

# BARRIERS AND FACILITATORS TO ACCESSING COMMUNITY MENTAL HEALTH SERVICES FOR MIGRANT YOUTH

**Jason Brown**, Western University; **Charlotte Carrie**, Western University; **Mohamed Al-Adeimi**, South London Neighborhood Resource Centre; **Rajaa Al-Abed**, South London Neighborhood Resource Centre

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# **Barriers and Facilitators to Accessing Community Mental Health Services for Migrant Youth**

## **Pathways to Prosperity (P2P) Project Partners**

Jason Brown, Ph.D., C.Psych. & Charlotte Carrie, M.A.  
Faculty of Education, Western University

Mohamed Al-Adeimi, Ph.D., & Rajaa Al-Abed,  
Settlement Services, South London Neighborhood Resource Centre

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Education**

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## Summary

Barriers and Facilitators to Accessing Community Mental Health Services for Migrant Youth was a collaborative study between researchers from the Faculty of Education at Western University and Settlement Services at the South London Neighborhood Resource Centre. This study explored the perspectives of migrant youth and service providers on the barriers and facilitators to accessing mental health services for migrant youth. A total of 37 individuals participated. Migrant youth between the ages of 16 and 22 and service providers from 6 different local health or mental health organizations participated. Each was asked the same questions: 1) “What are the mental health stressors that you face?”, 2) “What are the mental health supports that you have?”, 3) “What would stop you from talking to someone about mental health stress?” and 4) “What would make it easier to talk to someone about mental health stress?”.

Youth were interviewed in person; data was analyzed using the group concept mapping. The results of the group sorting activity were as follows. For question one, mental health stressors, participants grouped the statements into seven concepts, including: family, isolation, communication, anxiety, overburdened, school difficulties and working with others. For question two, mental health supports, a total of five concepts were identified, including: external resources, family & friends, internal resources, familiar places/people and community-based services. For question three, barriers to accessing mental health services, participants grouped the statements into five concepts, including: fear of being misunderstood or ignored, desire for confidentiality, lack of trust and understanding, talking about it is not helpful and/or taboo and fear of the disclosure process. Lastly, for question four, facilitators to accessing mental health services, six concepts were identified, including: atmosphere during disclosure, language similarities, trust & intensity, intentions of the confidant, personal qualities of the confidant, and similarities & self-disclosure. A notable finding from the youth data was that the youth reported that a facilitator who modeled self-disclosure would make them feel more comfortable disclosing their own issues.

The service provider data was generated using over-the-phone interviews; the results for each question were examined separately by the two study authors who together identified common issues that appeared. Question one, which examined mental health stressors, identified the following themes: dealing with uncertainty or change, developing their identities, professionals making assumptions about youths’ needs, unresolved traumatic experiences, family role changes, academic, social and emotional challenges at school and limited English language. For question two, mental health supports, the identified themes included: peers are a source of support, school-based services and referrals, other family members and community organizations and networks. Question three, barriers to accessing mental health services, had the following five themes, including: language barriers, don’t feel safe, unfamiliar treatment approaches, lack of culturally experienced professionals and more pressing family needs. Lastly, in question 4, facilitators to accessing mental health services, five themes were identified, which included: partnerships with community centers, messaging about mental health, building relationships, mental health services outreach and hiring helpers from the community. A notable finding from the service provider interviews was that the service providers identified Settlement Workers as essential resources for youth in schools and community to support youths’ mental health.

## **Introduction**

Canada is among the most ethnically diverse regions in the world. According to the 2016 census, 7.5 million individuals came to Canada through the immigration process; this accounts for more than 1 in 5 of the population (Statistics Canada, 2017b). Each year there are more than 250,000 new arrivals (Anderson et al., 2015; Chiu et al., 2016). Approximately 20% of the Canadian population has a first language other than English or French; of these individuals, approximately 12% still speak that language at home (Bartram & Chodos, 2013). Of the individuals immigrating to Canada every year, approximately 95,000 are settling in the province of Ontario, resulting in approximately 20% of Ontario's population being comprised of migrants (Chiu et al., 2016). Within London, Ontario specifically, approximately 22% of the civic population is comprised of migrants (Statistics Canada, 2017a).

Migrant youth are less likely to access to mental health services than their Canadian-born counterparts (Thomson, Chaze, George & Guruge, 2015). Their mental health needs are complicated by pre-immigration, migration and post-migration related stresses and risk factors (Robert & Gilkinson, 2012). The perspectives of migrant youth have not been well-represented in the literature on mental health problems and solutions. They are a group at risk for the development of mental health problems; they are also underserved. Their perspectives on needed mental health supports and services are necessary.

The present study was conducted in partnership between Western University and the South London Neighbourhood Resource Centre (SLNRC). The purpose of the study was to explore youths' perspectives on the facilitators and barriers to mental health service access. This report contains the results of the literature review and a summary of the original research.

## **Literature Review**

A review of the scholarly literature was performed. Highlights from the results are presented here in bullet form for brevity.

### **Mental Health**

- Mental health is a state of well-being defined by an individual's ability to realize their own potential, cope with normal life stress, be productive and contribute to society (WHO, 2014a).
- Mental illness concerns "the reduced ability for a person to function effectively over a prolonged period of time because of: significant levels of distress, changes in thinking, mood or behaviour, feelings of isolation, loneliness and sadness or the feelings of being disconnected from people and activities" (Government of Canada, 2017).
- The absence of mental illness does not indicate good mental health; individuals free of mental illness may still not feel healthy or function optimally (Keyes, 2005).
- Low levels of mental health are more common than mental illness among youth. Low levels of mental health are also debilitating and hinder social, emotional and academic development (Keyes, 2006).

