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Viewpoint

Addressing the occupational needs of refugees and asylum seekers

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Introduction

Occupational therapy pioneers had a strong commitment to social justice and enhanced occupational opportunities for marginalised and at-risk people. Refugees and asylum seekers might be considered as some of the world's most marginalised and vulnerable people, having fled their country due to fears of persecution, conflict, violence and human rights violations. The most recent statistics have identified an unprecedented 65.3 million people who have been forcibly displaced worldwide, among them are nearly 21.3 million refugees and 3.2 million asylum seekers (UNHCR, 2016). Refugees are defined as people with a *'well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, who are outside the country of their nationality, and are unable to, or owing to such fear, are unwilling to avail themselves of the protection of that country'* (The United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons, 1954, para. 2). An asylum seeker is a person who has exercised his or her right to seek protection under the 1951 United Nations Geneva Convention (The Travaux Préparatoires Analysed with a Commentary By Dr Paul Weis, n.d.) and is awaiting the determination of his or her status (United Nations High Commission for Refugees, 2012).

Escaping danger is only the first of many challenges that refugees and asylum seekers experience. To survive, they must navigate multiple new challenges including culture, language, life skills, loss of support, finding employment and dealing with occupational deprivation (Davies, 2008). The purpose of this paper was to re-examine the relationship between occupation, health and wellbeing in relation to the specific needs of this particular group, and to discuss how the profession of occupational therapy might best help meet the occupational needs of refugees and asylum seekers.

The relationship between occupation, health and wellbeing

A core assumption of occupational therapy practice is that engagement in occupation positively influences health and wellbeing. Wilcock (1993) suggested that a varied and full occupational lifestyle will maintain and improve health and wellbeing if it enables people to be creative and engage physically, mentally and socially. However, it is important to keep in mind Hammell's (2009) cautionary advice about maintaining a critical awareness of Western-centric theories and ensuring that therapy practice has cultural sensitivity.

To date, limited attention has been given to the relationship between occupation, health and wellbeing for refugees and asylum seekers in the literature, which is perhaps unsurprising given that this is an emerging area of practice in occupational therapy. There is, however, an evolving body of literature with some promising findings such as a study showing that engagement in traditional weaving facilitated wellbeing for refugee women in terms of cultural identity, social support, and economic survival in a new environment (Stephenson, Smith, Gibson & Watson, 2013).

The occupational needs of refugees and asylum seekers

Internationally, the World Federation of Occupational Therapists (2014) has acknowledged the role of occupational therapists with displaced persons and refugees, by developing a position statement on human displacement. In addition, refugees and asylum seekers have been identified as people at risk of occupational deprivation within

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Occupational Therapy Australia's (2016) position paper on occupational deprivation. The occupational needs of refugees and asylum seekers require further exploration if occupational therapists are to practice in a culturally sensitive way. The limited available literature presents challenges to therapists searching for guidance. Whiteford (2005) has also identified methodological issues in conducting research with this population. Of the existing research, similar themes regardless of nationality and country of relocation have been found in both occupational therapy (Whiteford, 2004, 2005) and nursing literature (Strijk, van Meijel & Gamel, 2011).

The importance of having something to do and a habitual routine in immigration detention facilities in order to prevent boredom and negative thoughts has been identified as an important need of refugees and asylum seekers. This ranged from asylum seekers within immigration detention facilities helping the elderly and sick, to children engaging in normative activities and routines in centres with recreation facilities (Strijk *et al.*, 2011; Whiteford, 2005). Activities that were engaged in and viewed positively included learning English, children attending school, volunteer work and playing sports in the recreation facilities. Engaging in culturally meaningful occupations was also identified as a need and included music, singing, dancing, cooking and sharing traditional food, which helped to create a sense of community and coherence (Strijk *et al.*, 2011; Whiteford, 2005).

Perhaps one of the most pressing issues and with a number of significant implications is the need to work. Work not only contributes economically, but also provides an avenue for people to socialise, practice the host country language, and contributes to self-esteem. As part of Australia's deterrent-based policies, refugees may be issued with a Bridging Visa E (BVE) upon release to the community, which has no work rights when granted. The VISA applicant then has to apply for work rights and these are not guaranteed.

Refugees and asylum seekers often have diverse psychological needs due to the trauma they may have experienced. A significant percentage of refugees and asylum seekers will experience some degree of mental illness including post-traumatic stress disorder, anxiety or depression (Brundtland, 2000). In addition, they often experience reduced support in their new country (Whiteford, 2004). The need for support with unfamiliar activities including grocery shopping, catching public transport, as well as practical support in the form of baby sitting was identified by Whiteford (2005). Brundtland (2000) stated that '...an average of more than 50% of refugees present mental health problems ranging from chronic mental disorders to trauma, distress and a great deal of suffering' (p. 159). Occupation-based intervention has a role to play in enhancing mental health, wellbeing and improving confidence with unfamiliar tasks.

