

Don't automatically label Syrian refugees as mentally ill

Most Syrian refugees are experiencing normal reactions to intense human suffering and should not be diagnosed with mental illness, an expert in treating refugees and migrants in the European Union is advising.

"We're pathologizing those people that we want to help, and we are sticking them with a label that stays with them in a detrimental way for the future," says Renos Papadopoulos, a Jungian psychotherapist and the director of the Centre for Trauma, Asylum and Refugees at the University of Essex in Colchester, England.

Papadopoulos, who is advising several European countries receiving refugees, stressed that he is not minimizing what refugees and migrants experience. He urged those working with refugees to remember, however, that adversity can advance individual development, and encouraged health care providers to look for the strengths suffering can engender rather than concentrating on the negative effects of trauma.

He pointed to the emergence of resilience, and to examples of people who formed new perceptions of themselves, their relationships and the meaning of life after facing adversity. Focusing on trauma can point health care professionals in a dangerous direction, said Papadopoulos during a Feb. 11 panel on refugee mental health at the University of Ottawa.

Refugees are experiencing an existential crisis, Papadopoulos suggested.

"The very fabric of their being has been shaken by these situations: their identity, their beliefs, their trust. Is that just simply psychological or psychiatric — and mental health?" he asked. "It seems to me that by following the path of identifying them as mental ill-



The suffering of refugees, such as this Syrian teenager who arrived on Chios Island, Greece, in the fall of 2015, can lead to strength, says an international expert.

ness, we're actually committing another serious error."

Doctors treating Syrian newcomers in Canada are concerned about posttraumatic stress disorder (PTSD) and the strain on an already fragmented mental health services system, said Dr. Doug Gruner, another speaker at the Ottawa event. But Gruner, who has been treating Syrian newcomers at the Bruyère Family Medicine Centre, also recommends against routine screening of refugees for trauma, depression, anxiety or PTSD because it may retraumatize people.

Doctors should, however, be vigilant for symptoms that might emerge in the next 3–12 months, after refugees have overcome their initial challenges of finding housing, enrolling children in schools and seeking jobs, Gruner said. Those symptoms could include sleep disturbances, headaches or general feelings of being unwell, he told *CMAJ* in an interview after his panel presentation.

"There's no question many of these folks have experienced significant trauma," Gruner said. "The challenge is going to be making sure we provide the [mental health] resources if they want

to access them, and also making sure we're respecting their privacy and their need to work a lot of this stuff out on their own."

So far, doctors treating Syrian refugees in Ottawa are seeing higher-than-expected numbers of children with cognitive and developmental delays — 3%–6% of those arriving in Ottawa — and viral illnesses complicated by malnutrition and weakened immune systems, Gruner said.

Like Papadopoulos, Gruner believes one of the best responses from health care professionals is to connect refugees to an array of community resources. Some of Gruner's patients have been

open about seeing people killed in front of them, he says. For those patients, he has offered sleeping aids as well as access to mental health services when they are ready.

"This crisis scenario that we're dealing with has shone a light on the fact that we don't do mental health well here in Canada, in the sense of ... having the sheer people power to be able to provide the care necessary, from social workers to psychiatrists to psychologists and everything in between," he said.

Access is also complicated by the need to have culturally competent mental health care, Gruner added. He is, however, encouraged by the willingness of volunteers, including Arabic-speaking international medical graduates, who have stepped up to help with cultural interpretation.

"These cultural interpreters will play a big role in being able to help provide the care these folks need. It's really exciting to see this start to evolve," Gruner said. — Laura Eggertson, Ottawa, Ont.

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