

# Collaboration and Partnerships: Supporting the mental health needs of immigrants and refugees

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# CAMH

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading mental health research centres.

CAMH is fully affiliated with the University of Toronto and is a Pan American Health Organization/World Health Organization Collaborating Centre.

The Office of Health Equity at CAMH makes a continuous effort to reduce disparities in mental health through community collaborations and internal initiatives, including the Immigrant and Refugee Mental Health Project funded by Immigration, Refugees and Citizenship Canada (IRCC).

# The Office of Health Equity

Our commitment is to *reduce disparities* in health and its determinants to ultimately *improve clinical health outcomes* for CAMH patients and clients.



**Research &  
evaluation**



**Education  
& training**



**Interpretation  
services**



**Strategic  
initiatives**

## Collaboration and Convening: Immigrant and Refugee Mental Health Project

A bilingual (English and French), evidence-based, capacity-building initiative designed to enhance the knowledge, skills and networks of service providers to appropriately respond to the unique mental health needs of immigrants and refugees.

Funded by Immigration, Refugees and Citizenship Canada, the IRMHP offers a range of free, web-based training, tools and resources for settlement, social and health sectors in Canada.



# Evidence and Research: What we know

## What we know

**Economic and social conditions affect mental health:** We must consider several social determinants of mental health, including the migration journey.

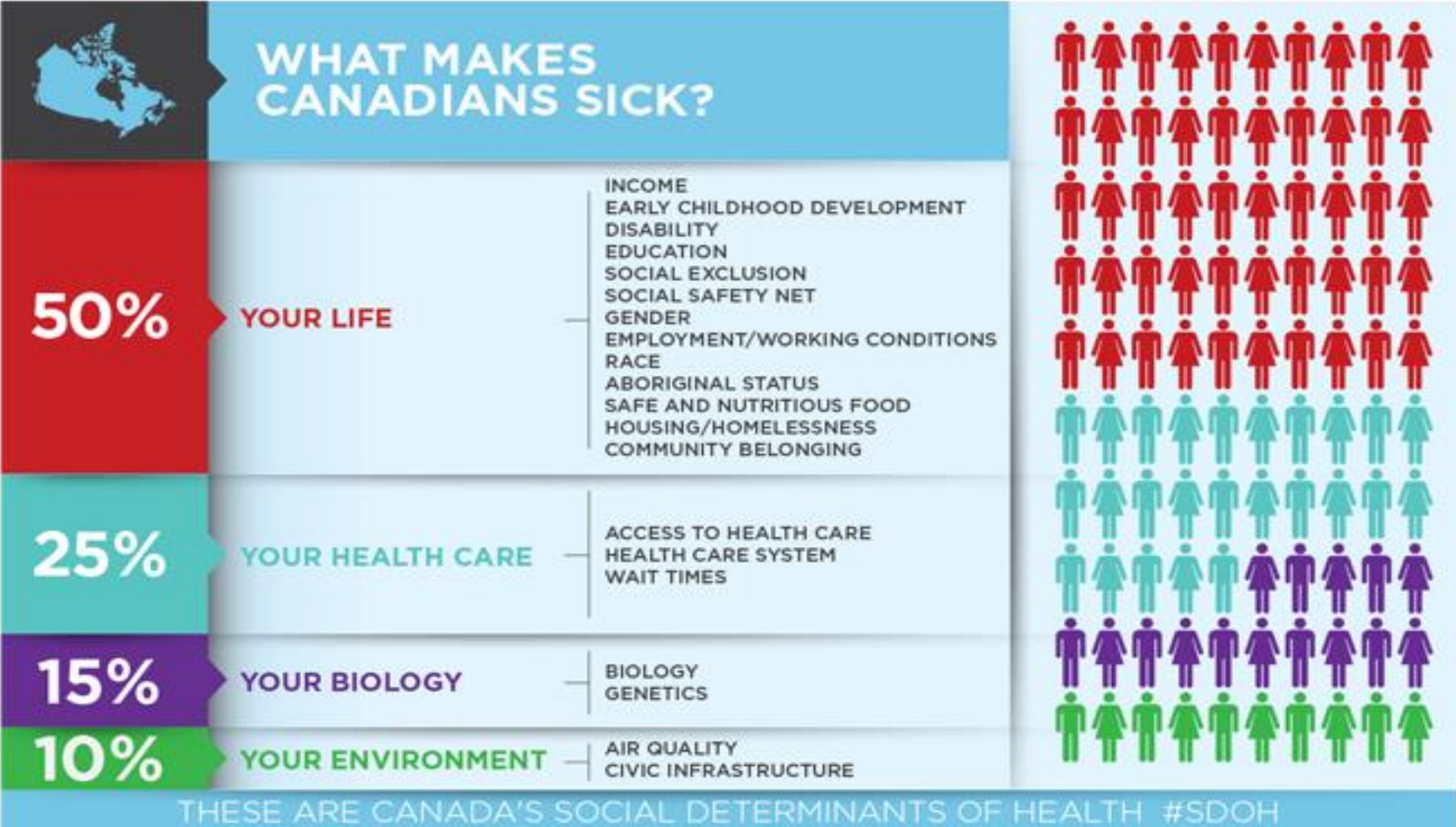
**Intersectionality affects discrimination and privilege:** Social identities intersect with each other and shape various advantages and disadvantages for immigrants and refugees, which can affect their mental health.