Current occupational therapy practice with refugees and asylum seekers

A recent scoping review by Huot, Kelly and Park (2016) identifies articles written about forced migration populations from an occupational perspective. Emerging themes included occupational deprivation, occupational imbalance, occupational adaptation, occupational change, efforts to maintain and re-establish identify, and outlook for the future. Given some of the occupationally based needs of asylum seekers and refugees, occupational therapists can play a key role in facilitating occupational engagement which has been affected as a result of displacement.

Occupations associated with art and theatre are taught in some occupational therapy undergraduate courses. These provide ways for occupational therapists to help survivors of trauma and negative experiences to express their emotions in a constructive way. Alternative means of expression are particularly useful when clients have difficulty expressing themselves through the host country language. Simó-Algado, Mehta, Kronenberg, Cockburn and Kirsh (2002) conducted a preventative occupational therapy programme for refugee children affected by the Kosovo conflict. By facilitating the emotional expression of these children's experiences via projective techniques, they aimed to prevent long-term psychological consequences. Theatre was used by Horghagen and Josephsson (2010) to facilitate expression, social relationships and the development of habitual patterns. Participation in the theatre group provided a predictable, habitual occupation, which enabled participants to be creative and socially engaged. Adrian (2013) investigated the therapeutic use of music, religion and culture in the lives of recently resettled refugees.

Education and health promotion are used by occupational therapists to attempt to create long-lasting changes and empower individuals to be responsible for their mental and physical health. Copley, Turpin, Gordon and McLaren (2011) developed an occupational therapy programme for refugee high school students and proposed that such programmes may have value in facilitating refugee students' capacity for learning. Lundēn (2012) created a practical resource kit after consultation with World Relief to assist caseworkers and volunteers as they help refugees resettle.

Occupational therapy can promote health and contribute to adaptive life skills. Bishop and Purcell (2013) and Davies (2008) identified gardening as contributing to health and wellbeing. Davies elaborates on a case study of a refugee who attended a day service enabling him to participate in gardening, walking groups, and volunteer opportunities. Not only did activity reduce the frequency, intensity and duration of his intrusive thoughts, but also he reported sleeping better at night after exercise. This is a clear example of how preventing occupational deprivation and promoting engagement in

occupations positively influences health. An immigration and resettlement fieldwork programme discussed how occupational therapy students had been working with individuals and families in the areas of public transportation and training in pre-driving skills (Smith, 2015). Education on home safety, home maintenance, and the use of appliances in the residents' homes was provided. Employment issues were also addressed. In addition, classes were offered to high school students to help them access higher education (Smith, 2015). This programme demonstrates the practical and occupationally focused interventions that occupational therapists could facilitate.

Occupational Opportunities for Refugees & Asylum Seekers Inc. (OOFRAS) is an international organisation that was developed by Australian occupational therapists to respond to the occupational needs of refugees and has been proactive in highlighting occupational issues. Countries such as Australia, the UK and the USA increasingly provide occupational therapy students with practice education placements opportunities with refugee communities. In addition, all Australia occupational therapy education programmes require content relating to cultural diversity to meet accreditation requirements of the Occupational Therapy Council.

Implications

Given that occupational therapy practice is based on an understanding that occupation impacts on health and wellbeing, and given that there are occupational needs that are clearly not being addressed in refugee and asylum seeker populations, there is the potential for occupational therapists to have greater input to enhance lives and make a real difference. Potential intervention areas not addressed include the development of routines, enhancing community and practical support, and creating opportunities for economic self-sufficiency. Reasons for these gaps in service provision may be a result of government policy, lack of funding, refugees and asylum seekers lacking awareness and access to occupational therapy services, and cultural barriers to accepting support.

There is also a need for occupational therapists to understand the importance of the cultural context of refugees and asylum seekers and adapt their practice to meet the needs of this culturally diverse population. Education about cultural diversity, the occupational needs of refugees and asylum seekers and how best to address these would benefit both practitioners and students.

Further research into the relationship between the occupations and the health and wellbeing of refugees and asylum seekers and the interventions conducted by occupational therapists would contribute to better service provision in this emerging area. This research could be beneficial to lobby for the improvement of conditions and treatment of these people, and argue the case for the provision of occupational therapy services. Some practical steps that occupational therapists could take to progress these recommendations include: volunteering or seeking opportunities for student placements in immigration centres; hosting stalls/events to raise public awareness on the occupational needs of refugees and asylum seekers; engaging in research to increase the evidence base in this area; or joining organisations such as OOFRAS.

In this viewpoint, we have highlighted the occupational needs of the growing population of refugees and asylum seekers which could be addressed through occupational therapy interventions. Occupational therapists are ideally placed to play a lead role in addressing these needs because of our unique occupational perspective and focus on health and wellbeing. In doing so, the profession would not only be tackling one of the biggest challenges in the global community but it would also be honouring its historical commitment to social justice.

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