

# COMMUNITY REPORT: STAKEHOLDER PERSPECTIVES ON THE MENTAL HEALTH OF NEWCOMER YOUNG MEN IN CANADA

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# Community Report: Stakeholder Perspectives on the Mental Health of Newcomer Young Men in Canada

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## Project Overview

The purpose of this research project is to better understand the mental health and mental health care needs of newcomer young men (under 25 years old) in Canada. In this study, newcomers refer to individuals who moved to Canada within the last 10 years. We engaged stakeholders from newcomer-serving organizations in identifying the mental health and mental health care needs of newcomer young men in Canada.

## Study Sites

The research project was conducted in Calgary, Edmonton, and Vancouver. Calgary is the largest city in Alberta with a population of approximately 1.4 million people. Edmonton is the capital city of Alberta with a population of just under 1 million people. Vancouver is the largest city in BC, and the Greater Vancouver area has a population of nearly 2.5 million. These sites were chosen because they have the highest number of newcomers in Western Canada. Based on recent statistics, Alberta and BC have received the third and fourth largest groups of new immigrants behind the provinces of Ontario and Quebec, which have historically received the majority of the newcomer population in Canada. In 2016, Alberta received 16.6 percent of permanent residents to Canada with most settling in Calgary and Edmonton, while BC received 12.8 percent with the majority settling in Vancouver<sup>1</sup>.

Focusing on these three sites allowed for comparison of contexts, including racial and cultural diversity, socioeconomic environments, migration and resettlement histories, and pre-migration countries and contexts of the newcomer groups. The researcher team also had existing networks in the three sites, which facilitated collaboration, recruitment, data collection, and knowledge exchange.

## Research Methods

The study was designed to invite and foreground the perspectives of service providers and program managers who deliver services or manage programs for immigrant and refugee young men. Drawing on our networks in the study sites, we recruited participants through newcomer-serving agencies and related organizations.

The research team conducted two focus groups (group interviews) in Calgary and two focus groups in Edmonton. Individual interviews were conducted in Vancouver as well as in Calgary. Focus groups and individual interviews were guided by open-ended questions, for example, ‘what are the key mental health challenges faced by immigrant and refugee young men at your organizations?’ The responses to these questions were then examined for themes or patterns in the information. Our study received ethical approval from the University of Alberta and Ryerson University research ethics boards.

1. *Immigration, Refugees and Citizenship Canada (2016). Facts and Figures 2016: Immigration Overview -Permanent Residents. Retrieved from [https://www.cic.gc.ca/opendata-donneesouvertes/data/Facts\\_and\\_Figures\\_2016\\_PR\\_EN.pdf](https://www.cic.gc.ca/opendata-donneesouvertes/data/Facts_and_Figures_2016_PR_EN.pdf)*

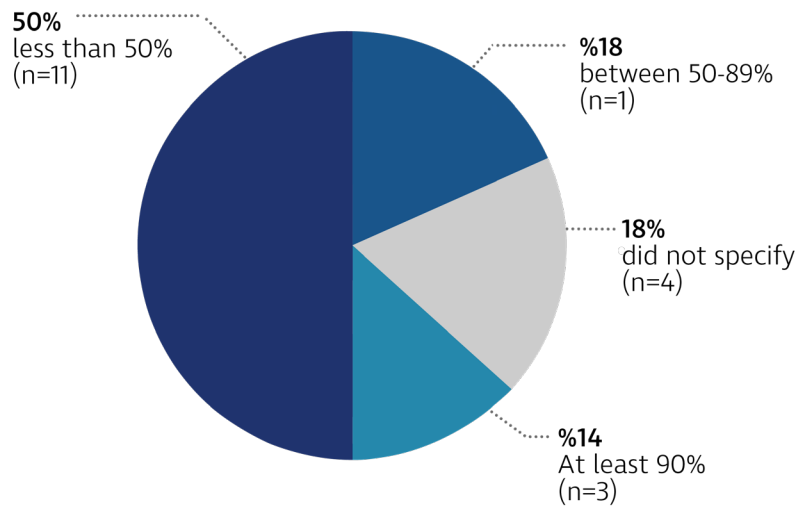
## Participants

The findings shared in this report are based on focus groups and interviews with the 26 participants who took part in this study. The majority of the participants (n=20) worked for settlement and newcomer agencies, two worked in health services, one worked for a mental health organization, and three worked for organizations that are characterized as delivering both health and settlement services. The average age of participants was 38 years of age. More than half of the participants (n=14) identified as men. Additional demographic information is provided below.