- Migrant youth face many obstacles that have the potential to affect their mental health during pre-migration, migration and post-migration (Kirmayer et al., 2011; Woodgate & Busolo, 2018).

### **Migration and Post-Migration Experiences**

- Exposure to trauma could include witnessing or experiencing violence, war, natural disasters, forced migration and poverty (Browne et al., 2017; Kirmayer et al., 2011; Pumariega, Rothe & Pumariega, 2005).
- Youth may also have positive pre-immigration expectations and experiences that can set them up for disappointment following relocation (Kirmayer et al., 2011).
- Prior to immigration and during migration, youth may have limited access to education and experienced interruptions in their education (Woodgate & Busolo, 2018).
- During migration, individuals may experience a lack of social support (George, Thomson, Chaze & Guruge, 2015).
- During migration, youth may have been separated from friends, family and other supports (Woodgate & Busolo, 2018).
- The process of immigration disrupts the traditional supports that were present prior to migration (George et al., 2015).
- Social challenges can include: making new friends, navigating new neighborhoods and communities, experiencing prejudicial attitudes and discriminatory behavior (Olcoñ & Gulbas, 2018; Woodgate & Busolo, 2018).
- Education challenges may also appear (Woodgate & Busolo, 2018). For example, English comprehension and expression (Shields & Lujan, 2018; Woodgate & Busolo, 2018), and segregation within the Canadian school system (e.g. English Language Development and English as a Second Language streams) can create feelings of stigmatization and marginality (Erwin & Daniel, 2017).
- Many youth and their families face difficulties obtaining jobs once arriving in their new country (Woodgate & Busolo, 2018). For example, credentials not recognized, lack of prior experience, and language-related barriers have been noted (George et al., 2015; Kirmayer et al., 2011).
- Acculturation stress can occur as youth are faced with the challenge of needing to learn a new language and renegotiate their cultural identity while simultaneously dealing with instances of social isolation, racism, prejudice and discrimination (Kirmayer et al., 2011).

### **Mental Health Services for Migrant Youth**

- Public services, subsidized in whole or part by taxes or charitable donations, may include hospitals and hospital based mental health care, school based mental health care, community based mental health, public mental health services and counselling centers (Colucci et al., 2015; Hamovitch, Acri, & Bornheimer, 2018; Liegghio et al., 2017; Vogel, Wester, & Larson, 2007).
- Private services, such as fee for service mental health care provided by an allied health professional are paid for by the recipient directly or through private insurance (Colucci et al., 2015; Vogel et al., 2007).

- Migrants are less likely to utilize mental health services than Canadian or American born residents (Hamovitch et al., 2018; Saunders, Lebenbaum, Stukel, Urquia, & Guttmann, 2018).
- Mental health services are more often accessed by Caucasian individuals, individuals with higher education, those who are employed and individuals and families from a higher socio-economic status (SES) (Hamovitch et al., 2018).

### **Barriers to Mental Health Service Access**

- Stigma is a barrier that you face that may affect their likelihood of accessing services (Brown, Rice, Richwood & Parker, 2016).
- Fear is often cited as a barrier to accessing services; typically, this fear revolves around the unknown “treatment”, discomfort in disclosing personal information and fear of emotions (Brown et al., 2016).
- In addition, individuals weigh the cost and benefits of accessing treatment; comparing the anticipated utility of counselling services and the anticipated risks influences a decision about whether or not to access services. If the risk is perceived as too high or the utility too low, it can act as a barrier to accessing mental health services (Vogel et al., 2007).
- Structural barriers that migrant youth face include the location and appearance of services, transportation issues, lack of ability to be away from school and/or work, waiting lists, age criteria for accessing services, language barriers (Colucci et al., 2015; George et al., 2015; Kirmayer et al., 2011; Thomson et al., 2015) as well as cultural incompatibility and lack of continuity of care have been identified (Colucci et al., 2015; Shields & Lujan, 2018; Thomson et al., 2015).
- Personal barriers for migrant youth face include cultural barriers such as stigma surrounding mental health and mental illness, family attitudes towards mental health and accessing services, cultural partiality to keeping quiet (Colucci et al., 2015; Olcoñ & Gulbas, 2018; Thomson et al., 2015), fear of stigmatization (Kirmayer et al., 2011). And negative prior experiences with service providers may have left youth with feelings of fear and mistrust (Colucci et al., 2015; Thomson et al., 2015).

### **Present Study**

Research has examined issues affecting migrant youth mental health, barriers to accessing mental health services and barriers pertaining specifically to migrant youth accessing mental health services. Recent data pertaining to the barriers migrant youth face when seeking mental health services has focused on the viewpoint of practitioners or service providers or has been gained by reviewing past literature to draw conclusions. In the present study, the views of migrant youth themselves were explored. There were four focal questions asked to the migrant youth: “What are the mental health stressors that you face?”, “What are the mental health supports that you have”, “What would stop you from talking about mental health stress?” and “What would make it easier to talk to someone about mental health stress?”. In addition, the viewpoint of service providers was explored.

## Youth Participants

30 participants were migrant youth who resided in one of three neighbourhoods in London, Ontario. The average age of the youth participants was 17, with a range of 16 to 22. With reference to ethnicity, the majority of the youth participants identified as Arab (15), followed by Kurdish (3), Eritrean (3), Persian (3), Hispanic (3), African (2) and Pakistani (1). In terms of country of origin, the majority of participants came from Syria (10), followed closely by Iraq (7), then Eritrea (3) and Columbia (3), followed by Afghanistan (2), Pakistan (1), Austria (1), Congo (1), Palestine (1) and Ethiopia (1). The average number of months that the youth participants lived in Canada was 29, with a range of 6 to 77.