**Social determinants of health:** In the migration and post-migration contexts, social determinants are consistently identified as the most important factors affecting the mental health of immigrants and refugees.

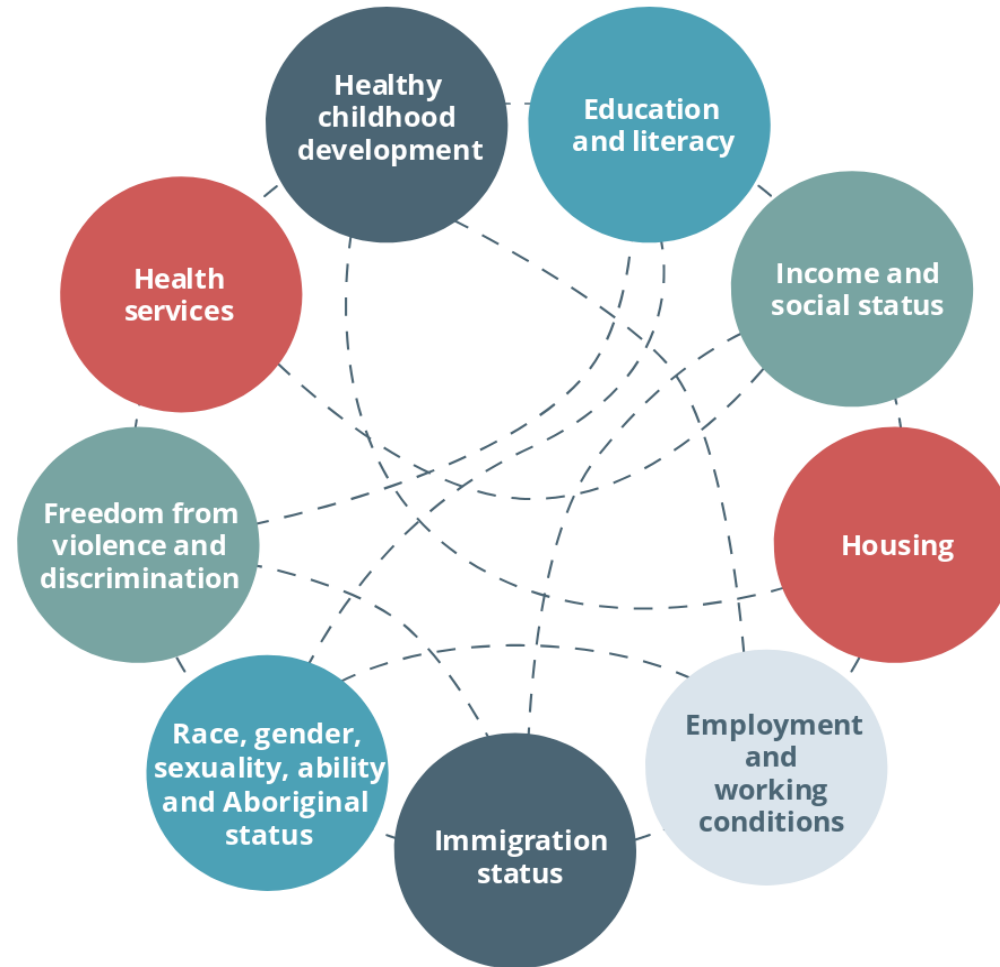
**Refugees are resilient:** Psychological problems are often not mental illnesses but do impact settlement and thriving.