Religion	n	%
Christian	7	32
Muslim	6	27
Hindu	2	9
Buddhist or Jewish	1	5
Catholic	1	5
Other	1	5
No religious affiliations	4	18

Racial/Ethnic Identity	n	%
South Asian	5	22
West Asian	4	18
East Asian	3	13
Black/African	3	13
Black/Caribbean	2	9
White/Caucasian	2	9
Latin American/Hispanic	1	5
Southeast Asian	1	5
Multiracial	1	5

Percentage of clients in the last six months who have mental health challenges



About one in three participants reported that among their clients, at least 50% had mental health issues.

Key Findings

In this report we share themes from the focus groups and interviews, using the words shared with us by the participants. We highlight stakeholder perspectives on good mental health, challenges to mental health, the mental health priority needs of newcomer young men, challenges and opportunities faced by stakeholders in providing addressing these needs, and desired changes. All names that appear in the report are pseudonyms provided by the participants.

STAKEHOLDER PERSPECTIVES ON MENTAL HEALTH

1. Facilitators of Good Mental Health

Participants discussed aspects of good mental health across three themes: personal skills, relationships, and resources.

Life Skills

Many participants explained good mental health as having the ability to manage daily life. This included being able to react to stress or show anger in certain ways, as well as being resilient after experiencing trauma.

Relationships

Participants also explained the importance of relationships to mental health. This included participating in social and community events, having one’s experiences and feelings validated by others, feeling connected to peers, to schools and to families. In addition, participants discussed the importance of balancing social integration in Canada with connection to one’s cultural background.

*I believe ability to react under certain situations and circumstances that explains a level of mental health. How peaceful I can be in a stressful situation, or how I react in a calm and like with my friends, or in doing something, everything, my behaviour and everything, that explains the level of my mental health.*  
— Simba, Edmonton



*Family [lalong lalo na / first and foremost] I feel is very, very important [sa kanya yon / to him]. And how they eventually trusted him [a young Filipino youth], and how they made him feel like a [kuya / older brother]. That was very helpful. He felt almost a sense of responsibility that he had to look after others. I feel that that helped him a lot. Because prior to that there was no sense of responsibility. He was only looking after himself. He was only... it was just himself. But when they gave him more responsibility, “You have to look after your younger siblings. You have to be a good role model to them,” I feel that it made him realize, “Okay, I have to make something out of myself.” It helped a lot for his sense of responsibility.*

— Francine, Vancouver

### **Resources**

A third theme that arose around good mental health was having the resources necessary to foster one’s mental health and to address mental health needs when they arise. These resources included basic needs such as access to good food, housing, education, and stable and sufficient income. They also included access to safe or spiritual space, and access to mental health care services. Language skills and the ability to communicate with others were also explained to be key resources. Connected to the theme of relationships, participants also explained social support as a resource for good mental health.

*So for me good mental health means that you have the necessary resources to help you to establish your basic needs as well as further. So basic needs include, you know, access to food, shelter and a social setting, or social supports. And then extra for that would be having access to, for example, if you need to like talk to counselors, if you have a spiritual space that you need to go to, being able to safely go to those spaces. So I think mental health is encompassing all of those things and having your needs addressed in a culturally sensitive way.*

— Elisa, Vancouver

## **2. Challenges to Mental Health**

Participants explained risk factors for poor mental health occurring before and after moving to Canada.

### **Pre-migration**

The service providers and program managers spoke about how many newcomers, especially refugees, have moved to Canada from areas of conflict. Drawing on their work with clients, the participants spoke about how experiences of war and violence may lead, contribute to, or exacerbate trauma and mental health conditions, including post-traumatic stress disorder (PTSD), conduct disorders, attention deficit hyperactivity disorder (ADHD), disassociation, and attachment disorders. Participants expressed concern about the extent to which mental health care providers and schools are accounting for these pre-migration factors.

*Particularly when I look at boys from Syria, the Sudan, and Colombia, Afghanistan. Look what they saw. What do you think they’re seeing? What do you think they’re experiencing? Why don’t we look at PTSD? Why don’t we look at attachment, particularly those boys who’ve seen what they’ve seen? Maybe it’s safer not to attach to anything.*

— Jess, Calgary



## Post-migration

In addition to pre-migration factors, the participants also spoke about what happens after moving to Canada and some of the factors that they perceive as affecting the mental health and wellbeing of newcomer young men. These factors are described in six themes: social connection and isolation, changing family dynamics, language barriers, financial uncertainties, expectations around masculinity, and stigma.

