth and diversity in the analysis within subgroups. It was also intended to allow for saturation to be achieved in both refugee and immigrant participant groups. Qualitative methods commentary would suggest that this size of a sample is adequate in the context of the methods proposed in this study (Onwuegbuzie & Leech, 2005). Participants were recruited through recognized agencies (e.g. Office for Refugees Archdiocese of Toronto, Arab Community Centre of Toronto, Agincourt Community Services Association) and religious institutions. Settlement agencies that were providing support to newly arrived Syrians were contacted, in which they were readily available to be engaged in the study as well. Staff networking resources (i.e., word of mouth, email, and telephone) were utilized by the institutions and agencies, to notify potential

participants of the study. Staff in the agencies and institutions invited people to participate and passed on their contact info to the research team using the attached script (Appendix 2). The advertisement (see Appendix 5) for this study was sent out to potential participants by email through a representative of these organizations, and in some cases, was communicated by word of mouth.

7.2.1 Immigrants

The first group of participants was made up of 15 immigrants from Syria who arrived in Canada prior to the civil war (March 2011). These immigrants were chosen to capture mental health-related experiences as they relate to non-conflict immigration and any changes or associated experiences that have arisen as a function of the current crisis. The consent process for this group was verbally translated into Arabic for some participants in this subgroup.

7.2.2 Refugees

The second group included 15 Syrian newcomers who sought refuge since the beginning of the Syrian civil war in March 2011. A convenience sampling method was used to recruit these refugees in this study. The consent process was translated into Arabic for this group.

7.3 Data Collection

Once informed consent was given, face-to-face interviews were conducted between November 2016 – August 2017 in participants' offices, or in the community, at their discretion. Interviews lasted approximately one hour, were audio recorded and transcribed verbatim by the researcher. Interviews conducted in Arabic were translated into English upon transcription for both groups of participants. Demographic characteristics were obtained from participants to develop a description of participants.

To facilitate the development of a description of the participants, we noted their age, ethnicity, country of origin, religious background, educational background, profession, housing type in asylum country, and refugee/immigrant status (derived from: Jamil et al., 2002; May et al., 2014; Sherwood & Liebling-Kalifani, 2012). The interviews for subgroups were used to inquire about their migration pathway, perceptions of mental health, what supports mental health and resilience in the Syrian community, and the coping methods used to address the challenges that they are facing (see Appendix 3). Throughout the interviews, along with the general lines of inquiry, we

asked participants to reflect on how their experiences might be influenced by factors such as gender, socioeconomic status, and age. This enabled us to draw out content specific to these key demographics.

A semi-structured interview schedule was utilized to elicit participants' experiences based on the research aims. Through open-ended questions, the researcher asked about participants' journey in the settlement, how their lives changed since the Syrian conflict, their individual and community level perceptions of mental health, individual sources of support, and thoughts about the refugee program in Canada (see Appendix 3 for interview questions). The questions were developed with the help of researchers at the Centre for Addiction and Mental Health (CAMH) who had run a previous study with 400 Syrian refugees. Participants were offered a compensation of $10 for their time and input and received an additional $10 if they took part in the member checking process. First, in-depth narratives were conducted in Arabic for the refugee participants, and mostly in English for the immigrant participants while the researcher carefully took field notes that documented important observations and reactions. The interview transcript was coded verbatim line by line. Formal discussions occurred while the investigator made field notes about any observations and impressions following each interview. Second, participants were engaged in discussions about emerging categories and themes as described above in a member checking interview. This interview took place over the phone or in person, at the convenience of the participant. Member checking is a technique that consists of continually testing with informants the researcher's data, analytic categories, interpretation and conclusions (Krefting, 1991). In this interview, an overview of the analysis was presented to participants and they were invited to comment on the themes described and to indicate whether they felt those themes matched their understanding of their personal experiences.

The authors achieved consensus that saturation had been achieved by 12 refugee interviews and 10 immigrant interviews.

7.4 Analysis

NVivo qualitative analysis software was used to categorize participants by demographics and compare and contrast theme structures as a function of those demographics. Overall this approach would allow for a comprehensive and a nuanced analysis of mental health needs of these individuals.

All notes and transcribed audio recordings were analyzed through grounded theory data analysis methods as recommended by Charmaz (1995). An open line-by-line coding method was used. Initially, themes/categories were identified through a line by line open coding process. Following this, conceptual categories were developed. Codes were reduced from a 'higher order' of categories by establishing links between them. Saturation was achieved when coding and categorizing themes reached a point where no other contributions could be made to the research. Through this analysis, a summary of the thematic structure was developed. Analysis occurred while the data were being collected and key emergent themes were brought back to participants for further elaboration and exploration in the member checking process. Several steps were taken to maximize rigor in the analysis and to establish the credibility and trustworthiness of the findings. A deeper discussion of core emergent constructs helped ensure better alignment of understandings of the themes with the participants' meanings. Lastly, we sought to increase rigor by detailed reviews of the code structure by the research team (checking categories against original text; reviewing all coded text; having dialogue and feedback about coding structure).

7.5 Ethics

This study was conducted with ethics approval from the CAMH, a Toronto Academic Health Science Network (TAHSN) associated hospital.

Chapter 8
Results

8 Results

8.1 Demographics

The 15 immigrants from Syria had all arrived in Canada prior to the civil war (March 2011). The Immigrant subgroup in this project was made up of 15 participants, ages 22-63, with a mean age of 42 years. There were 9 male and 6 female participants. Participants had arrived in Canada as early as 1999, and the latest was in 2010, with a mean year arrival of 2005. About 60% of participants came as a skilled worker, five of them based on family relations, and one landed visitor that applied for permanent residence. Almost all participants had a university (Bachelor, Masters, and Ph.D.) or college degree, apart from one participant who had some high school credits. Ten participants were Christian, three were of Muslim faith, one a Druze, and one preferred not to identify with any religion.

The 15 refugees from Syria had all arrived in Canada since 2015. The Refugee subgroup in the project was made up of 15 participants ages 21 to 65 years, with a mean age of 38.8 years. There were 8 male and 7 female participants. Many of the refugee participants had a bachelor degree and college diploma; a low amount with less than high school, or with some high school. Ten participants were Christian, five were of Muslim faith. More details are presented in Table 2.

Table 2. Demographical Characteristics of the Participants.

Item			Frequency	%
Age Group	Refugee	Immigrant	Total	Total
18-30 years	5	2	7	23.3
30-40 years	4	6	8	33.3
40-50 years	3	3	6	20
>50 years	3	4	7	23.3
Gender				
Male	8	9	17	56.7
Female	7	6	13	43.3
Arrival to Canada				
1990-1999		4	4	13.3

2000-2005		3	3	10
2006-2010		7	7	23.3
2011-2015		1	1	3.3
2015-Present	15		15	50
Migration Status				
Refugee	15		15	50
Immigrant		15	15	50
Migration Class				
Privately Sponsored	12		12	40
BVOR	2		2	6.7
GAR	1		1	3.3
Economic Class		9	9	30
Family Class		5	5	16.7
Other		1	1	3.3
Educational Level				
Less than High School	3		3	10
Some high school	3	1	4	13.3
High school diploma				
Some College		1	1	3.3
Some University		2	2	6.7
College Diploma	3		3	10
Bachelor's Degree	6	6	12	40
Master's Degree		3	3	10
Ph.D./M.D./ Other Professional Degree		2	2	6.7
Ethnicity				
Arab	8	7	15	50
Assyrian	1	7	8	26.7
Armenian	1		1	3.3
Kurdish	1		1	3.3
Syriac	3	1	4	13.3
Syrian	1		1	3.3
Languages Spoken				
Arabic	15	13	28	93.3
Kurdish	1		1	3.3
Armenian	2	2	4	3.3
Aramaic	2	5	7	23.3
English	11	15	26	86.7
French	4	6	10	33.3
Turkish	2	1	3	10
Other	1	2	3	10
Religion				

Muslim	4	2	6	20
Muslim (Sunni)	1	1		6.7
Christian (Orthodox)	5	3	8	26.7
Christian	4	7	11	36.7
Christian Roman Catholic	1		1	3.3
Druze		1	1	3.3
None		1	1	3.3
Asylum Condition				
UNHCR Camp	1		1	3.3
Housing	4		4	13.3
Hotel	1		1	3.3
Apartment	6		6	20

8.2 Theme Structure Analysis

In the following sections, after discussing what ‘mental health' means to Syrians, I display the main themes that emerged in the narratives of both immigrant and refugee participants. The terms ‘immigrant’ and ‘non-refugees’ will be used interchangeably in reference to Syrians that migrated to Canada before the Syrian conflict. I begin with discussing the participants' perceptions of mental health, how mental health needs vary upon age and socioeconomic status, the effects that the conflict had on the mental health of Syrians, and their coping methods. The themes are presented in the order of which they emerged in the narrative: beginning with an understanding of mental health within the Syrian community, branching out into the issues that they face and how they cope with them. Additionally, I provide a glimpse of my experience in conducting this research that was incorporated into field notes taken throughout the study.