## Youth Procedure

The participants were recruited by advertisement and word of mouth. Specifically, flyers were posted in the SLNRC, which acts as a resource centre for migrant families; copies of the flyer were also sent to community stakeholders to generate interest in the study. In addition, individuals were referred by workers in the community who work with the organization. Individual interviews were arranged with the youth participants. The interviews were conducted by the writer at a mutually agreed upon location within the community organization.

Participants took part in a semi-structured interview lasting approximately 30 minutes. Handwritten notes were kept. Participants were asked to answer 3 subsets of questions, these included: participant demographics, mental health and concept mapping. After completing the interview, the youth participants were invited to participate in a group sorting task that was taking place in the following months; if they agreed, their contact information was obtained. Each youth received a \$20 gift card in recognition of their time and expertise.

The statements were reviewed and edited for clarity by two of the project team members. Each member independently identified redundant or unclear statements. The lists of each team member were then compared, and a final decision was made about which statements would comprise the list to be given back to the participants. A total of 88 unique statements were identified for question one, 34 unique statements for question two, 52 unique statements for question three and 31 unique statements were identified for question four.

A total of 13 youth who participated in the interviews returned for the group concept mapping activity. The unique set of statements to each question were provided to the returning participants. Participants were given the following instructions: “group the statements in any way that makes sense to you”. Question one and question two were sorted by 13 of the returning youth; question three and question four were sorted by 12 of the returning youth. The group sorting task took approximately two hours and participants were provided with a pizza lunch and a \$20 gift card each in recognition of their time and expertise.

The groupings of statements were analyzed using the Concept System (2019) software program which ran two analyses: a multi-dimensional scaling analysis followed by a cluster analysis. The multi-dimensional scaling analysis plotted the statements on an x-y axis according to how frequently the statements were grouped together by the participants. This produced a visual

representation (point map) that showed, by the distances between the points, how frequently each statement was grouped together by the participants; points that are closer together on the point map were grouped together frequently, whereas points that are further apart were grouped together less frequently by participants. These results were then used in the cluster analysis. This statistical analysis produced concept maps.

## Youth Results

### Youth: What are the mental health stressors that you face?

A total of 30 migrant youth provided responses to this question and 13 of these youth returned to sort the 88 unique statements. A total of 7 concepts were identified, including: Family, Stress, Communication, Anxiety, Overburdened, School Difficulties, and Working with Others. The table below provides a brief description and illustrative statement for each concept.

Concept	Summary	Statement
Family	Responses in this concept concerned changes to family composition and dynamics.	My brother and I don't get along and we argue a lot.
Isolation	In this concept responses focused on lack of social connections.	Being isolated was a stressor. I didn't really have any friends or people in the community.
Communication	Responses in this concept centered on difficulties expressing and sharing one's feelings with others.	People thought I couldn't speak English because I was scared to talk when I first came.
Anxiety	The responses in this concept focused on worrying about many issues such as interacting with others.	My lifestyle is shamed here.
Overburdened	In this concept the responses focused on feeling that they have too many competing demands for time and energy.	All the appointments and everything going on.
School Difficulties	Responses in this concept concerned various difficulties associated with schooling, such as pressure to prepare for and do well on tests.	In some classes we don't know what we are doing, and the teachers are not good at helping us know what to do.
Working with Others	In this concept responses concerned difficulties with relationships, such as friendships.	Some of my friends get me in to trouble.

### Youth: What are the mental health supports that you have?

A total of 30 migrant youth provided responses to this question and 13 of these youth sorted the list of 34 unique statements. A total of 5 clusters were identified, including: External Resources,

Family & Friends, Internal Resources, Familiar Places/People and Community Based Services. The table below provides a brief description and illustrative statement for each concept.

<b>Concept</b>	<b>Summary</b>	<b>Statement</b>
External Resources	In this concept the responses focused on formal sources of support, such as counsellors and teachers.	The principal at school is a support.
Family & Friends	The responses in this concept included siblings as well as parents, and extended family members.	My mom.
Internal Resources	In this concept the responses centered on self-confidence and skills.	Inner strength is the only help that I think will help me overcome the challenges that I go through.
Familiar places/people	Responses in this concept centered on having familiar people to see and places to go.	Friends have had similar experience to me, so they understand what I am going through.
Community Based Service	In this concept the responses centered on organizations in the community that help.	Community based services to me are the Settlement services.

Youth: What would stop you from talking to someone about mental health stress?

A total of 30 migrant youth generated responses to this question and 12 of these youth returned and sorted the 52 unique statements. Five concepts resulted from the analysis and included: Fear of Being Misunderstood or Ignored, Desire for Confidentiality, Lack of Trust and Lack of Understanding, Talking About it is Not Helpful and/or Taboo, and Fear of the Disclosure Process. The table below provides a brief description and illustrative statement for each concept.

<b>Concept</b>	<b>Summary</b>	<b>Statement</b>
Fear of Being Misunderstood or Ignored	In this concept the responses focused on concern that their concerns won't be taken seriously.	Fear that someone won't understand me, or they will make fun of me.
Desire for Confidentiality	Responses in this concept were about putting trust in someone to keep a secret and having it betrayed.	I do not want the police or government to get involved because this could make things bad for my family.