### I. SOCIAL DISCONNECTION AND ISOLATION

Many who immigrate to Canada leave behind social connections and supports. Participants explained how the loss of community connection can make it difficult to navigate life after arriving in Canada. Limited knowledge about Canada can contribute to anxiety, especially when people are already isolated from family or community. The loss of a sense of belonging and feelings of exclusion in Canadian society were also perceived as affecting individual well-being as well as family relationships.

### II. CHANGING FAMILY DYNAMICS

Challenges related to navigating a new context and systems can lead to changes in family dynamics, including changes to responsibilities, roles and expectations. Children often learn English more quickly than their parents and need to assume the responsibility of translating for their parents and families. One participant talked about how children can call Child Protective Services against their parents, and how this can contribute to a shift in power which affects the parent-child relationship. Generational differences in expectations and approaches to social integration can affect dynamics in newcomer families. Furthermore, isolation from family and communities in their home countries and shifts in gender roles can affect relationships between parents, and contribute to family tension and conflict.

*Yes, uh, coming from different country, I mean sometimes their parents they don't speak the language as well... And then they became the translator of them... And that changes the dynamic of the family completely, because they, they need to go with, with their parents to the doctor, they need to go with them to the bank. So they need to help them to solve their problems so they, in some way they, they switch roles. So because they become, the, the parents became the kids, and, and the kids became the, the ones who know what to do and where to go.*

— Harrison, Vancouver

*And so a lot of our young men actually struggle with a cultural identity, either to resist or become... So this constant existential difficulty we seem to witness a lot. This is where they then in search of identity, then they do things that are good for themselves or not so good for themselves. We also notice their mental wellness is impacted also by larger systems. When the systems don't really understand them, don't really provide the right support, they feel not included, not having a sense of belonging.*

—Mei Mei, Edmonton

### III. LANGUAGE BARRIERS

Many participants spoke about language barriers contributing to experiences of isolation. Language barriers also affect employment and education opportunities, act as a barrier to accessing services, and restrict men from articulating mental health concerns. In addition, a person's first language may not have words for mental illness or mental health may be taboo, so it may only be possible to speak in English. Alternatively, speaking with providers who only speak English may not allow someone to relay their full meaning, which may impact the client-provider interaction and, ultimately the care they receive.

*I want to say one of the biggest challenges is for young men to be able to articulate any mental health concerns, especially because they... the language barrier is huge. And so when immigrant and refugee men are willing to articulate it or think about it, they think about it in their mother tongue. And to be able to get that concern out, we lose a lot of pieces in translation.*  
— Mei Mei, Edmonton

### IV. FINANCIAL UNCERTAINTIES

Many newcomers arrive to Canada with skills and education but their credentials are not recognized. This coupled with other factors, such as language barriers, mean many newcomers live with economic uncertainty. The struggle to meet basic needs can lead to stress and anxiety. Men may feel these stresses in unique ways because of cultural expectations around masculinity and the ability to provide. Pressure to meet basic needs can also deprioritize mental health concerns and prevent young men from accessing mental health care.

In the interviews, some participants spoke about how newcomer men may feel isolation, especially when they may not have resources to provide for their families because they often feel they have a responsibility to do so. For those who do not speak English or who do not feel integrated into Canadian society these pressures may feel even more deeply isolating.

*Yeah, I guess that's kind of like how they prioritize their survival right now, right? Mental health isn't really ranking that high for them. But I also feel like something else that's maybe coming out is just their... the identity piece of it. So like if they're expected to be the head of household, even if they're a young male, or something like that, then I think to come from that provider identity, to then be the person who's actually asking for help and needing help, is a huge barrier.*  
— Alejandra, Calgary

### V. EXPECTATIONS AROUND MASCULINITY

The stakeholders described how many newcomer young men feel unable to show emotions such as sadness and instead express their feelings as anger. This can negatively affect their mental health and can prevent access to supports. Because masculinity is often understood as being independent, strong, and capable, men may also feel increased stigma around mental health challenges because they do not want to appear vulnerable.