8.2.1 Researcher Background

After working for several years in the Syrian community through religious and non-profit organizations, conducting this research required a different approach to working with Syrian people. Getting close and personal with Syrians was an emotional ride. Since the conflict took place, the entire community has changed. Things rapidly became life-changing for the Syrian-Canadian community once Canada opened its doors to bring in over 25,000 Syrian refugees back in 2015. I sought out community agencies that were serving Syrian refugees to gather participants, and surprisingly it was not a challenge to engage newcomer Syrians in the interview

process. Many of them were willing and eager to talk about their experiences during their migration process and shared their appreciation for Canada. It was more difficult for myself as a researcher to maintain composure during some of these interviews, as some participants' stories were rather heart wrenching. Stories of loss, pain, and suffering were shared without hesitation. Stories of resilience are what struck me as a researcher. Newcomers who had arrived in Canada since the war carried strength and hope for a new life and most especially for their children. When asked whether they had been affected by the conflict, or if they still had family or relatives in Syria, it did not seem to faze some participants. Many of them showed hope for a better life now that they had arrived in Canada, and hoped for the best for their loved ones. For those that felt conflicted with this question, it created an awkward silence or barrier to continuing with the interview. One newcomer who had left behind a daughter was brought to tears during the interview, which was challenging to observe and to move on with further questioning. I was not sure how to react to this, because I can understand the sadness that comes with thinking about loved ones left in Syria. I always wondered what the newcomer participants thought about me; probably assumed that I did not know what they were going through because they might have considered me to be an out of touch Canadian-born, a privileged young woman who could not relate to their suffering. Not only was it difficult for me to understand the difficulties in their migration process, it was even more challenging for me to comprehend the political turmoil that newcomers came from. I could not decide whether I empathized for individuals that were in favor of the Syrian President or for those that were against him. Relationships among Syrian people have been destroyed due to this political conflict in Syria.

In addition to this, there has been a great amount of discrimination against Syrians, which has created many issues for immigrants from Syria who have resided in Canada for several years. They have become frustrated with the image that Syrians now have due to the conflict, the displacement of millions of Syrians, and the many acts of terrorism that have taken place all over the world. Participants mentioned that people all over the world are jumping to conclusions about Syrian refugees, and deciding about whether they should be accepting of them or not. Syrian immigrants have called Canada home for many years, without anyone having prior knowledge about Syria, and seemed to suddenly acquire a responsibility of establishing a respectable reputation for Syrian people.

For some participants, they expressed that they try to impose the same notion on newly arrived Syrians. Syrian immigrants felt the need to teach newcomers about the importance of civic engagement, and that although Canada opened its doors to them, that they ought to give back and get involved in the Canadian community. Some showed resentment towards newcomers that arrived and did not show appreciation upon their settlement into Canada, and most especially for those who decided to return to Syria because they did not want to settle into a new country.

I struggled to deal with the attitudes that immigrants had towards newcomers' settlement. It is unfair that they have such a high expectation of the newcomers; some questioned the lack of gratitude that some newcomers have for Canada and got frustrated when they heard about anyone who returned to Syria after getting a chance to live in Canada. Immigrants that arrived through the skilled-workers program seemed jealous of the abundance of support that the refugees received because they claimed that they did not receive the same support. In retrospect, some immigrants were proactive in helping and were kind to newcomers, which was seen in their volunteerism. Some volunteered their time and others offered their homes to support the settlement of newcomers.

8.2.2 Observations

When participants were asked about mental health, there were a spinning loop of responses with regards to the conflict in Syria, which political side they were on, and opinions regarding the admission of Syrians into Canada. Many felt passionate to speak about the process of letting refugees into Canada, and some would even dodge the question about mental health to give their opinion on the matters in Syria, and some of the nuances that they face living in Canada because of the conflict. Some participants discussed the image the Syrian people now are given by Canadians due to the content that is displayed about them in the media. One immigrant mentioned that prior to the Syrian conflict, nobody knew anything about Syria. Now it is all they talk about. Other immigrants who have been living in Canada for a while and were engaged with the newcomer Syrian settlement wanted to ensure that the newcomers are productive residents of Canada and indicated that they do not want Canadians to have a misconception of who Syrian people are. They want to portray to the Canadian society that Syrians are hard-working. Syrians that have lived in Canada for very long seem as though their lives have been extremely disrupted since the conflict, and most especially after Canada opened its doors to refugees. This might be

rooted in the differences in Syrian people. Not all Syrians are of the same religion or even ethnicity. Many participants were frustrated with what the media is portraying about Syrians and the image that they have been tagged with. Several participants noted the lies that the media shares about Syria and its citizens. Christian participants were frustrated with the media portrayal of Assad and of anti-regime activists. Also, they believe media only shows Syrians who have been killed, bombed or those that have been affected by the Syrian regime. Participants shared stories about their relatives and friends who have been able to work, carry out religious celebrations, and who have not been terribly affected by the war. They wished that the media would share some of those aspects and not only the terror or destruction taking place.

The interviews showcased how the refugee program, specifically the private sponsorship of refugees, in Canada had an impact on the lives immigrants. Interviews took place in settlement service centers across the Greater Toronto Area (GTA) that provide support for immigrants, and at coffee shops for some participants. Newcomers were extremely willing to participate in interviews, given that there wasn't a language barrier with the researcher. Most participants did not have an issue with answering any of the interview questions. Interviews with some immigrant participants took place in their work offices, or at a convenient coffee shop of their choice. Some of them expressed their hesitance to being interviewed, due to a fear of having their political views exposed. Some participants did not want to discuss the conflict, or politics at all. This is partly due to a stance against the Syrian regime, or one that supports it. Once the political aspect of the conversation was passed, participants felt more comfortable and understood what the study was about.

Newcomer participants were extremely willing to partake in the research study and showed gratitude that the research that was being conducted. The tragic stories were from newcomers that migrated to Canada and reported chronic health issues that they now had to deal with in the family. My initial thoughts going into interviews was that I would hear traumatic stories that took place in Syria, and about struggles faced upon migration. Instead, I was torn apart by post-migration stories that newcomers had regarding healthcare issues that they face in Canada. Some reported the inability to work or attend language classes due to having to attend to their loved ones and providing care. Newcomers did not seem to be concerned with the trauma they faced back home but were instantly occupied with carrying on with their lives in Canada and attending to their family's needs.

8.3 Mental Health Needs of Syrian Immigrants and Refugees in Canada (Overview)

In these findings, there are several factors that play into the mental health needs of Syrian immigrants and refugees. Most considerably, the conflict in Syria has elicited mental health needs of both groups, immigrants and refugees from Syria. For refugees, the trauma they faced in the country, discrimination in asylum countries, and the migration process to Canada affected their mental health. Immigrants who left the country prior to the conflict expressed feelings of sadness and emptiness now that their homeland has been destroyed and that they can no longer travel there safely. In addition, when Canada opened its doors to give refuge to over 25,000 Syrians, many immigrants applied to sponsor their loved ones so that they may be able to settle in Canada. The sponsorship program in Canada was cited as extremely helpful for refugees, and to be stressful for the immigrants who acted as sponsors. Several themes emerged, which were specific to age, gender, educational background, having family or relatives in Syria, and the sponsorship of family or friends to live in Canada. The conflict in Syria also presented many effects on the mental health needs of Syrians. In addition to these themes, participants discussed their sources of support. Social support was found to be extremely helpful in the lives of all participants and was preferred over professional help. Some participants provided insight on the approaches that would be most suitable for the mental health needs of Syrians.

8.4 Mental Health: Syrian Perspective

Most participants had a hard time defining this term. Like other Mediterranean groups, many responses often related mental health to mental disorders or psychiatric illness. Even when asked about their perceptions of mental health, and mentioning its relevance to depression or stress, participants were then able to understand the connection. ‘Saha nafseyah’ is the term that was commonly used for mental health in Arabic; a combination of ‘health’ and ‘Nafseyah’ this term means psychological. Most often, when discussing mental health with the participants, their understanding of ‘mental health’ was conflated ‘mental illness’.