**Most effective responses:** Focus on mental health promotion and illness prevention as well as developing appropriate pathways to care.

# Social factors are the main determinants of health



# Social factors are the main determinants of health





*“The barriers faced by immigrants and refugees and other vulnerable communities are such that we need to be looking at the bigger picture and what are those barriers to access that they encounter. For that reason, one of our core values and strategies is working in partnership. We can’t do it alone, nor should we. The system change that we’re looking at includes working with other organizations to increase their capacity to respond to needs and issues faced by vulnerable communities, immigrants and refugees.”*

*Axelle Janczur,*

*Executive Director, Access Alliance Multicultural Health & Community Services*

# Collaboration between Settlement and Mental Health

## Knowledge of and pathways into service

- Immigrant, Refugee and Ethno Racialized (IRER) groups seek help less often than the general Canadian population.
- Primary source for information or referral: family physicians.
- Emergency services is the common pathway into mental healthcare.
- Barriers to care: language, fear, shame, service accessibility, patient-provider interaction, circumstantial challenges (cost, transportation, competing priorities).

## Mental health and settlement sectors are connected

- Stressors associated with migration journey can create or exacerbate mental health problems/illnesses.
- Intersectoral collaboration supports mental health promotion, mental illness prevention and early intervention.
- Settlement provides early recognition of mental health problems and illnesses, and is a point of entry to care.
- Programs offered by settlement sector build newcomers' skills, and reduce settlement stressors such as language assessment, referral and training.

*“Resettlement workers are engaged in the work of mental health promotion because they provide newly arrived people with the tools to give them agency over their mental health. They set them up with life in Canada and provide people with a sense of wellbeing ... Resettlement work is in fact mental health promotion”.*

*Dr. Annalee Coakley,*

*Medical Director, MOSAIC Refugee Clinic, Calgary, Alberta*

# How do we collaborate for better health outcomes?

# Collaboration between Mental Health and Settlement

Facilitate collaboration between the mainstream mental health sector and the settlement sector.

A protocol of care between mental health services and the settlement sector.

Address gaps and leverage existing expertise:

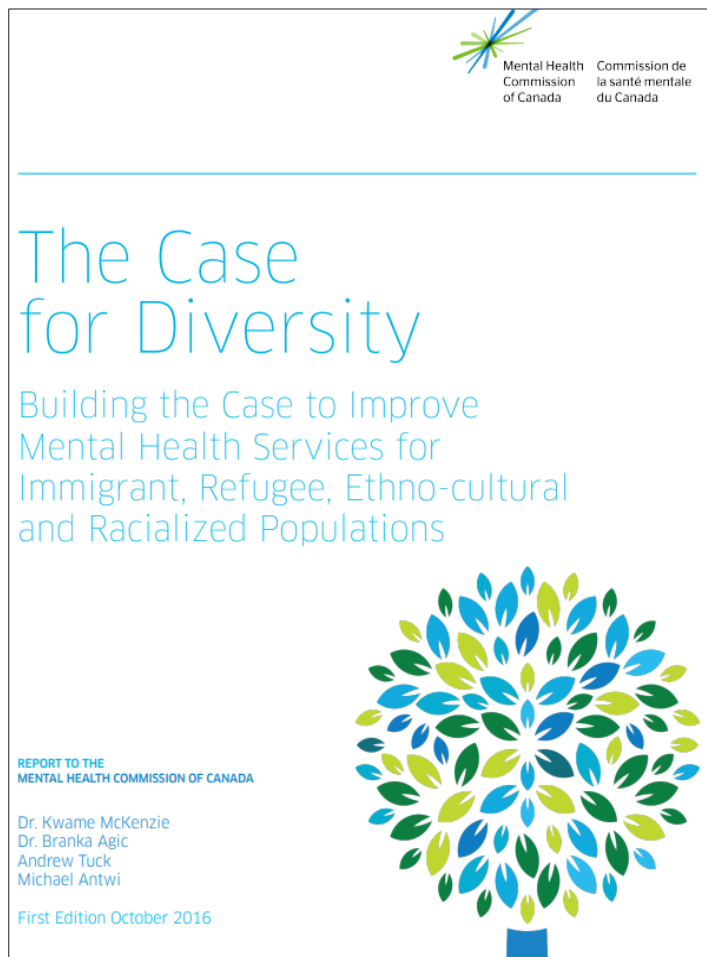
For example, bringing mental health care to natural settings where immigrants and refugees meet, for example – one stop shops services at places of worship.

## Leverage Existing Partnerships

- Social determinants a key component of integration.
- Backbone and umbrella organizations (LIPs, MANSO, ARAISA, OCASI) bring together community partners to address needs of newcomers.
- Funding models can leverage these existing partnerships to help navigate and broker sectors.



# Implement Existing Evidence



The mental health sector can leverage research conducted by the Mental Health Commission of Canada (MHCC) on immigrant and refugee mental health.

MHCC continues to advance research in newcomer mental health by building a body of evidence, for example, the Case for Diversity highlighted there is good evidence for these interventions with immigrants and refugees:

- E.g. Culturally adapted therapies

## Some further examples

Reach:

Women's Health in Women's Hands x CAMH

The Wellness Connection demonstrated an ability to provide mental health services to people/groups who were historically marginalized and reported to underuse mental health resources, many of whom were immigrant and refugee groups, despite greater mental health need.

I.e. Ethno-racial populations, sexual minorities, those without insurance coverage, and clients with low income.

## Some further examples

### Organizational Change:

New Beginnings Clinic (refugee clinic) x CAMH

Improved sociodemographic data collection to capture the diversity of clients and have data for making future improvements.

### Capacity Building:

Immigrant Refugee Mental Health Project

95% of course participants (health care practitioners and settlement workers) found that the course enhanced their knowledge.

83% said that it would alter their practice.

30% increase in course content knowledge.

## Key considerations when developing partnerships

- Engage partners early on to identify common values and alignment of purpose.
- Establish measurable, concrete objectives and aim for achievable results.
- Invest in the alliance building process by clarifying expectations and obligations with personnel and finances.
- Share leadership, accountability and rewards among partners
- Integrate equity and anti-oppression practices.

## Summary

1. Social determinants, especially in the post migration context influence mental health.
2. Collaboration between settlement and mental health essential to support complex settlement needs.
3. Funders can build on existing structures.
4. Evidence exists on what works to support immigrant and refugee mental health, start implementing.
5. Successful partnerships bring results: examples of outcomes were identified.

# Learn more

Visit project website:

<https://irmhp-psmir.camhx.ca/>

Project emails:

English: [ImmigrantandRefugeeMentalHealth.Project@camh.ca](mailto:ImmigrantandRefugeeMentalHealth.Project@camh.ca)

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