*I see isolation and loneliness as maybe like one of the biggest factors for men, and particularly for newcomers. And overcoming the kind of stigma that a lot of men feel when it comes to being a man, that to man up, or to be a strong, independent, capable man means to deal with your problems on your own, and the inability to be vulnerable enough to ask for help and admit that you're hurt, or you're in pain, or you've experienced trauma, I think just leaves a lot of men alone.*

— Chris, Vancouver

*But whenever he's sad what he does is he either punches the walls in his room, or he would attack himself by hurting himself. [Sobrang galit / So angry] Very, very angry. Even he has a notebook where he draws. Very angry [yung feel nung / the feeling of the] drawings, you know, very dark, very angry. But when... but when you think about it, it's classic sadness, and he doesn't know how to properly express it. Why? Because he's a boy and they're not allowed to cry. They're not allowed to show weakness.*

— Francine, Vancouver

## VI. STIGMA

The role of stigma in affecting mental health and wellbeing was discussed in several ways. Participants talked about how many newcomer young men may carry self-stigma around their mental health challenges. In addition, many communities may consider poor mental health a weakness or a taboo subject. This stigma may be especially felt by men because of the equation of masculinity with independence and invulnerability. There may be reluctance to discuss mental health and wellbeing or to access services for fear of being found out by members of one's community. Participants explained a major challenge is education and acceptance around mental health as a beginning step. Internalized stigma may also play a role in cultural clash within families if children are more accepting of mental health issues than parents. It can also act as a barrier to mental health services if there is a language barrier because young men may be reluctant to use an interpreter from their community.

*It's like the shame for us, we have this person in the house, or the stigma. And most of them, they don't send, like go to the counselor, or therapy or... because they are... feel, okay, this stigma's still also alive.*

— Jwan, Edmonton

*So I think it's starting to become more of a priority, in the way that we can draw, again, that connection between supporting men, or supporting fathers, or supporting young men, as supporting women and girls, as supporting trans and LGBTQ people in our community, because the violence that we're experiencing at a community level or a family level often are coming from men. So from that lens, I think we're starting to realize that working with young men, and working with men in general, is a big priority.*

— Chris, Vancouver

## PRIORITY MENTAL HEALTH NEEDS OF NEWCOMER YOUNG MEN

Participants discussed four priority mental health needs of newcomer young men: support for families, settlement support and services, including mental health care, educational support, and spaces for connection.

### 1. Support for newcomer families

Family support and family relationships were perceived as very important to mental health for newcomer young men. In order to support newcomer young men, their families need to be supported socially, economically, and emotionally. Many young men carry the demand of supporting their families economically in Canada, especially those who were family providers during their journey of migration as refugees. In addition, when young men suffer mental health problems, the family is often negatively affected. Participants spoke about how sometimes men may be violent against their partners or children because they may show feelings of sadness or anxiety through anger. Supporting families is important to promote newcomer young men's mental health as well as to address some of the effects of their poor mental health.

*The settlement services are so important. When people settle well... it helps their mental health, right? And when they integrate well, it helps their mental health... Like when you're helping someone with employment, that ultimately helps with their mental health... Language, development, all of these things.*  
— Monica, Calgary

### 2. Settlement support and services

A second priority need is for newcomer young men and their families to have access to settlement supports and services. These can include courses such as English and parenting classes, as well as connection to settlement services for information and support in housing, recreation, and employment. In addition to settlement support, many newcomer young men may also need mental health care such as counselling.

### 3. Education support

Success in school was perceived as another priority. However, some stakeholders expressed concern that many newcomer young men are not set up for success for a range of reasons. Language barriers or gaps in education (due to migration journeys) may impact the ability to learn. Also, schools often do not recognize when attention or conduct problems might be related to traumas or mental health conditions, which may be particularly relevant for young men who have witnessed or experienced violent conflicts. Participants explained the importance of advocacy for supporting these young men in their education.