‘Mental health’ for participants was better understood as ‘emotional well-being’, and was considered a very important aspect of life and several times it was mentioned that without it one is unable to do anything. Some participants suggested that an individual can control their mental health by engaging in productive work, and by considering their thoughts and how their thoughts

would implicate their lifestyle or well-being. When asked about mental health resources, both refugee and immigrant participants considered mental health to be very important for the daily functioning of oneself, but only a couple of participants had mentioned seeking professional help.

> *Why is mental health important, because it allows you to move forward everything. If you are not in a good mental health, you cannot do anything. If someone is in good mental health, in anything they do, they will succeed. If they are not in good mental health, they will not excel in anything. (Refugee, Participant 8, Male, Over 45)*

Participants referred to mental health as a state of well-being where an individual's mind is at peace. They described what would occur if one's mental health was poor, and how a healthy mental well-being is essential to one's quality of life. This was seen at the individual level; however, a stigma lies at the community level, which prohibits many from seeking professional support. Participants that were trained healthcare professionals, and who were younger in age, were more open to psychosocial support than those who were not.

> *Well in Syria, I would tell you, the idea that someone goes to see a psychologist is something that is despised. They would say, "what are you taking me to the doctor for? Am I a crazy person?" That is the first thing they say. Like, "There is nothing wrong with me. I know how to deal with things on my own. I know how to get out this depression by myself. (Refugee, Participant 16, Male, 25 years)*

Immigrant participants had the same notion of mental health as refugees, despite having had been in Canada for over five years. This notion stemmed from a cultural understanding that mental health support was only for "psychotic" individuals. Seeking mental health support was not encouraged in the Syrian community. If it was ever needed, Syrians would not think to tell others about it and would rather deal with it on their own. Medication was also not sought out by either group, refugees or immigrants.

> *I don't have a full understanding of the medication thing, umm, and I am so much against it because I've seen a couple of peoples when they take antidepressant like they become somehow addicted to the medication. I don't see how is it helping,*

um, beyond that, I don't know anything, and I feel like I don't wanna know. (Immigrant, Participant 1, Female, 45)

There were no gender differences with regards to the aforementioned perceptions of mental health. Female participants spoke about mental health in the same way that male participants did. Their views differed when discussing professional support. Some female participants that experienced mental health problems themselves and ended up seeking psychological support for treatment, but their male counterparts would not. One female participant noted the struggle she faced in trying to encourage her husband in seeking mental health support because she could see that he was depressed, but said that he would not admit it nor seek help. She exhibited frustration as she described the process that she goes through to try and encourage her husband to seek out the help that she believes he needs.

So it differs from person to person, so for instance for me, I'm willing to cope with it, but let's say, my husband, if he's going through a hard time, I told him the other day, go to your doctor and tell them that you're not coping well and that you're depressed. And he's like "oh I'm not depressed! Ok fine, you're not depressed. But he's totally depressed. He's like, really depressed. Like, how can I say, it affects us all, and he's not listening. And he's the reason for my stress. But because he's depressed, and he doesn't know he's depressed, I'm trying to convince him, you're depressed, please do something to get out of it. But he doesn't want to admit he's depressed. So the depression gets worse, so we are two different people, and we live in the same house, and he would not willingly admit that he's depressed, how I went to the doctor and said listen I'm depressed, and I can't take it anymore give me something, but he wouldn't. (Participant 29, Immigrant, Female, 50)

8.4.1 my awareness of the importance of mental health has increased

When participants were asked, what is their perception of mental health, most would repeat the common perception and comment on the mental health of newcomer Syrians. In addition, some mentioned that the recent conflict increases their awareness of mental health and its significance.

My awareness of the importance of mental health work, of course, has become more, like I understand it's role more. Or the need to have support for mental

health and the well-being of these people, yes for sure. (Immigrant, Participant 1, Female, 45 years)

Despite having the importance of mental health increase for them, they were still not open to seeking professional help and relying on traditional methods of family and social support. A well-educated participant with ten years of experience living in Canada, in addition to teaching in a college setting, continued to have a negative connotation of mental health – associating mental health with mental illness.

Participant: *Yeah, I am now fully aware that mental health is something we can we have to deal with, it can be cured it's something that everyone is exposed to…uhh..stress, and uh all this like things happening around, can make the person like not feeling well, not physically even…mentally.*
Interviewer*: Ok, what about would you say somebody has like positive mental health? Like mental health doesn't necessarily have to mean – what do you think?*
Participant: *No, it's not in my mind, it's always negative.*
Interviewer: *Yeah? Ok so whatever*
Participant*: Like I don't know about a situation where, I never met a person or I don't know how mental health can be positive.*
(Immigrant, Participant 11, Female, 50 years)

8.5 Elderly Syrians

8.5.1 Many of the senior people they are suffering over here

Participants revealed through their interviews that elderly Syrians present more mental health needs than younger ones. Migrating to Canada at an elderly age limits the ability to thrive, and to contribute to Canadian society. Language and cultural barriers, and inability to apply any occupational skills due to their old age, create further limitations. For Syrians, the elderly find relief in the ability to visit their neighbours just by walking, spending quality time with their family regularly, and through socializing with friends. The cultural atmosphere in Syria is so different that when they migrate to Canada, it's as though they become cut off from mental health support. In addition to the cultural differences, the conflict in Syria continued to affect their mental health due to the inability of living in Syria. Many Syrians hoped that when they

migrated to Canada for the future of their children, that they would be able to return to Syria to retire there.

> *We were planning really to go to and stay there for let's say to three months, come back to Canada, you know move from between Canada and Aleppo, that was our plan after a certain age, you'd like to relax, but unfortunately it didn't happen so it put us in a lot of pressure, you know we lost all our incomes from there so now we are relying just only income from here so we have to struggle and back again and start from scratch, that's what happened. (Immigrant, Participant 23, Male, 60 years)*

> *I would say elder people as the seniors they are more affected and one of them is my dad, my dad came to Canada as a refugee but always like he saw, his mind was on his home. Because he spent 70-80 years there it's very hard to bring a person and just put him in a country where he cannot communicate where he has no friends he was feeling himself as a foreigner here, it was hard to feel himself to belong to the country even if the country is saying welcome here and that's really appreciated but I can say that senior people here that they also real indirect victims to what is happening in Syria… I lost my dad, he passed away because of he was psychologically unhappy and this is, by the way, this is a main factor behind I can say the depression of that's, many of the senior people they are suffering over here, in addition to that they don't have any entertainment places that they were having in our country like you know the coffee, going to play cards, these kind of social networking and social habits it's really really affecting our elderly, because they are used to it for scared, they are losing it. (Immigrant, Male, Participant 25, 40 years)*

8.5.2 It is not easy, you leave your whole life and leave. Especially when the person had started to get into their 60s. They are not young anymore

For refugees that were deciding to migrate to Canada, many of them considered this fact, that at an older age it would be very difficult for some Syrians to adapt to living in Canada. So much so that they would rather their children leave Syria for a better life and separate from their families.

This was extremely common for families with a male in the family who was enlisted to serve in the Syrian army. In these cases, the young male would claim asylum in a neighbouring country to find refuge in another country and leave his parents in Syria. A female participant highlighted that, for her family, she left Syria to join her brother on his journey to Canada and left her parents because they did not want to leave their homes in Syria. In her parents' eyes, moving to Canada was not in their favour.

> *They cannot. It is not easy, you leave your whole life and leave. Especially when the person had started to get into their 60s. They are not young anymore. The younger families that left they did not leave because they wanted to, they left for their children. 90/100 left for their children. But the person, once they get older and they reach the 60s, it becomes very difficult. They start to say, what do I want? Okay, my children I can trust they are ok. It is not easy for them to come. Okay, they want to come and live with their children, but it is not easy. Like they say, they have to close everything, and start again from the beginning and especially I don't know if it's been a long time that you haven't been there, that over there the parents keep working into their 60s, and 70s, especially my father, he is a business owner. He owns a place. He is still working, if he were to come here what is he going to do? He is going to sit at home? If he comes and just retires, what is he going to do? It is very difficult for him. (Refugee, Participant 17, Female, 30 years)*

> *I requested for my family to come, and the sponsor was going to bring them, but my father refused. He refused. He said I will not leave. He told me if I were to die, I will die in my home. He told me if I were to leave any die on the way, God forbid, he told me we are not used to this. The Eastern people are not used to the Western way. Like I tell them that I am living very happy, I am going out and coming, and I have money, and these things I own, the question is this real? You know what I mean? They do not believe you. Like this is what the elderly think. (Refugee, Participant 4, Female, 35 years)*

8.6 Educated Syrians

8.6.1 To use this new skilled-workers, actually destroying their well-being

Educated immigrants from Syria suffered a lot during resettlement, and it caused some participants to experience mental health issues in the first stages of their migration. Many had mentioned they had difficulty in accepting a lower skilled job, meanwhile migrating with a background in a higher paid profession in their home country.