Lack of Trust & Understanding	In this concept responses concerned feeling like their problems would not be understood by others.	Because the cultures are different, and the age, so there could be misunderstandings.
Talking About it is Not Helpful and/or Taboo	The responses in this concept concerned the importance of keeping personal problems private.	You need to keep things within your own community.
Fear of the Disclosure Process	The responses in this concept concerned a feeling that disclosure would not result in any positive effects.	No one really does anything for you.

Youth: What would make it easier to talk to someone about mental health stress?

A total of 30 migrant youth provided responses to this question; 12 of these youth returned and sorted the list of 31 unique responses and 6 clusters were identified. These clusters included: Atmosphere During Disclosure, Language Similarities, Trust & Intensity, Intentions of the Confidant, Personal Qualities of the Confidant, and Similarities & Self-Disclosure. The table below provides a brief description and illustrative statement for each concept.

<b>Concept</b>	<b>Summary</b>	<b>Statement</b>
Atmosphere during disclosure	In this concept, the responses focused on feeling safe with that person.	Being calm and not making it stressful.
Language similarities	Responses in this concept concerned the importance of comfortably speaking the same language.	Someone who spoke the same language as me.
Trust & Intensity	Responses in this concept concerned how much they really needed help and their confidence in that person's ability to help.	I would need to have known them for a long time.
Intentions of the confidant	Responses in this concept centered on the trustworthiness of the person they could talk to.	The other person needs to show me I can trust them.
Personal qualities of the confidant	The focus of responses in this concept was on sharing some similarities with that individual.	If they have experiences in life.
Similarities & self-disclosure	In this concept, responses concerned how open that person was to be vulnerable themselves.	If they talked about their mental health stressors or what they are going through.

## Service Providers

All 7 service providers worked in the health sector and/or community mental health sector within the London, Ontario. The inclusion criteria for participation in the study required that the service providers work with migrant youth in the local community and are associated with the SLNRC.

The 7 service provider participants were from 6 different local health or mental health organizations. The service providers were asked to provide three pieces of demographic information regarding their organization. This information: specific programs for migrant youth ages 16-24 offered at their organization, information regarding the services that migrant youth could access at their organization and service provider's perspectives on whether local mental health services are culturally aware and/or culturally sensitive to the needs of migrant youth.

The average age range of the participants was 42, with a range of 34 to 55. With reference to ethnicity, the majority of the participants identified as Canadian (3), followed by Asian (2), Middle Eastern (1) and German (1). In terms of Country of Origin, a total of 4 of the participants were born in Canada; the remaining 3 participants were born outside of Canada and have immigrated to Canada.

**Organization 1.** Organization one is part of the community mental health sector. This organization identified that there are no specific programs for migrant youth ages 16-24 being offered by their service organization; however, there are services migrant youth could access. In particular, this organization offers crisis intervention and specific programming. Some services require a referral; however, others are offered on a drop-in/walk-in basis. Waiting lists can range for 6-12 months for specific programming, however, other programs are offered with no waitlist.

**Organization 2.** Organization two is part of the community mental health sector. This organization does offer specific programming for migrant youth ages 16-24. These services include community-based supports and client service supports. Most of the specific programming being offered has no waitlist, with the exception of one program. Referrals are required, but walk-in's and self-referrals are welcomed. Additionally, there are other mental health services migrant youth could access; these include clinical services and immediate crisis response services. These services require a referral; however, self-referrals are welcomed.

**Organization 3.** Organization three is part of the community mental health sector. This organization does offer specific programming for migrant youth between the ages of 16 and 24. These programs address the specific needs of migrant youth through the implementation of trauma-informed care. These programs do not have a waiting list and youth are automatically enrolled if they meet the criteria. There are additional formal and informal supports being offered that migrant youth could access.

**Organization 4.** Organization four is part of the community mental health sector. This organization facilitates one specific service for migrant youth ages 16 to 24. This service is offered on a drop-in basis and the migrant youth drive the focus of each session. Additionally, there are mental health support, treatment and crisis services that youth could access. Some services have a waitlist of 2 to 6 months, whereas other services can be accessed immediately.

**Organization 5.** Organization five is part of the health sector. This organization does not offer specific programming for migrant youth ages 16 to 24, however, there are services that migrant youth could access. In order to access these services, youth must be registered with the organization; in these circumstances, there is typically little-to-no waitlist. For individuals not affiliated with the organization, there is a waitlist of several months; self-referral is a means of accessing the services.

**Organization 6.** The sixth and final organization is part of the health sector and the community mental health sector. This organization offers specific program to migrant youth between the ages of 16 and 24. These services can be accessed with a referral from an agency or a self-referral and typically have a waiting list ranging from 12 to 18 weeks. In addition, this organization offers other mental health services that migrant youth could access; these services require a referral from a physician and typically have a waitlist of several months.

### **Service Provider Procedure**

A community advisory group identified services within London, Ontario that provide mental health support to migrant youth. Of the 8 initially identified services, 5 responded and participated in an interview. From those interviews, 2 new service providers affiliated with the health care system were identified; these two participants were contacted and participated in the present study.

Participants were recruited by email advertisements and word of mouth. Specifically, flyers were emailed to the health and mental health organizations identified by the community advisory group and the additional participants identified through those interviews. In accordance with the institutionally approved ethics protocol, interested individuals were invited to contact the writer for additional information if they were interested in participating. Individual phone interviews were scheduled with the service provider participants at an agreed upon time. The interviews were conducted by the writer over the phone and were approximately 30 minutes in duration.