*I had one youth who was getting in trouble at school because he couldn't sit in a classroom. He had to leave almost every class, he had to leave. He had to get up and walk around, whether it's around the school or, you know, he would make excuses that he's going to the bathroom or going to his locker. But he had to get up at every class he had. So at one point he started just not going to school at all. And I actually talked to him and he said, "They're going to kick me out of school because of... because I'm not attending." And I just had the conversation with him, "Why aren't you attending?" He's like, "Every time I sit in that classroom I feel like the walls are closing in on me." So he said that he had to just get up and walk around, just so he can breathe again. So I went back to the school with him, and I talked to his teacher. And after that, we had a plan where he can just get up and walk around. We started like in the hall, then in the classroom, and then to the point where he's comfortable, like to just sit down there for the entire period. So advocacy's our best work that we do here.*

— Hala, Edmonton

#### 4. Space to connect and open up

Because of stigma related to mental illness and expectations around masculinity, participants reported that it is a challenge for newcomer young men to open up about mental health challenges. Stakeholders reported a need to create spaces in which they are able to build trust with the young men and for the young men to build trust with each other. Many of the organizations participating in this study have tried to provide spaces for men to connect and to open up. Often these spaces are organized around building skills, rather than mental health promotion, in order to encourage men to attend.

### SERVICE PROVISION: OPPORTUNITIES AND CHALLENGES

Newcomer young men have strengths that help stakeholder organizations support their mental health and wellbeing. There are also challenges which make this work more difficult.

#### 1. Strengths

Participants discussed how newcomer young men's personal strengths helped organizations to provide support. These strengths include being creative, resilient, curious, and determined, as well as having a sense of humour. Many young men value their relationships, which lead them to support others and also encourages them care for their own mental health.

#### 2. Challenges

##### **Difficulty bringing men to services due to expectations around masculinity**

Bringing men to services was cited as a key challenge. Participants spoke about how men often have difficulty recognizing that they need support until their mental health becomes such a problem that it dramatically affects their lives. Often, young men may fluctuate in their willingness to engage with services, ready to access care one day and resistant on another, largely based on stigma around both mental illness and vulnerability. Many of them experience denial and can express their emotions as anger.

*So trying to connect these men together, to bridge that gap and then allow men to learn vulnerability skills from each other and meet with men who have experienced similar things that they have, so that they can learn to talk and learn to communicate. And that might look like, you know, practicing English, or practicing language skills, and within it is, you know, just learning to be vulnerable, learning to find other men to connect to.*

—Chris, Vancouver

*So a lot of them that I work with already told me that they understand the importance to be able to have good friends, good natural supports in their lives, whether that's a teacher or a mentor or another youth... one of their characteristics is that they really want to also give back.*

—April, Calgary

*It's kind of rare to find a young man who earlier on, before it's like causing them to miss a lot of school or... not want to leave the house. Like I feel like they're only looking to seek help when... or maybe their families are the ones that are pushing them to seek help, when they see like you've stopped getting up, you stopped caring...you stopped doing these things. And so then I would explore talk therapies and counseling. We often have to do a lot of like explaining and kind of convincing of the potential benefits before they're willing to look at it.*

— Sara, Calgary

### **Challenging normative values**

Respecting cultural values while addressing gender norms can prove to be a challenge in creating space for men to connect and talk about their mental health. Service providers discussed how some newcomer young men have opinions about gender or sexuality that can prevent others from accessing, or feeling secure in the space. In addition, one participant explained that he found it important to support men while being accountable to women, and that this is not always easy. In each of these areas, working towards inclusivity, accountability, and equity can be a challenge.

*So respecting the cultural values and teachings that people have at the same time as deconstructing them so that people feel safe enough and we can offer support for everyone that self-identifies as a man, regardless of how their bodies or their sexuality is a big challenge. I think we're still learning what works and what doesn't work, and what we can do to support people in the best way.*

— Chris, Vancouver

## **SYSTEMIC FACILITATORS AND BARRIERS**

Participants identified system-related facilitators and barriers to providing mental health support for newcomer young men. Facilitators include service and community partnerships, while barriers include inadequate funding, long waitlists for care, misdiagnoses of trauma and prescribing medication as a first approach, and limited cultural knowledge among providers.

### **1. Facilitators**

Participants spoke about how their work was facilitated by formal and informal partnerships with other organizations: newcomer associations, schools, the police, youth clubs, and health services. These partnerships provide additional supports to facilitate the ability of stakeholder organizations to provide services to newcomer young men.

### **2. Barriers**

#### ***Inadequate funding***

The most cited challenge was inadequate and inequitable funding, limiting the ability of the stakeholder organizations to fully support the unique needs of newcomer young men. Even in cases where government funding is present it is often provided to mainstream service providers. Funding for those agencies that serve newcomer young men is insufficient. Because of this, in many cases, community organizations are providing services without adequate funding, creating a strain on providers. In some cases, organizations do not have the capacity or resources to provide mental health services and have to refer newcomer young men to other organizations.