The mental health of Syrians was affected by their post-migration experiences. Many of them struggled to find a job in their first year, whether they were skilled or not in their home country. For educated or skilled Syrians, they had the greatest difficulty in finding jobs, and in settling for a job that did not match their qualification.

> *Umm, probably three months but when I started working it was really hard for me because I started working in a bakery and it was really hard, I just was working and crying all the time at the first it's hard, I will cry again. It's hard… Yes, I used to work as an engineer and we used to everyday order something at the bakery and eat it, but when one of my coworkers who has relative in Canada he said where are you going, you go to Canada to work in a bakery? But when I came here I will always remember him what he said, you are working in a bakery...so you feel you compare yourself how you were and how you are now. (Immigrant, Participant 30, Female, 40 years)*

> *Um, so I think that a lot of work has to be done about the mental health and immigrants in this area, how the system is designed in Canada, to use this new skilled-workers, actually destroying their well-being, and especially the mental well-being, it's like destroying, its destroying, as simple as this. This is the word, destroying. (Immigrant, Participant 1, Female, 45 years)*

> *The beginning like the first two years uhhm, it was just like complete confusion. Uh, not knowing where to go what to do, what kind of education to proceed, like I finished dentistry before I came here and it's kind of, it's very challenging profession because I didn't know which school to go to, where to take courses,*

where I need to start English, or any dental studies, and uh by the time I understood all that, it was already like two years passing by and I got the idea that there are different requirements, different regulations, someone like me faced and uhh, it just like takes time because not every immigration service will know and tell you exactly what you need. (Immigrant, Participant 22, Male, 30 years)

Because you know your worth, you prove to yourself that you could do good, before you came, and here they don't acknowledge anything that you have done before, they think somehow they have this, um, concept of understanding that whoever come from outside of Canada, needs to be, to change, and to become adapted to the Canadian, and I don't see any difference like, everybody has computers, have the same programs, so, and the same, you know business understanding and concepts, and everybody has MBAs, so how come, what does it mean Canadian experience? Um, so it is very discriminating and the way they push us to volunteer, for hours, not to be paid, the way they push us to do like, for instance, I did three months job, from 8am-5pm, just putting flyers in envelopes. That's it! For 8 hours. And, whoever was asking me to do these jobs, she could be my team member somewhere I had team of for instance 5 or 6 people who I used to give clear instructions on how to do complicated things so, that messes up with your self-worth even though you try so hard to separate this from you but it's very difficult to. (Immigrant, Participant 1, Female, 45 years)

8.7 Conflict Effects on Mental Health of Syrians

The conflict in Syria affected the mental health of Syrians whether they lived in Syria or not. Immigrant participants reported several issues they began to face because of the conflict, and of course, refugee participants that migrated to Canada now face a wide range of mental health needs due to their first-hand experiences living in war.

8.7.1 The scare that I would get until I know what is happening like it is truly ugly

A rise in smartphone usage amongst Syrians living in Syria has provided a more accessible means for immigrants in Canada to stay in touch with their loved ones back home. Despite this

advantage, some immigrant participants raised an issue they face when they receive a phone call in the middle of the night through apps such as Viber and WhatsApp, causing them to worry about the safety of their relatives.

> *My phone if it were to ring at night, until I were to answer, especially if it were a number on WhatsApp or on social media, and from Syria, like I couldn't wait to answer to know what is going on. It could be someone who just wants to say hi, or my brother, or whoever, but for me, the scare that I would get until I know what is happening, like it is truly truly ugly. Like truly. I would no longer be able to sleep again. Sometimes, until 3am, 4am, 5am, I wouldn't be able to sleep anymore. Even until now, even in these circumstances, although my brothers are in Lebanon and so, as soon as I get a call at night, I would get frozen... (Immigrant, Participant 26, Male, 35 years)*

Refugee participants that were separated from their families would also express worry or sorrow for their relatives that were left behind.

> ***Interviewer:*** *And for now, do you still have family in Syria?*
>
> ***Participant:*** *I have my daughter, she's married.*
>
> ***Interviewer:*** *What do you feel when you think about your daughter remaining in Syria?*
>
> ***Participant: Begins to cry****. I get upset for her. I get scared for her.*
>
> ***Participant:*** *I am usually worried about her.*
>
> ***Interviewer:*** *You are thinking about her a lot?*
>
> ***Participant****: Yeah of course. (Refugee, Participant 5, Female, 65 years)*

8.7.2 I've heard a lot from my coworkers that I'm not focusing, it's just difficult to focus

For some participants, the conflict in Syria affected their everyday functioning in life. They became bombarded by the media, through both social media and the news, to be kept up daily on the situation in Syria. Participants showed great concern especially if they had loved ones in

Syria. Some mentioned that they would no longer be able to focus at work due to the recent crisis.

> *The other day I was speaking in the lunch room, and someone was telling me, how can you be so calm and your county and your family is all in war. Haha, you think I'm calm, I'm not calm! And as soon as I start talking about Syria, my voice changes and everything, and I told them I am not calm. (Immigrant, Participant 29, Female, 45 years)*

> *It did, so when we came back we were never the same, for me, going back to work I'm always tense, like at work I'm always checking the news, always checking my phone, I've heard a lot from my coworkers that I'm not focusing, it's just difficult to focus. (Immigrant, Participant 29, Female, 45 years)*

> *You know like when it started in 2011, yeah it was very hard to hear what was going on. And for me myself when I just watched tv I couldn't eat, I just watched and I lost at that time more than 10 kilos, I couldn't eat, like I just watched TV and I even also like we were really worried about our family there, what's gonna happen, we keep watching the news day and night, like even at night whenever we wake up we just see the cellphone the news what's going on, like you know it's a lot of worry like what's gonna happen to my family there, how are things go, so it was a lot of pressure, but recently you feel things you know before because it was you don't know what's going on how come, what happened.(Immigrant, Participant 30, Female, 40 years)*

8.7.3 The most difficult in the sponsorship is the waiting period

Immigrants felt that it was their responsibility to sponsor friends and family members so that they would be able to rescue them from the conflict, and became private sponsors. For sponsors, there were many factors that contributed to their daily stress, from conducting the paperwork for sponsorship up until the arrival and settlement of the refugee family. The waiting period for the sponsored refugee to arrive in Canada stressed both the sponsor and the sponsored refugee. This was due to the high expenses of living in Lebanon and at times the preparations that were

required to sponsor the family in Canada. Some had rented out apartments prior to the refugee's arrival to secure housing.

> *After when our people arrived, we supported them because they come from a culture that is 180 degrees different. You know, it's we have to do this, rent them a house, and when with the church of course, but them the furniture and stuff. (Immigrant, Participant 11, Female, 50 years)*

> *The most difficult in the sponsorship is the waiting period. The waiting period, what's happening, when you displace people, you move people, they are out of Syria, in a different country, most of them are in Lebanon, or Jordan, not everybody is in the camp of the united nation, it has a lot of somebody pay him, somebody feed him, and even in Lebanon they do not want to give any status as refugee…when you are in Lebanon you are on your own, now together on your own, you have to feed yourself, you have to stay under cover or shelter…(Immigrant, Participant 19, Male, 60 years)*

> *Their paperwork has been delayed more than what we expected….we have a lot of work to do, we have to welcome them into our home, of course, then we will start to search for accommodation for them, for work…(Immigrant, Participant 25, Male, 40 years)*

Living in Lebanon was reported to be a difficult time for the refugees. They were not treated like Lebanese citizens when finding work, were forced to pay unrealistic amounts for rent and were paid a lesser wage for their work. Some were living paycheque to paycheque. Participants reported feeling discriminated against by Lebanese citizens for being Syrian.

> *In Lebanon, they mistreated us a lot. The Syrian people would be mistreated a lot, and even until now they are mistreated. I get upset for those who are still there, those that are in camps are limited, they want to kick them out at any moment. (Refugee, Participant 4, Female, 35 years)*

8.7.4 We are contributing some money to let's say, send back to the people who are in need

Many immigrant families from Syria were separated from their relatives since they migrated to Canada. For some, the Canadian government's response to the Syrian crisis was a positive thing, and for others not so much. Some families could take part in providing refuge to family members or friends by way of the privately sponsored program, whereas some were unable to bear the financial responsibility of sponsorship, and could only support their families by sending money.