Upon commencing the phone interview, the participants were read and emailed a copy of the letter of information. The participants then took part in a semi-structured interview that was approximately 30 minutes in duration. Handwritten notes were kept. Participants were asked to answer 3 subsets of questions, these included: participant demographics, mental health services and open-ended pertaining to the question “What are service provider’s perceptions of migrant youth mental health in the community?”. In order to prompt the service providers answers to this question, the following prompting questions were used: “What are the mental health stressors immigrant youth face?”, “What are the mental health supports immigrant youth have?”, “What are the challenges immigrant youth face obtaining mental health services?” and “What would help immigrant youth obtain mental health services?”. The service providers were not compensated for their time.

For each question separately, responses were reviewed by the two of the study authors who together identified common issues that appeared. The results are presented by issue, with some related comments made during the interviews.

When discussing whether local services are culturally aware and culturally sensitive, all 7 service providers were in agreement with their responses. All service providers indicated that good efforts are being made; however, they did identify that there was room for growth and improvement for local services to become more culturally aware and culturally sensitive.

### Service Provider Results

Service Providers: What are the mental health stressors immigrant youth face?

Issue	Statements
Dealing with Change and Uncertainty	<ul style="list-style-type: none"> <li>• there is a lot of interruption in life</li> <li>• feeling isolated</li> <li>• hearts and minds may be with their families who are in captivity and stuck in their home country</li> </ul>
Developing their Identities	<ul style="list-style-type: none"> <li>• feeling stuck between 2 cultures and not knowing if they should hold on to their roots, assimilate or somewhere in between</li> <li>• the experience of migration is stressful- finding a meaningful sense of home</li> <li>• for any newcomer youth, there is going to be a unique personal narrative</li> <li>• there is the potential to have experienced trauma from geographical locations where war was part of their daily life...leaving their country of origin and getting here can be equally as traumatic and either amplifies stress</li> </ul>
Professionals Making Assumptions About Youths' Needs	<ul style="list-style-type: none"> <li>• a lot of mental health assumptions being made based on western mentality; for example, "you are traumatized, here are the services you need"</li> <li>• the problematic assumption that just because youth migrated here, they need support</li> <li>• it is not more difficult to have interventions or treatment plans for migrant youth; in fact, some of the interventions we use are very effective</li> </ul>
Unresolved Traumatic Experiences	<ul style="list-style-type: none"> <li>• stressors that relate to their migration journey and migration traumas</li> <li>• forced migration always impacts mental health</li> <li>• there is a big difference between immigrants and refugees based on pre-migration experiences</li> <li>• transmigration experiences often cause a lot of trauma...families land here and don't necessarily want to be here...arriving in the grief place of trauma...over years, this transitions into fight or flight</li> </ul>
Family Role Changes	<ul style="list-style-type: none"> <li>• sometimes, these are gendered, and age related</li> </ul>

	<ul style="list-style-type: none"> <li>• younger individuals have more opportunities for language acquisition</li> <li>• all members of the family are experiencing stressors simultaneously- this can lead to intergenerational conflicts or stressors for some</li> <li>• young people often feel a lack of belonging at home and within the community</li> <li>• youth may be given more responsibility...we refer to them because they have more English language, which causes the power dynamic to shift</li> <li>• particularly difficult for families from cultures that are collectivist and organized hierarchically</li> <li>• there is becoming an increasing gap between parents and children...when it comes to their children adapting- children wanting to adopt aspects of this culture may create a lot of anxiety for parents</li> </ul>
Academic, Social and Emotional Challenges at School	<ul style="list-style-type: none"> <li>• bullying or low-level social isolation, such as difficulty connecting to peers, especially if they don't speak much English</li> <li>• sometimes difficulties with individuals from the same country of origin emerge here as well</li> <li>• if communication between parents and school is not strong, parents cannot support their children with issues at school</li> </ul>
Limited English Language	<ul style="list-style-type: none"> <li>• if you are coming from somewhere where you already have some English skills it is much easier than if you come from somewhere where there are not English skills.</li> </ul>

Service Providers: What are the mental health supports immigrant youth have?

Issue	Statements
Peers are a Source of Support	<ul style="list-style-type: none"> <li>• mental health may not have been talked about in their home country</li> <li>• the idea of reaching out for formal support is often still considered to be "taboo"</li> <li>• I think youth are accessing it, but more so informally</li> <li>• there is little to nothing in our system</li> <li>• we have not adequately funded or supported basic mental health treatments and services for non-immigrants, so there is little to no support for migrant youth</li> </ul>
School-Based Services and Referrals	<ul style="list-style-type: none"> <li>• schools also make referrals, so these are services that they can and do access and these build a pathway to accessing the more professional supports</li> </ul>

	<ul style="list-style-type: none"> <li>• we realize the importance of attaching social workers to newcomer students, because they are coming in with traumatic experiences that affect their ability to learn</li> <li>• some schools may or may not have programs; but again, there is a general lack of school-based supports for such complex young people</li> </ul>
Other Family Members	<ul style="list-style-type: none"> <li>• youth are often coming from a collectivist culture which is a massive protective factor because there is a group that is holding and supporting them</li> <li>• youth are also coming from hierarchical families, where mom and dad are in charge, and this is often a protective factor as well...the challenge is helping families keep this hierarchical power because this is where youth feel safe</li> <li>• that concept of family surrounding family or family helping family is very resilience building</li> <li>• parents may be struggling themselves, so they are not able to support their children the way they need</li> </ul>
Community Organizations and Networks	<ul style="list-style-type: none"> <li>• the broader community is a support, such as an individual's faith community, their informal social networks, their communities at large</li> <li>• neighborhood-based community organizations are a support to migrant youth</li> <li>• act as access points for other mental health services...once relationships are built in a more informal capacity to the less intrusive programs, these can create a pathway to other services</li> <li>• we go through the journey with the families- we don't just hand them off</li> </ul>

Service Providers: What are the challenges immigrant youth face obtaining mental health services?