### **Long waitlists**

In addition to wait lists for mental health care, there can also be long waitlists for settlement and social services, such as housing. For young men who have limited English, there can also be a long wait for interpreters. These long waits can negatively affect mental health outcomes of the young men.

### **Misdiagnoses of trauma and prescribing medication as first approach**

Another challenge, for the stakeholders, is a lack of recognition of the role of trauma in mental health. They spoke about how many mainstream service providers fail to consider migration factors related to mental health, particularly experiences of trauma. They have seen this result in many newcomer young men being diagnosed with ADHD or conduct disorders rather than being treated for trauma. The participants also expressed concern about how mainstream service providers typically prescribe medication as a first approach when youth suffer mental health problems.

### **Limited cultural knowledge among mainstream providers**

Participants highlighted the importance of cultural knowledge in service provision. They expressed concern about the lack of cultural knowledge among mainstream service providers and how this affects access to mental health care. One participant spoke about how the majority of mental health care professionals in the study sites are white women and newcomer young men experience difficulties in opening up to them. This lack of cultural knowledge can include the failure to recognize that many newcomers may demonstrate psychological pain as physical symptoms, the failure to consider culturally appropriate approaches, a provider's interpretation of pain through racialized stereotypes, or a provider's own biases.

*And so I think we need to start with having these conversations with our staff from, you know, managers, etcetera, in order to, you know, address any sort of bias that people might... And so I think that we need to raise awareness and provide specific mental health services for them, because the difficulties that they face might be different or stem from different issues, or triggered by different issues that are different from what, you know, the average Canadian that grew up sort of here might experience. And so it's important to have tailored, culturally sensitive services, particularly for mental health, and particularly for young men.*

— Elisa, Vancouver

*And like we mentioned earlier, the funding. It's a big challenge when you have like a mainstream agency that has like all this funding like they're hiring therapists... that don't understand the culture, or the needs, and it's just sitting there. Do you know what I mean? Meanwhile, we have 200 people on our waiting list. That's just... it's not fair, and it doesn't make sense to us or like to our clients.*

— Hala, Edmonton

*And you can imagine. When someone is suffering right now, and at least two months means, you know, like how they can cope with those situation, or how their family member is going to, you know, take care of those people when they have, you know, severe mental health issues, right?*

— Shivam, Calgary

*I said that the personal history is very important for mental health... always we need to go to their history, how do you learn to get angry...as I said before, many of them, they go to a doctor, and they get pills instead of uh, uh a more, long-term solution no?*

— Harrison, Vancouver



## SUCCESSFUL PRACTICES

In order to address the challenges above, stakeholder organizations have developed practices to better provide care for newcomer young men.

In order to engage with young men in accessing services, successful practices involve providing home visits, using activities such as go-karting or movement to prompt conversations about health and using the language of well-being instead of mental health.

Trust-building is perceived to help break down stigma around mental health and to encourage newcomer young men to ask for support. An inclusive and open approach is seen as integral to building trust. Culturally diverse spaces provide opportunities for young men to learn from one another across differences. Acting as a bridge between clients and mainstream service providers was also cited as an effective practice among services providers working at settlement agencies.. Partnerships between organizations can facilitate collaboration and integration of services, which in turn help young men receive necessary supports and care.

*I think it's not working in such silos. Because for me, if a youth was dealing with depression or something, that the expectation would be that I would refer them to another service. And then for me to stay connected, and that it's... the system doesn't make it easy for you to do that. It's like very siloed. If there were more partnerships in working together, and if, specifically for our program, if mental health clinicians worked at the school that would make a huge difference.*

— Jayne, Vancouver

## Looking Forward

This report provides a sample of key findings from our study. It offers a summary of stakeholder perspectives on how to better support the mental health and wellbeing of newcomer young men. While there are cited challenges, there are also many successful practices, opportunities, and ideas for improving services and supports:

- Awareness and education around mental health
- Promotion of mental health care through schools
- Increased connection and collaboration between health care and social service providers
- Greater consideration of trauma in diagnoses
- Trauma specialists in youth programs
- Services in group settings in addition to individualized care
- Increased funding for mental health care delivery in settlement services
- Greater support for front line service providers
- Peer-led programming