> *Everything is normal, but that for example, now you have to send more money there. You have so many people to help so part of your saving it's going there now, which is the difference. (Immigrant, Participant 24, Female, 40 years)*

> *The other thing is like we tried sending some funds down there and of course you send the fund today it will reach to them after two weeks, sometimes a month because the way of how things are transported right now, so we are always like back to my cousin, like they needed money for them medications like uhh, a drug cost $3000. Who will pay $3000 in Syria? Nobody. So we're sending that down there and then we are just waiting, we know that the kid needs this yesterday. (Immigrant, Participant 22, Male, 30 years)*

> *But in different levels, every Syrian community, every Syrian, even if he's been here for twenty years maybe for forty, but still his mind I know people my colleagues who have been here for forty years but because they have relatives because they always thinking about them, we are contributing some money to let's say, send back to them to the people who are in need, whatever it is, so always you have to think about that, so that's a mental. It's stress, so whatever instead of just sitting down and just watching sports and going to anything else, you are going to just let's say speaking about the conflict, what's happening, who is gonna win, so I think that's gonna contribute to the mental you now things that's gonna affect every single body. (Immigrant, Participant 23, Male, 60 years).*

> *Isn't that stress, that mental stress for yourself that where I used to be, now where I am. You know, so Syrian conflict It put pressure for the immigrants, that they had some plans in the future, but that plans now it's not gonna be implemented*

okay because of the conflict for the refugees, you know suffering from the because they kept everything there, maybe they lost families, members of families now they are here that's because of that, all this I think its gonna contribute to the mental you know illness for that, so I think the conflict really, it's affecting everybody. (Immigrant, Participant 23, Male, 60 years)

8.7.5 In a way that's destroying Syria and we know that Syria is very beautiful

The majority of immigrant respondents cited their sadness in not being able to travel to Syria anymore. Some had mentioned that they migrated to Canada to provide a better life for their children, and they would return to Syria for their retirement stages. The conflict in Syria took these expectations away from these immigrants, leaving them with an emptiness and heartbreak that they are not able to travel to their homeland anymore. Some participants did not want to believe that there was destruction that took place in their homeland. They hoped that they would return to Syria as they had left it. Some participants also noted that although they were unable to sponsor their loved ones to come to Canada, they became burdened with the responsibility of providing financial resources for their relatives, due to the conflict and its effect on the economic situation in Syria. Many people in Syria lost their jobs and found it difficult to keep up with inflated prices of resources in Syria.

After we came back it was very difficult because you can hear all this news about what's happening and you know that, a lot of it is lies and all of it is real, but you know it's being used against the government and against Syria, in a way that's destroying Syria and we know that Syria is very beautiful, and it's not what they're saying, so it's kind of difficult to live with that fact, and you don't know what to do, like how do we help there, how do we help here, and we were kind of like torn. (Immigrant, Participant 29, Female, 45 years)

We feel what we used to know about Syria was beautiful, what's going on, what's happening to our lovely Syria? So the picture is different. (Immigrant, Participant 30, Female, 40 years)

Well our plan that when we come here and settle down and the kids reach a certain education and start work you know, I could work here and get retired and

when I retire from here it would be nice to always go and visit, so we were planning for three years to go back and visit, but it didn't happen because of the security so it was you know a bit of a headache for us that we won't be able to go. (Immigrant, Participant 23, Male, 60 years)

8.8 Social Support is Critical for Syrians

Syrians use their social circles as their main source of support. Their friends, their neighbours, and even relatives back home are the sources that give them relief and support during their hard times. Newly arrived Syrians find social media outlets (such as Facebook) to be a great source of relief. They can connect with relatives that they have left in Syria, and surrounding countries and they also use Arabic satellite channels to stay in touch with their culture and to entertain themselves with Syrian dramatic series.

They watch tv, but what do they do they bring that what we call the boxes or the dishes, they bring them their own whatever it is episodes from their own, so they spend time always remind themselves with things, they go to the net now, the net or the social life, that's as well helping them to be not be loneliness, because if they like they can see what's happening they can say, they can communicate with their colleagues, their friends, their relatives back home in Syria or around Europe through the net. (Immigrant, Participant 23, Male, 60 years)

Immigrants who sponsored refugees found community support once many more Syrians began to make Canada their homes. In retrospect, refugees found that a sponsor was crucial to supporting them in their resettlement, especially in their first year or first few months. The coping methods that many respondents engaged in were socializing, engaging with family members or friends to help get through an issue. A few participants said that they would analyze the problem or thought that is troubling them, and they would think about why that certain problem or thought is occurring, and they would strategize a way to get out of it.

So we had a lot of special help from the sponsors, like they were really good with us, to a level. For every step, they were with us. Like they say there is someone behind you, at all times. That alone makes you feel good. It makes you feel that no

matter what happens, you are a resident, and they can help you. (Refugee, Participant 12, Male, 20 years)

8.8.1 In Syria, we have a family support

Similar to other Eastern cultures, Syrian people depend on social support more than anything else. Whenever they face a problem, they seek out their family members or friends for help. For Syrian newcomers, immigrant participants spoke about the importance of having a Syrian community available to serve the newly arrived group. A co-ethnic support group was cited as very critical. Refugee participants expressed relief when they received support from an individual who spoke the same language as them in their initial stages. Immigrant participants reinforced this when asked about their settlement, and mentioned that they would have appreciated the same resources that were available to the refugees during their settlement process.

Yeah, so the biggest thing for Syrians when they come here, they ask for someone who speaks Arabic. That's the first thing. Because, you really find many stories that are very sensitive, and you can't just rely on someone who only speaks English. (Refugee, Participant 16, Male, 25 years)

Syrian people greatly depend on religious support. Syria is predominantly a religious state, with both Muslims and Christians who typically engage in spiritual activities to provide them with mental health support. Both male and female participants cited that they would pray to help them get through their issues.

The Lord. I like to be by myself and pray and cry. Like anything, I like to be alone, nobody to ask me anything. I like to be alone. The second thing, I go to the closest person who understands me, either my husband or my daughter. I look to them to most and my children. (Immigrant, Participant 18, Female, 50 years).

Interviewer: *So there is nothing spiritual that you connect to, or something personal?*

Participant: *Of course, I read the Qur'an every day. Yeah, every day.*

Interviewer: *Ok, do you find that this helps you?*

Participant: *Of course. Yeah. Before I fall asleep at 3am I was reading Qur'an as well.*

Interviewer: *Do you find that that relieves stress for you?*

Participant: *Absolutely, absolutely.*

Interviewer: *If there is a day that you don't do it, do you feel off?*

Participant: *Something is wrong, when I came in today in the morning I just there was no customers, nobody, just employees, so I read the Qur'an, I felt happy.*

(Immigrant, Participant 27, Male, 30 years)

8.9 Professional Support

Nearly all participants noted that they would not seek professional help, for various reasons. Some experienced financial barriers, and typically these were immigrants who have been living in Canada for over 5 years. Participants did not seek professional treatment for mental health issues, and most of the time did not engage in it because they would be embarrassed to and consider that psychological help is only for "crazy people". Medication was also not encouraged or seen in a positive perspective, not only for newly arrived Syrians but even for those who were educated and had been living in the country for over ten years. They do not accept medication as a method of coping with mental health issues, and would rather deal with their issues on their own or with the support of their family members and friends.

…when I'm like deep in the 'thing' um, I think that helps me is speaking with professionals, I try to get help um through OHIP, but they told me, like through what I meant by OHIP I meant by MD, family doctor... I did not feel that I needed medicine, I just needed strategies and I needed someone to get the root cause to help me, to understand the root cause and come up with strategies so it's not a matter of medicine… So I didn't have access to that, um, and especially my income is very very low these days since I came here so I, I try here and there sometimes I look um, I read articles on the internet, um book or I attend workshops um, that are affordable, stuff like that. (Immigrant, Participant 1, Female 45 years)

Like what I imagine is the negative opinion about mental health, like mental health means that there is something in your mind, like you are crazy or something. So they really hide a lot, and they don't like to talk about it, like they don't take care of it. When they come here, it depends, if they want to be open to the society here, they will accept mental health. But no, if they want to be stuck on their previous mentality, no, they have a negative imagination of mental health. (Immigrant, Participant 24, Female, 40 years)

Many participants described the need for mental health support among Syrian refugees but also highlighted the issue that can arise from recommending a healthcare professional for help. Instead, it was suggested that for Syrians, a more effective approach to recommending mental health support was to invite them to a social gathering and provide information about psychological help in a general way.