Issue	Statements
Language Barriers	<ul style="list-style-type: none"> <li>• language is a huge barrier...there is something lost in the therapeutic process when you are talking through somebody</li> <li>• trying to create that family engagement which is necessary for the success of any intervention strategy</li> <li>• we know that we cannot use the kids as interpreters, so we need to get a third party</li> <li>• if an interpreter is used, this can be a barrier because they may be reluctant to share certain things with the interpreter</li> <li>• programs have surveys/ questionnaires /phone interviews that individuals cannot complete because of language</li> </ul>

Don't Feel Safe	<ul style="list-style-type: none"> <li>• misunderstanding OR mistrust OR incompatibility of what we think as mental health workers and what their home culture thinks of these supports</li> <li>• fear around accessing the services...it feels very foreign</li> <li>• there may be stigma overtly from family/friends which actively discourages them from seeking help</li> <li>• might also have their own stigma as well, where they themselves do not want to seek help because they feel it is "not appropriate" or something to be ashamed of</li> <li>• worry that things will be disclosed to their family</li> </ul>
Unfamiliar Treatment Approaches	<ul style="list-style-type: none"> <li>• we see mental health and the treatment of mental health as sitting in front of someone and talking about your problems, medication which can make it very scary to access services</li> <li>• youth who have been through horrific circumstances and just want to be "normal"- they don't want to talk about what has happened to them</li> <li>• the problem with accessing services comes back to a lack of services, arbitrary inclusion/exclusion criteria and linguistic complexity</li> </ul>
Lack of Culturally Experienced Professionals	<ul style="list-style-type: none"> <li>• there is a big difference between a licensed interpreter who translates word for word and a cultural interpreter who can provide a context to a story</li> <li>• getting a third party to translate is expensive...if you do not have someone in house who can interpret, it is really expensive</li> <li>• the system itself is a barrier- there is such huge difficulties with funding</li> </ul>
More Pressing Family Needs	<ul style="list-style-type: none"> <li>• if the adults in the families are holding multiple jobs to make ends meet, then the supervision for the children, the support for the children, and the ability to get their children to appointments, the logistical pieces, can get really challenging</li> <li>• you can't go through with the mental health stuff until you deal with the other stuff, such as ensuring they are financially ok. So often times in treatment, you will get a few sessions in and something will happen (e.g. a parent losing their job) so this has to become the priority for the time being</li> <li>• the system does not support this, especially with relation to funding which is dependent on getting certain results in a set number of sessions</li> <li>• practical/poverty related barriers, such as transportation to get to a service</li> </ul>

Service Providers: What would help immigrant youth obtain mental health services?

Issue	Statements
Partnerships with Community Centers	<ul style="list-style-type: none"> <li>• building connections with already established community centers and asking questions like: “what do you need from us?” “what are you already doing?” How can we help improve what you are doing?” “How can you reach your goals and dreams?”</li> <li>• instead of us taking the reins, find the supports that are already established and assist them in making them the best they can be</li> <li>• need more preventative and awareness programs to help take away the stigma of reaching out</li> <li>• community resources that see individuals in another capacity and building relationships with the youth and their families- this allows them to be able to facilitate access to other supports</li> <li>• I often feel that the informal supports would be as effective, if not more effective, than the formal. So having more places that youth can access in an informal way (sports, groups, peer model) would be hugely helpful</li> </ul>
Messaging About Mental Health	<ul style="list-style-type: none"> <li>• framing it in a positive way- that this is what you can do to help yourself</li> <li>• recognize that some people will struggle more than others- so services need to understand the individual differences</li> <li>• educating youth and families about mental health, the concerns that could arise, where to seek help, what to do about it, that services can be brought up to a doctor because many families see family doctors as only for physical</li> <li>• integrating knowledge and information about mental health as part of the immigration and settlement process</li> </ul>
Building Relationships	<ul style="list-style-type: none"> <li>• being able to talk about the realities that moving to a new country is stressful for anyone and the experience of being forced to leave your home is stressful...conversations to normalize that this will impact their well-being</li> <li>• open groups that are not culturally specific and are open for everyone</li> <li>• supports being given to parents, because they are the one responsible for holding their children through all these experiences...so more supports for parents, so that they can be supported, would help them to provide support to their children</li> <li>• asking questions like “how can we best support you? In what environment, in what way? What is best for you?”...this is where having a cultural interpreter really is beneficial</li> <li>• community leaders need to be involved</li> </ul>

	<ul style="list-style-type: none"> <li>• asking the immigrant youth themselves would be the best, because something I think may not be the case at all</li> </ul>
Mental Health Services Outreach	<ul style="list-style-type: none"> <li>• I think if there was a way to reach those communities by meeting them where they are at</li> <li>• bringing services as close to the youth as possible...such as, in the schools or having the social worker coming into the office</li> <li>• helps make the clients feel more comfortable because they have been here before and reduce the stigma for accessing services because it is out of the doctor's office</li> </ul>
Hiring Helpers from the Community	<ul style="list-style-type: none"> <li>• having someone who is from the same culture or someone who speaks the same language could definitely be helpful</li> <li>• the environment as a whole is more welcoming, because individuals are in their comfort zone and they feel they have the ability to express themselves when someone speaks the same language, or the program is offered in their mother tongue</li> <li>• getting natural helpers is more effective than having professionals when it comes to working with immigrants or people who are struggling and don't speak the language</li> </ul>

### Youth and Service Provider Perspectives

Main findings from the interviews with youth and service providers appear below. The themes and issues are not organized in any particular order.

