How Are Non-Medical Settlement Service Organizations Supporting Access to Healthcare and Mental Health Services for Immigrants: A Scoping Review

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Background

• Following resettlement in high-income countries, many immigrants and refugees experience barriers to accessing primary healthcare.

 Local non-medical settlement organizations, such as the Local Immigration Partnerships in Canada, that support immigrant integration, may also support access to mental health and healthcare services for immigrant populations.



Objectives

- This scoping review aims to identify and map the types and characteristics of approaches and interventions that immigrant settlement organizations undertake to support access to primary healthcare for clients.
- To inform our analysis and mapping approach, we adopted the social-ecological model





Methodology

Using Arksey and O'Malley's 2005 five-stage methodological framework:

- Identifying the research question
- Identifying relevant studies
- Study selection
- **Charting Data**
- Collating, summarizing, and reporting the results

Databases (from May 1st, 2013 till May 31st, 2021:

MEDLINE, Social Services Abstracts, PsycInfo, and Cumulative Index to Nursing and Allied Health Literature (CINAHL)

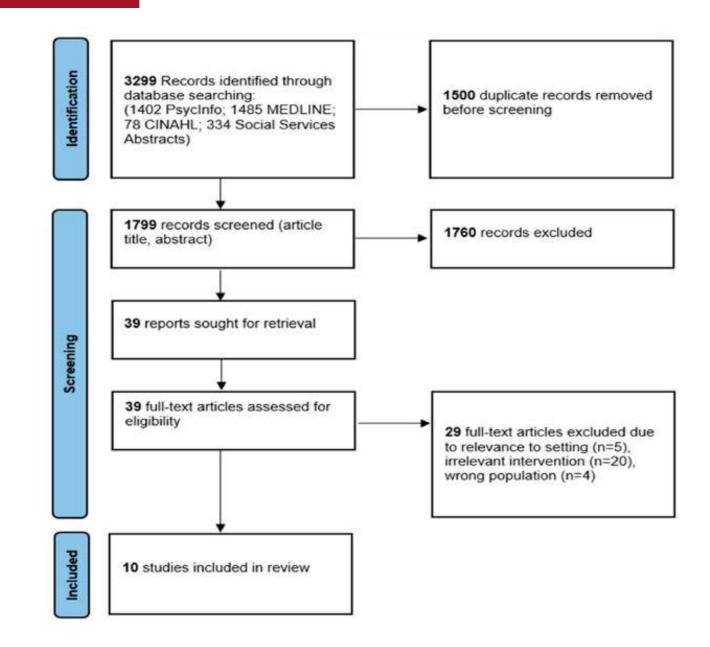


Eligibility Criteria

- Target Population: Asylum Seekers, Refugees, and Immigrants (16 years and older)
- **Phenomenon of Interest:** Non-medical (nonclinical) local immigrant settlement organizations that support immigrant population's access to healthcare services (i.e., healthcare being primary health care or clinical care services)
- Context: Industrialized countries with demographics and/or country characteristics comparable to Canada that are
 ranked on health care system performance by the Commonwealth Fund: Australia, Canada, France, Germany,
 Netherlands, New Zealand, Norway, Sweden, Switzerland, UK, USA
- Research methods: Research publications (methods, data and analysis) quantitative, qualitative, or mixed-method documents published in peer-reviewed publications



PRISMA Diagram





Results

- Eight studies were conducted in Canada, one in USA, and one in Australia
- Local non-medical immigrant settlement organizations in the 10 studies were described as settlement service organizations, local settlement support agencies, local refugee resettlement agency, community-based organizations, immigrant-serving agencies, and local receiving center

Approaches to Support Access to Primary Healthcare Services for Immigrants:

The first level, individual, identifies personal and biological factors that directly or indirectly impact health outcomes, while the second level, relationships, consists of close social environment factors that may influence the health outcomes of an individual. The community level of the Social-Ecological Model refers to the various factors associated with the setting in which a person goes about their daily life. Lastly, the societal level looks at broad social, economic, and political factors that influence a person's health status.



Results

 Most of the studies show that mental health support was an important component of the established approaches/interventions. These include connecting to healthcare services and/or collaborating with health sector institutions; providing health promotion programs; undertaking community capacity building and policy advocacy activities; and providing 'on the ground' assistance to clients.

 Settlement service organizations in Canada receive funding from multiple sources including the federal and provincial governments, which can influence or limit a settlement organization's mandate and/or resources.



Limitations

- Reviewers did not appraise the quality of the evidence
- The scoping review was limited to published peer-reviewed studies
- The broad concept of local non-medical immigrant settlement organizations may not have captured all
 organizations that perform local settlement work with immigrants
- The language and terms used in the search may not have been internationally used, and thus, we predominantly identified Canadian-only publications
- Many of the studies lacked details on organizational structure, capacity, and programming, which would have been useful to better understand how these organizations are able to support access to primary care.



Conclusion

 Local non-medical immigrant settlement organizations are able to support access to primary healthcare services by collaborating with health sector partners in the community network, connecting clients to health services and service providers, advocating for immigrant health, providing educational programming, and also taking on community development/mobilization and advocacy activities to promote access to healthcare.



Any Questions, Suggestions, and Feedback?