I think it's for Syrian people, it's not for, it not will be social, a psychological treatment, I think they need to be spoken to, do lectures, advise them, give them a suggestion. They should give them information, make them more aware. They should come at this time, bring a psychologist, and offer them information and perhaps they would come to them. But to encourage them to see the person directly, they won't. They will say, what do they think I am a crazy person? They don't accept this idea. (Refugee, Participant 15, Female, 25 years)

Two participants raised the observation that in Canada, people depend on psychiatrists for support, due to an individualistic culture. For Syrians, they would much rather seek out their family members and friends for support when they are stressed.

Canadian you mean? What do they do? They go to a doctor. I don't have that experience, but the most of them go to doctors, and a majority of them give them medication. Because here, from my experience, they aren't very close to each other. (Immigrant, Participant 18, Female, 50 years)

In Syria, we have a family support. So this is kind of important over there, this is something different than Canadians, here everyone is busy, over there, there is family support, so when I see my sister she will relieve me of my stress she will

say let's go for a walk, you won't see anyone in a deep situation because there is family and a big one, not just like one person, but big families. (Immigrant, Participant 30, Female, 45 years)

Chapter 9
Discussion

9 Discussion

Mental health, for Syrians, was not a concept that was easily translated for participants. Most of them would assume when asked about mental health that the interview question was addressing mental illness. After breaking the terms down to the participants, they equated it to emotional distress, feelings of frustration, suffering, or a bad mood. Syrians do not discuss mental health issues with others unless it is someone they can truly trust, and most often a family member or friend. They also do not consider that anyone should be facing mental health issues, because they do not exist, unless that person is 'crazy'; it is a very stigmatized concept for Syrians. This perspective was shared by both Syrians that migrated to Canada before and after the conflict. Various factors played into this perception, such as cultural traditions on treating mental health issues, and a shortage of psychological or clinical support. There were not any gender or age differences in this perception. Educated Syrians were a little more open to the idea of reaching out for psychological support, but only two participants in this study had reported that they had seen a psychologist since they migrated to Canada. Although they ended up seeking a professional, they still highlighted the stigma they had about receiving help prior to their visit, which kept them from accessing any treatment immediately. A stigma exists across not only Syria, but most countries in the Middle East, because people from these countries do not want to be labelled as 'majnun' (insane) (Acaturk et al., 2016; Ghumman et al., 2016; Hadfield et al., 2017; Hassan et al., 2016; Jefee-Bahloul et al., 2014; Kazour et al., 2017; Nakeyar & Frewen, 2016). Although mental health stigma exists within the community, the literature on refugees in camps showed an increase in awareness of the importance of mental health (Basheti et al., 2015).

A previous study conducted to identify openness to referral to psychiatry and telepsychiatry saw partial acceptance, where 34% of respondents saw they need to see a psychiatrist – and that among these participants, 45% were open to telepsychiatry, a much great proportion than those in this present study (Jefee-Bahloul et al., 2014). This finding was similar to that of participants in this present study because most reported feeling scared to trust psychiatrists with their personal stories, without any discussion of online services. Research conducted in Alzatary camp found that a high number of participants (46%) believed that psychological support was needed

(Basheti et al, 2015). Findings in this present study were different from that of the literature, where little participants saw a need for psychological support. However, Basheti et al. (2015) found that only 14.5% of their sample reported receiving this therapy, which was relative to what we found in this present sample, where only 2 or 3 participants had accessed therapeutic services in Canada. There was a high number (79.5%) that reported a presence of mental illness, 67.1% of which reported the type of illness, 55.1% of them said it was an acute illness, 16.3% chronic, and 28.6% a combination of the two (Basheti et al., 2015). Participants in the present study did not report any illnesses or mental health symptoms. However, Basheti et al. (2015) did find that a higher proportion of refugees that stayed in tents were the ones who needed psychological support, compared to refugees staying in caravans, and can be compared to the refugees in this study that did not reside in camps. The discrepancies between reports in the present study and findings in previous reports indicate a need for further investigation to understand the factors involved.

For Syrian people, mental health issues were reported not to have impacted their lives very often while living in Syria. Participants frequently asked whether the question at hand was about the mental health issues they faced in their home country, or in their country of settlement (Canada). Most respondents discussed the mental health issues they experienced because of post-migration factors. The asylum process in Lebanon and immigration into Canada seemed to play a large role in their mental health, and upon settlement into Canada, did mental health support take precedence in their lives.

Immigrant participants discussed mental health issues that they faced because of the conflict, but Syrian refugees did not reflect on issues they faced while in asylum or in Syria as much as the issues they experienced upon resettling in Canada. When asked about the mental health issues they faced in Syria, none of the participants had anything to report about. The conflict seemed to raise awareness of the need for mental health support for Syrian people who had migrated prior to the war, but not for newly arrived Syrians. This could have been due to the fact that those who had arrived in Canada prior to the war have been further exposed to mental health support in Canada and once they were asked about it saw the need for it. With regards to the present study's refugee consideration for mental health support, it is contrary to the literature on Syrian refugees in camps, who exhibited openness to telepsychiatry, and a high prevalence of PTSD rates. Kazour et al. (2017) found PTSD point prevalence of 27.2% and a lifetime prevalence of 35.4%

among 452 Syrian refugees in the Central Bekaa region in Lebanon. Taja et al. (2016) discovered mildly traumatized refugees had a PTSD rate of 12%, moderately traumatized refugees, 13.6%, and severely traumatized refugees a PTSD rate of 50%. These findings create a sense of urgency for refugee scholars, mental health care providers and settlement workers who meet with newly arrived Syrians in Canada. However, in this study, the refugee sample was not representative of the same population in the literature. Canada has received many privately sponsored refugees, and many of which had not lived in camps, or perhaps did not endure severely traumatizing experiences in Syria.

Prior to migration, and even upon settlement in Canada, Syrian people continue to rely on family support as the primary source of mental health issues. Many participants in this study identified that whenever they faced a personal issue that they would seek out their closest friend whom they trusted, or a family member for support. The Canadian response to Syrian refugees witnessed a huge amount of involvement from the Syrian-Canadian community and non-Syrians. When Canadians were looking for Arabic speaking individuals to assist in the settlement of Syrian refugees, Syrian-Canadians were sought out to help with translation needs, and to acquire a cultural understanding of the newly arrived group. Co-ethnic support has been cited to be the most relevant and helpful form of social support (Simich, Beiser, & Mawani, 2003). El-Khani et al. (2017) report in their qualitative study on Syrian refugee parents that social support not only provided participants with a chance to normalize their experiences but to also find solutions to the problems they were facing.

9.1 Sociodemographic Characteristics

The mental health needs of Syrian people of various age groups and education levels differed based on the conversations had with the participants. A respondent reported that his father of 80 years of age had suffered immensely upon migration to Canada due to his inability to learn the English language and to living in Canada just as he did in Syria. Elderly individuals from the Middle East seem to struggle with the Western society, which includes a greater need for transportation methods to get around, having to speak the English language, and not being able to work. Friendships are also very important for the elderly, which they lose access to once they migrate to Canada. A study that investigated the mental health determinants of Iranian Immigrants in Canada reported that elderly migrants need specific interventions to help them

improve their communication skills and to be able to maintain friendships (Jafari, Bahariou, & Mathias, 2010). This was seen in a respondent's story that reported that his 80-year old father suffered greatly when he migrated to Canada because he experienced a great difference in the culture and community, which made him feel depressed.

Educated Syrian participants noted the mental health issues they faced when seeking to acquire the qualifications that they needed to work in their field of expertise. Many of them were not prepared for the process it would take for them to find the job they were looking for. Some of the participants felt ashamed and unaccomplished for having to work survival jobs in their first year, despite having degrees from back home. Participants noted that, when they first arrived, not knowing anyone delayed their process in obtaining the right credentials they would need to find the job that fit their qualifications. This finding is significant because one-third (32.5%) of Syrian refugees that were admitted into Canada came with a formal trade certificate, a university certificate, some university, a degree, or some post-graduate education (IRCC, 2017). Although many Syrian refugees come with secondary education or less, this population is also at risk of mental health concerns due to inability to easily find employment in their field of education upon migration. Despite their difficulties, educated Syrian immigrants in this present study were successful in solving their problems and in becoming successful Canadian citizens. Alzoubi et al. (2017) conducted a study on Syrian refugees in Jordan meanwhile identifying coping strategies in relations to their demographics, which found that educational level was a good predictor of problem solving. Problem solving was seen to require the application of knowledge and cognitive skills to develop the appropriate solution to address a specific problem. Many participants in this present study that were educated had also pointed out in their coping efforts, that they would identify the problem at first, analyze it and then come up with an appropriate solution. One participant had noted that when they are faced with an issue, that they consider the root cause of the problem and think of ways to solve it by way of analysis.

