Resettlement Assistance Program (RAP) Research Project

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Pathways to Prosperity

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camh
mental health is health

Funded by: Immigration, Refugees and Citizenship Canada
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AGENDA

Background and Context

RAP Project Overview

Research Project Update

Model Development

BACKGROUND AND CONTEXT

Mental Health in Canada

Approximately 7 million Canadians are living with mental health problems and illnesses (Mental Health Commission of Canada, 2013).

By 2041, it is projected that over 8.9 million people in Canada will be living with a mental illness (MHCC).

The economic costs associated with mental illness in Canada is estimated at $51 billion each year (CAMH).

For those suffering from a severe mental illness, the unemployment rate is between 70-90% (CAMH).

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 in-transit 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

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

Research & evaluation

Education & training

Interpretation services

Strategic initiatives

Diversity at CAMH

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.

The Immigrant and Refugee Mental Health Project offers **online training, tools** and **resources** to settlement, social and health service professionals

You'll have the opportunity **to connect and exchange ideas** and experiences with hundreds of service providers across Canada and **obtain advice from experts in the field**

RAP PROJECT OVERVIEW

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Background and Context

- RAP service providers are not funded to provide mental health services.
- Service providers have indicated that there is a lack of mental health services available for refugees (IRCC, 2016).
- Refugees tend to experience disparities in their access to mental health services, quality of care and health outcomes (Mental Health Commission of Canada [MHCC], 2016).
- To support GARs in distress, it is critical that the right services be available at the right time
- RAP service providers do not have the capacity to support GARs in distress (IRCC, 2019)

Project Partners

This project is a partnership between the Office of Health Equity at CAMH and three partner RAP service providers

Office of Health Equity Staff:

Dr. Kwame McKenzie, Director Health Equity

Aamna Ashraf, Manager Health Equity

Mercedes Sobers, Research and Evaluation Coordinator

Jack Williams, Research Analyst RAP Research Project

Partner Organizations:

London Cross Cultural Learner Centre (CCLC)

Polycultural Immigrant and Community Services (PICS)

Costi Immigrant Services (COSTI)

Project Partners

Steering committee members

Valerian Marochko Executive Director/CEO (London CCLC),

Dr. Kwame McKenzie PI and Director Health Equity (CAMH),

Marwan Ismail Executive Director/CEO (PICS),

Incoming CEO/Executive Director (COSTI),

Advisory committee members

Jennifer Sandu, Community Engagement Specialist (London CCLC),

Tam Dam, Manager Resettlement Assistance Program (London CCLC),

Aamna Ashraf, Manager Health Equity (CAMH),

Nadia Sokhan, Director of Monitoring Reporting and Partnerships (PICS),

Vince Pietropaolo, General Manager Family and Mental Health Services, COSTI Immigran
Services (COSTI)

Project overview

- The project will take place in three phases between January 2022 and April 2024.
- The project aims to develop and test a service model for RAP staff to identify and address mental distress in GARs.
- There are three phases to the project

Project overview

The three phases of the project are:

- Data collection involving a literature search, document review, and key informant interviews
- Model creation reviewing the gathered information from phase one, development of a model and training strategy for RAP staff.
- Pilot testing of the model and training of RAP staff on how to use it, and evaluation of model effectiveness.

Project overview

Three main guiding research questions:

- How do RAP workers identify mental distress in their clients?
- How do they support clients in mental distress?
- What do RAP workers need to support clients in mental distress?

RESEARCH PROJECT UPDATE

Research Project Update

Literature review completed

Answered the following questions:

- Q1.1 – How is psychological distress measured/identified?
- Q1.2 – How is this different from measuring/identifying mental disorders?
- Q2 – How do providers currently support psychological distress?
- Q3 – Are there models that can be adapted for a settlement organisation to identify and support distress?

Research Project Update

Literature Summary Report Completed

- 6 Psychological distress scales identified
- Mental disorders found to be determined through the use of criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- Limited results and information found on how psychological distress is currently supported.

Research Project Update

Literature Summary Report Completed

- Intervention models for Psychological distress in various populations were explored through a literature review

- Interventions were found to have various approaches (including but not limited to):
  - Mindfulness
  - Online
  - Group or Community Based

- Interventions were found to be overly lengthy and difficult to adapt for our model

- Certain parts may be adaptable such as breathing techniques or grounding exercises.

Research Project Update

22 Interviews were conducted

8 Participants

8 Participants

6 Participants

Demographics – Summary

- Key informants had varying levels of experience in this field
- London CCLC had the highest time in field average at 8.79 years
- Polycultural had the lowest time in field average at 5.74 years
- Experience was split 50/50 between less than and greater than five years in the field
- It is rarer for staff to spend extended periods at their organisations
- 6/8 of Costi's key informants had one year or less at the organisation
- 2/3rds of Polycultural's key informants had two years of less at the organisation
- Half of London CCLC's key informants had less than 1 year at the organisation

Demographics

Positions Held:

- Crisis Counsellor
- Settlement Counsellor
- Community Engagement Specialist
- Resettlement worker
- Health care navigator
- Caseworker
- General Counsellor
- Housing Counsellor/Coordinator
- Program Coordinator

Key points – Interviews

5 overarching themes were created to explore interview responses:

- How staff currently identify distress in their clients?
- How staff currently support psychological distress?
- What staff perceive they need to support GARs in mental distress?
- Reasons why GARs go into psychological distress
- Are there models that can be adapted for a settlement organisation to identify and support distress?

Research Project Update

Interview Summary Report

- Respondents identify distress through conversations with GARs and observing changes in GAR behaviours

- Key Informants identified the need for training in identifying mental distress, and intervening during times of crisis

- Reasons for distress include cultural and religious differences, language difficulties, and financial stress

MODEL DEVELOPMENT

Refugee Health Screener-15

REFUGEE HEALTH SCREENER-15 (RHS-15)

Pathways to Wellness

Integrating Refugee Health and Well-being

Creating pathways for refugee survivors to heal

ENGLISH VERSION

DEMOGRAPHIC INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADMINSTERED BY: _____ DATE OF SCREEN: _____

DATE OF ARRIVAL: _____ GENDER: _____ HEALTH ID #: _____

Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.

Pathways to Wellness: Integrating Community Health and Well-being is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."

SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

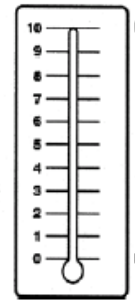
14. Generally over your life, do you feel that you are:

- Able to handle (cope with) anything that comes your way 0
- Able to handle (cope with) most things that come your way 1
- Able to handle (cope with) some things, but not able to cope with other things 2
- Unable to cope with most things 3
- Unable to cope with anything 4

15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



ADD TOTAL SCORE OF ITEMS 1-14: ___

SCORING

Screening is POSITIVE

1. **If Items 1-14 is ≥ 12 OR** — **Self administered: ___**
2. **Distress Thermometer is ≥ 5** — **Not self administered: ___**

CIRCLE ONE: **SCREEN NEGATIVE** **SCREEN POSITIVE REFER FOR SERVICES**

Educational Model

Will be looking at an educational component (handbook, live guide) to accompany the refugee screener

This screener will compare Mental Health with Mental Disorder and explain the questions being asked

It will also include what RAP staff can do once they have taken the screener

Stay connected

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