#### Youth: What are the mental health stressors that you face?

- Family: changes to family composition and dynamics
- Isolation: lack of social connections
- Communication: difficulties expressing and sharing one's feelings with others
- Anxiety: worrying about many issues such as interacting with others
- Overburdened: feeling that they have too many competing demands for time and energy
- School difficulties: various difficulties, such as pressure to prepare for and do well on tests

#### Service Providers: What are the mental health stressors immigrant youth face?

- Dealing with change and uncertainty
- Developing their identities
- Professionals making assumptions about youths' needs
- Unresolved traumatic experiences
- Family role changes
- Academic, social and emotional challenges at school

- Working with others: difficulties with relationships, such as friendships
- Limited English language

Youth: What are the mental health supports that you have?

- External resources: formal sources of support, such as counsellors and teachers
- Family & friends
- The responses in this concept included siblings as well as parents, and extended family members
- Internal resources: self-confidence and skills
- Familiar places/people: people to see and places to go
- Community based service: organizations in the community that help

Service Providers: What are the mental health supports immigrant youth have?

- Peers are a source of support
- School-based services and referrals
- Other family members
- Community organizations and networks

Youth: What would stop you from talking to someone about mental health stress?

- Fear of being misunderstood or ignored: concern that their concerns won't be taken seriously
- Desire for confidentiality: putting trust in someone to keep a secret and having it betrayed
- Lack of trust & understanding: feeling like their problems would not be understood by others
- Talking about it is not helpful and/or taboo: the importance of keeping personal problems private
- Fear of the disclosure process: feeling that disclosure would not result in any positive effects

Service Providers: What are the challenges immigrant youth face obtaining mental health services?

- Language barriers
- Don't feel safe
- Unfamiliar treatment approaches
- Lack of culturally experienced professionals
- More pressing family needs

Youth: What would make it easier to talk to someone about mental health stress?

- Atmosphere during disclosure: feeling safe with that person
- Language similarities: importance of comfortably speaking the same language
- Trust & intensity: how much they really needed help and their confidence in that person's ability to help
- Intentions of the confidant: trustworthiness of the person they could talk to
- Personal qualities of the confidant: sharing some similarities with that individual
- Similarities & self-disclosure: how open that person was to be vulnerable themselves

Service Providers: What would help immigrant youth obtain mental health services?

- Partnerships with community centers
- Messaging about mental health
- Building relationships
- Mental health services outreach
- Hiring helpers from the community

### **Major Findings**

- Youth in the present study reported feeling pressure arising from expectations they held for themselves, influenced by peers, teachers as well as parents to fit in, be successful and help their families.
- The youth found settlement services in the schools to be very helpful and the staff to be their main go-to for information and advice.
- A major barrier for youth to access mental health services was the concern that they would not be taken seriously or be misunderstood because of cultural and language differences.
- Youth reported that a facilitator who modeled self-disclosure would make them feel more comfortable disclosing their own issues.
- Service providers identified the potential for error and overdiagnosis with assumptions about the presence, nature and extent of traumatic experiences immigrant youth experience.
- The service providers in the present study also identified Settlement Workers as essential resources for youth in schools and community to support youths' mental health.
- The same participants identified the challenge of regional and cultural differences that were points of conflict in their countries of origin as issues that continued to divide and cause tensions during settlement.
- The service providers viewed the traditional family structures, with the role clarity and hierarchy they may offer, as protective for the youth.

- One difference that was noted between youth and service providers was that youth emphasized the need for trust to develop through service provider self-disclosure and the service providers did not speak to this issue.
- Both service providers and the youth saw the youth as the experts on their own lives.

### **Recommendations**

- The continued support of neighborhood-based community development organizations to provide services that connect youth with other youth, local resources and other families is very important. These are sites where mental health prevention is offered and early intervention is accessed. They provide a safe place for youth and families to gather. They are locations where service providers can connect with youth to develop connections and increase trust.
- Settlement Workers in the Schools are of fundamental importance to the youth and service providers interviewed. The relationships that youth and workers develop are essential. Increased training in mental health for the workers should be considered to continue to develop confidence and skill development in this area.