It is interesting to note in this study is that Syrians that migrated before and after the war were faced with mental health effects due to the conflict. They faced similar and unique mental health concerns. For Syrians that migrated prior to the war, they were faced with issues of how to manage day-to-day functioning without having to worry about their loved ones that were left back home, or for the stability of their home country. Some participants reported that they lost focus at work, and were constantly checking in with their family to ensure that they were safe, or

they would always update themselves with any news whether on social media or on television. The conflict in Syria consumed the lives of both Syrian refugees and immigrants. Syrian refugees, of course, were directly affected by the conflict, in becoming displaced from their homes. They face risks of PTSD after witnessing several traumatic events in their home country, and while they find asylum in refugee camps (Alpak et al., 2015; Basheti et al., 2015; Jefee-Bahloul et al., 2014; Kazour et al., 2017; Naja et al., 2016; Taha et al., 2016).

Many Syrians in Canada were provided with the opportunity of sponsoring relatives to live in Canada and find refuge, which in turn increased the daily pressures and stressors that they faced. For many of them, they had to financially support loved ones abroad, which was reported by some participants to be a burden and stressful in the time since the conflict. In addition to the financial burdens, this subgroup has also faced a great loss due to the conflict. For some participants, they lost members of their family or friends due to the conflict and are faced with grief, or they must cope with the fact that their homeland has been destroyed and they can no longer return. Due to these stressors, there needs to be a greater understanding of this nuanced population as they play a great role in the lives of refugees that migrate to Canada and require psychosocial support as well. This is an area that has not been substantively addressed in the literature to date.

Finally, social support was reported to be the most common coping method amongst Syrians, like other refugee groups (Alfadhli & Drury, 2016). Syrians are not accustomed to receiving professional support for dealing with stress, or even depression. They would much rather seek out a family member or friend to let out their distress, or in some instances, would even attempt to resolve the issue on their own. Female participants reported utilizing social support more often than male participants did, and this can be found in recent literature as well (Alzoubi et al., 2017). Male participants were seen in that study to keep their issues to themselves or to deal with their challenges on their own.

Religiosity is also a great source of psychosocial support for Syrian people (Boswall & Al Akash, 2015; Abou-Saleh & Hughes, 2015). Faith in general regardless of religious denomination was cited to be a reliable and consistent method for coping with the lives of Syrians (El-Khani et al., 2017). Both Muslim and Christian participants reported that their faith

in God was a primary source of support in their lives and that engaging in religious activities was necessary for their wellbeing.

9.2 Limitations

This study was limited to not having a researcher that was fluent in written Arabic, and not being a Native-Arabic speaker. Although participants were interviewed in their first language, the interpretation of concepts was not easily translated between cultures and languages. In addition, not all participants were recruited through community agencies, so some that were referred by religious leaders could have felt pressured or influenced to partake due to their refugee status. Some participants were also pressed for time at the community agency they were recruited from because they had to attend to their families, so they were not able to elaborate so much on their interviews. There was also some hesitation in sharing some perceptions due to the political tension that arises from the conflict. Our sample was not representative of all Syrians that arrived in Canada since the conflict. Government-assisted refugees were not included in this sample, and neither were refugees that lived in camps. Further research is required to understand the mental health needs of this subgroup. Almost all participants within the refugee subgroup were admitted by the private sponsorship of refugee (PSR) program, which created for a homogenous refugee sample.

9.3 Implications

As noted, the ethnicity of the pre-conflict Syrian population in Canada does not reflect the actual distribution of the Syrian population and thus is likely to differ from many of the Syrian newcomers who are currently being forcibly displaced by the conflict. Data from the Canadian government indicate that most Syrians resettled in the Welcome Refugee initiative were Muslim Arabs (IRCC, 2018). Not only are they likely to differ in terms of ethnicity but, because ethnicity is associated with political positions in this population, they are also likely to hold different political positions. Regardless of their ethnic background, the Syrian community is likely to represent both sides of the conflict and may engage in activities that communicate their political positions, and arouse the anger that this conflict engenders. For example, the opposition group has returned to utilizing the revolution flag to demonstrate their separation from the Syrian regime, whereas supporters of Syrian President Bashar al-Assad post pictures of him on social media and wish to use the Syrian Republic flag (Phillips, 2015). There are thus subtle and not so

subtle ways in which Syrians in Canada can communicate their political allegiances. Not surprisingly given the intensity of the conflict, research with recently arrived Syrians in Toronto, Ontario has found that they report a lack of trust towards fellow Syrians in Canada (Oda et al., 2018). These divisions need to be considered when developing initiatives or programs that are catered to Syrians, as can be seen in Vietnamese migrants that immigrated to Canada (Ngo, 2016). Syrians migrating to Canada come with many religious and ethnic backgrounds that come with historical contexts of persecution, political differences, and can make it difficult to work with Syrians using a single-lens approach, and can be observed in other groups such as Bosnian and Vietnamese immigrants (Voci, Hadziosmanovic, Cakal, Veneziani, & Hewstone, 2017; Ngo, 2016).

Recommendations to work with Syrians in mental health in the future would be to organize a committee of individuals with the various ethnic and religious backgrounds from Syria. These individuals could be made up of religious leaders, politicians of Syrian descent, and community organization leaders as well. This committee would meet to discuss the various issues they see that Syrians are facing from all aspects, whether it be educational, spiritual, physical, or emotional, and identify solutions that could be applied to each subgroup of Syrians. Knowing that Syrians are drawn to attending religious institutions and depend on their religious leaders for support, it would also be helpful to engage community leaders in a dialogue about mental health and encourage them to provide information about psychological resources to their congregation. It would also be helpful to have members from other Arab communities such as Palestinian, Egyptian, or Iraqi, to be a part of the dialogue to identify challenges that those populations had faced upon migration to Canada, and what successful strategies were taken by the government or the community in their settlement. Partnering and networking Syrian leaders in Canada with other leaders from Middle Eastern communities could allow for a healthy dialogue about successes and failures that individuals faced in their settlement, and the opportunity to learn from previous mistakes. Although social support was cited as a helpful source in the lives of the participants in this study, there are possibly many cases that might require a more individualistic approach. In this case, I would recommend that a network of Arabic speaking mental health professionals also be put together to enable a response to vulnerable Syrians that need greater assistance. Participants in this study noted that a community centre for Syrians could provide them with their basic social needs, and a safe space to bring the community together for events,

child programs, and for experiencing the Syrian culture by way of promoting the arts, music, and food. Some felt that the Arab Community Centre of Toronto is too general in addressing the needs of individuals from the Middle East and that Syrians might prefer to gather in a place that caters to Syrian culture exclusively.

Accommodating Syrians from all ethnic groups would be extremely challenging, but future initiatives in the Canadian communities should be careful and knowledgeable about the political and religious issues that exist in the Syrian population. The tension within these subcategories would need to be considered and identify ways to address them.

Recently, there have been business competitions (i.e. Hult Prize, Jusoor Syria, etc.) in creating a solution for refugee issues around the globe, where University students have been engaged. Engaging Canadian students who have participated in these activities could also be helpful to the overall support of Syrians, seeing as they have identified problems that Syrians have been facing, and develop sustainable and scalable solutions to tackle these issues. People all over the world are looking closely at displaced Syrians and have been inspired to create mechanisms of support for refugees that would provide not only short-term relief but long-term solutions for integrating into a new country.

Across the globe, there are individuals who are making diverse efforts to contribute to addressing the Syrian refugee crisis in several ways. Social enterprise competitions have been popping up across Europe and North America, where students and refugee activists have been engaged in developing methods of assistance to Syrians, whether it be tackling employment, language barriers, providing a network of resources, or legal issues.

Chapter 10
Conclusion

10 Conclusion

Prior to the Syrian conflict in 2011, there was very little known about the mental health needs of Syrians exclusively. Much of the literature had Syrians included in studies about 'Arabs' or people from the 'Middle East' and gave mental health service providers recommendations on how to ensure their mental health needs were met. This study's findings highlight the importance of understanding the needs of Syrians, both refugees and non-refugees, as their needs collide in the settlement process of the recently migrated Syrians. Syrians who migrated prior to the war are motivated to help resettle the recently arrived newcomers to ensure that they do not experience the same challenges that they faced and to provide a sense of community for this vulnerable group.

Syrian migrants, both refugees and non-refugees, reported similar methods of coping and perceptions of mental health. Regardless of how long they had resided in Canada, the cultural traditions of mental health support include faith-based approaches and social support from family and friends. Professional treatment remains a stigmatized method for Syrians, as they are not accustomed to seeking psychologists for mental health issues, for fear of being called crazy or for not being able to trust them with their personal lives. Syrians who migrated to Canada prior to the conflict reported several effects that it has had on their mental health, such as a decrease in work productivity, worrying about their loved ones in Syria, and feelings of loss due to the destruction in their homeland. Both refugees and non-refugees from Syria have been affected by the war, in similar and unique ways. For refugees, the traumatic events they witnessed have left researchers everywhere looking to examine the prevalence of PTSD across this population. Although this is prominent in the literature, newly arrived Syrians in this study did not report substantive problems with trauma – though it should be noted that this was not formally assessed.

Overall, the Syrian community living in Canada prior to the conflict could have been better equipped or accessed when the refugees had arrived to provide co-ethnic support in their early settlement process.

In sum, the present research, and future studies in this area will help inform policies and practices that will help service providers and settlement workers to adopt approaches to mental health support that are culturally appropriate for Syrians. This work suggests that the Canadian government needs to develop a mental health initiative that targets refugees, not only from Syria but for all migrants of conflicted countries, to address their trauma and vulnerabilities from a cultural standpoint. Most Syrian refugees reported wanting to find a job and to be able to provide for their families, and that these factors contributed to their mental health. There is a great need for more programs that would help newcomers find work that matches their previous experiences or education, to help them transition into Canadian society, to learn the English language, and to feel like productive contributors to their families.

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Appendices

Appendix 1: Processing of Articles for MEDLINE and PsycINFO

Search terms	PsycINFO	MedLINE	Google Scholar
1. Refugees/	4852	9074	1,270,000
2. Migrant*.mp.	8531	21165	193,000
3. Asylum seeker.mp.	162	187	40,700
4. Transient*.mp.	23968	347806	2,270,000
5. Migration.mp.	18265	241222	3,780,000
6. Human Migration/	10482	26334	3,580,000
7. Immigrant*.mp.	23821	27716	1,600,000
8. Foreigner.mp.	297	189	221,000
9. Emigration.mp.	1080	29148	735,000
10. Emigrant*.mp.	394	11900	111,000
11. Immigration/ ;immigration.mp.	19622	32311	1,930,000
12. (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11)	72246	630655	3,330,000
13. Mental Health/	57679	32876	3,100,000
14. Resilien*/Resilience	26653	24337	1,880,000
15. Psychiatric.mp.	214194	278665	2,400,00
16. Well being/ ; well being.mp.	36550	64925	5,830,000
17. Trauma/; trauma*.mp.	67892	393391	3,510,000
18. Quality of life/	37329	178068	4,710,000
19. Psychotherapy/	204105	192671	1,440,000
20. Coping*.mp.	80066	49922	2,950,000
21. Mental illness.mp.	38590	26081	3,190,000
22. (#13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21)	664048	1,115,926	4,290,000

23. (#12 AND #22)	11,111	18286	2,760,000
24. Syria*.mp.; Syria/	1283	1508	929,000
25. (#24 AND # 23)	64	41	403
Additional Limits – Peer Reviewed	61	38	
1. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND refugees			425,000
2. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND immigrants			812,000
3. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND migrant			534,000
4. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Asylum Seeker			17,500
5. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND transient			1,360,000
6. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Migration			2,590,000
7. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Human Migration			14,100
8. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND immigrant			678,000
9. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND foreigner			55,700
10. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Emigration			124,000

11. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Emigrant			22,500
12. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Immigration			570,000
13. ("mental health" OR resilience OR psychiatric OR wellbeing OR trauma OR "quality of life" OR psychotherapy OR coping OR "Mental illness") AND Immigration AND Syria			25,900

Appendix 2: Script for Description of Project

Group 1 - Immigrants

"There is a project happening at CAMH that you might be interested in. The focus is looking at mental health and resilience among immigrants and refugees from Syria. Immigrants above the age of 18 years old will take part in conversations about their migration process and the individual and community resources that were drawn upon in that process – considering how mental health was maintained. They will meet twice. The first time to complete the main interview and the second meeting will be a follow-up interview to ensure that the findings are in line with the participants' initial dialogue. There will not be any need to discuss or disclose traumatic experiences. Participants will be paid $10 for each meeting, given refreshments, and TTC tokens to cover transportation. Is this something you might be interested in? If so, here is a number that you could call for more information. It is completely fine to decline this request and choosing to say no will not affect your services with us in any way."

Group 2 - Refugees

"There is a project happening at CAMH that you might be interested in. The focus is looking at the mental health and resilience among immigrants and refugees from Syria. Newcomers above the age of 18 years old will take part in conversations about their migration process and the individual and community resources that were drawn upon in that process – considering how mental health was maintained. They will meet twice. The first time to complete the main interview and the second meeting will be a follow-up interview to ensure that the findings are in line with the participants' initial dialogue. There will not be any need to discuss or disclose traumatic experiences. Participants will be paid $10 for each meeting, given refreshments, and TTC tokens to cover transportation. Is this something you might be interested in? If so, here is a number that you could call for more information. It is completely fine to decline this request and choosing to say no will not affect your services with us in any way."

Appendix 3: Interview Questions

Immigrants (Group 1)
Example Questions:

1. Tell me how you came to Canada? What was the reason for your migration? What was the migration process like for you (positive and negative elements probed)?
2. Tell me about your experiences after coming to Canada. How was that time for you, your family, and your community?
3. What contributed to your resettlement process? What was helpful? What contributed to your sense of wellness and mental health in this process (probe personal, social, spiritual, and community resources)? What about your friends and family in this regard? (as relevant, probe perceptions of difference among others with respect to resources)
4. How would you define mental health for yourself? Your community?
5. Has your understanding of mental health, and the resources to sustain it, changed since the war started? How so?
6. Could you tell me about your understanding of how people cope, and sustain mental health at stages different than your own (here probe recent refugees, those in transit, and those still in Syria).
7. Is there something that you might not have thought about before that occurred to you during this interview?
8. Is there something else you think I should know to understand migration to Canada for Syrians better?
9. Is there anything you would like to ask me?

Refugees (Group 2)

1. Could you tell me about the reason for your migration? What was the migration process like for you (positive and negative elements probed)?
2. Could you tell me about your experiences after coming to Canada? How was that time for you, your family, and your community?
3. What contributed to your resettlement process? What was helpful? What contributed to your sense of wellness and mental health in this process (probe personal, social, spiritual, and community resources)? What about your friends and family in this regard? (as relevant, probe perceptions of difference among others with respect to resources)
4. How would you define mental health for yourself? Your community?
5. Has your understanding of mental health, and the resources to sustain it, changed since the war started? How so?
6. Is there something that you might not have thought about before that occurred to you during this interview?
7. Is there something else you think I should know to understand migration to Canada for Syrians better?
8. Is there anything you would like to ask me?

Appendix 4: Resources for Participants

Psychological Resources in Toronto and the GTA

General Information

Telehealth Ontario: 1-866-797-0000
Ontario Psychological Association: 416-961-0069 or 1-800-268-0069 (toll-free)
www.opajoomla.knowledge4you.ca, opa@psych.on.ca
Centre for Addiction and Mental Health: Mental health or Addiction: 416-595-6111 or 1-800-463-6273 (toll free)

www.camh.ca, info@camh.ca

ConnexOntario: Mental Health: 1-866-531-2600; Drug and Alcohol: 1-800-565-8603;

Problem Gambling: 1-888-230-3505; www.connexontario.ca

Hospitals

(If you are in crisis, please present to the emergency department of the nearest hospital. For other programs, a referral may be needed from a physician or community agency)

Centre for Addiction and Mental Health
250 College Street,
Toronto, Ontario
Phone: 416-979-6885

St. Michael's Hospital
30 Bond Street
Toronto, Ontario
Phone: 416-360-4000

Mount Sinai Hospital
600 University Avenue
Toronto, Ontario
Phone: 416-596-4200

St. Joseph's Hospital
30 The Queensway,
Toronto, Ontario
Phone: **416-530-6000**

Toronto Western Hospital
399 Bathurst Street
Toronto, Ontario
Phone: 416-603-5801

Toronto East General Hospital
825 Coxwell Avenue
Toronto, Ontario
Phone: 416-461-8272

Distress Lines

Toronto Distress Centres: 416-408-4357
Gerstein Centre: 416-929-5200
Distress Centre Peel: 905-278-7208
Durham Crisis Line: 905-666-0483
Oakville Distress Centre: 905-849-4541

Appendix 5: Advertisement for Study (English)

Advertisement for Study (Arabic)

وسيتم توفير لكم مكافأة على مشاركتكم.
اذا كنت ترغب في المشاركة او لديك حلول المشروع ،