## References

- Anderson, K. K., Cheng, J., Susser, E., McKenzie, Kwame, J., & Kurdyak, P. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. *CMAJ*, *187*(9), 637–638. <https://doi.org/DOI:10.1503/cmaj.141420>
- Bartram, M., & Chodos, H. (2013). *Changing Directions, Changing Lives: The Mental Health Strategy for Canada*. *Canadian Journal of Community Mental Health* (Vol. 32). <https://doi.org/10.7870/cjcmh-2013-001>
- Brown, A., Rice, S. M., Rickwood, D. J., & Parker, A. G. (2016). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, *8*(1), 3–22. <https://doi.org/10.1111/appy.12199>
- Browne, D. T., Kumar, A., Puente-Duran, S., Georgiades, K., Leckie, G., & Jenkins, J. (2017). Emotional problems among recent immigrants and parenting status: Findings from a national longitudinal study of immigrants in Canada. *PLoS ONE*, *12*(4), 1–14. <https://doi.org/10.1371/journal.pone.0175023>
- Canadian Mental Health Association [CMHA]. (2013). Fast Facts about Mental Illness. Retrieved from CMHA <https://cmha.ca/about-cmha/fast-facts-about-mental-illness>
- Centre for Addiction and Mental Health [CAMH]. (2018). Mental Illness and Addiction: Facts and Statistics. Retrieved from CAMH <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>
- Chiu, M., Lebenbaum, M., Lam, K., Chong, N., Azimae, M., Iron, K., ... Guttman, A. (2016). Describing the linkages of the immigration, refugees and citizenship Canada permanent resident data and vital statistics death registry to Ontario's administrative health database. *BMC Medical Informatics and Decision Making*, *16*(1), 1–11. <https://doi.org/10.1186/s12911-016-0375-3>
- Colucci, E., Minas, H., Szwarc, J., Guerra, C., & Paxton, G. (2015). In or out? Barriers and facilitators to refugee-background young people accessing mental health services. *Transcultural Psychiatry*, *52*(6), 766–790. <https://doi.org/10.1177/1363461515571624>
- Erwin, D., & Daniel, Y. (2017). The role of schools in shaping the settlement experiences of newcomer immigrant and refugee youth. *International Journal of Child, Youth & Family Studies*, *8*(2), 90–109. <https://doi.org/10.18357/ijcyfs82201717878>
- George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant mental health, a public health issue: Looking back and moving forward. *International Journal of Environmental Research and Public Health*, *12*(10), 13624–13648. <https://doi.org/10.3390/ijerph121013624>
- Government of Canada. (2017, September 15). About Mental Illness. Retrieved from Government of Canada <https://www.canada.ca/en/public-health/services/about-mental-illness.html>
- Hamovitch, E. K., Acri, M. C., & Bornheimer, L. A. (2018). Who is accessing family mental health programs? Demographic differences before and after system reform. *Children and Youth Services Review*, *85*(August 2017), 239–244. <https://doi.org/10.1016/j.childyouth.2017.12.027>
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, *73*(3), 539–548. <https://doi.org/10.1037/0022-006X.73.3.539>

- Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76(3), 395–402. <https://doi.org/10.1037/0002-9432.76.3.395>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Cmaj*, 183(12), 959–968. <https://doi.org/10.1503/cmaj.090292>
- Liegghio, M., Van Katwyk, T., Freeman, B., Caragata, L., Sdao-Jarvie, K., Brown, K. C., & Sandha, A. (2017). Police encounters among a community sample of children and youth accessing mental health services. *Social Work in Mental Health*, 15(1), 14–27. <https://doi.org/10.1080/15332985.2016.1156043>
- Olcoń, K., & Gulbas, L. E. (2018). “Because That’s the Culture”: Providers’ Perspectives on the Mental Health of Latino Immigrant Youth. *Qualitative Health Research*. <https://doi.org/10.1177/1049732318795674>
- Pumariega, A. J., Rothe, E., & Pumariega, J. A. B. (2005). Mental health of immigrants and refugees. *Community Mental Health Journal*, 41(5), 581–597. <https://doi.org/10.1007/s10597-005-6363-1>
- Robert, A. M., & Gilkinson, T. (2012). Mental Health and Well-Being of Recent Immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada. *Citizenship and Immigration Canada*, (November), 1–33. Retrieved from <https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/research-stats/mental-health.pdf%0Ahttp://site.ebrary.com.ezproxy.library.dal.ca/lib/dal/docDetail.action?docID=10726283>
- Rosas, S. R., & Kane, M. (2012). Quality and rigor of the concept mapping methodology: A pooled study analysis. *Evaluation and Program Planning*, 35(2), 236–245. <https://doi.org/10.1016/j.evalprogplan.2011.10.003>
- Saunders, N. R., Lebenbaum, M., Lu, H., Stukel, T. A., Urquia, M. L., & Guttman, A. (2018). Trends in mental health service utilization in immigrant youth in Ontario, Canada, 1996–2012: a population-based longitudinal cohort study. *BMJ Open*, 8(9), e022647. <https://doi.org/10.1136/bmjopen-2018-022647>
- Shields, J., & Lujan, O. (2018). Immigrant Youth in Canada: A Literature Review of Migrant Youth Settlement and Service Issues Knowledge Synthesis Report. Retrieved from <http://ceris.ca/IWYS/wp-content/uploads/2018/09/IWYS-Knowledge-Synthesis-Report-Youth-report-Sept-2018.pdf>
- Statistics Canada. (2017, October 25a). Definitions and concepts. Retrieved from Statistics Canada <https://www12.statcan.gc.ca/census-recensement/2016/ref/guides/007/98-500-x2016007-eng.cfm>
- Statistics Canada. (2017, October 25b). Immigrant Population in Canada, 2016 Census of Population. Retrieved from Statistics Canada <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2017028-eng.htm>
- Thomson, M. S., Chaze, F., George, U., & Guruge, S. (2015). Improving Immigrant Populations’ Access to Mental Health Services in Canada: A Review of Barriers and Recommendations. *Journal of Immigrant and Minority Health*, 17(6), 1895–1905. <https://doi.org/10.1007/s10903-015-0175-3>
- Vogel, D. L., Wester, S., & Larson, L. M. (2007). Avoidance of counselling: Psychological factors that inhibit seeking help. *Journal of Counselling and Development*, 85(4), 410–422.

- Woodgate, R. L., & Busolo, D. S. (2018). Above chaos, quest, and restitution: Narrative experiences of African immigrant youth's settlement in Canada. *BMC Public Health, 18*(1), 1–12. <https://doi.org/10.1186/s12889-018-5239-6>
- World Health Organization [WHO]. (2014a). Mental Health: A State of Wellbeing. Retrieved from World Health Organization [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/).
- Yeh, C. J., Kim, A. B., Pituc, S. T., & Atkins, M. (2008). Poverty, Loss, and Resilience: The Story of Chinese Immigrant Youth. *Journal of Counseling Psychology, 55*(1), 34–48. <https://doi.org/10.1037/0022-0167.55.1.34>