Improving RAPs model of service for clients in mental distress

Ongoing research in collaboration with Resettlement Assistance Programs in Ontario

Pathways to Prosperity Conference

Tuesday, 21st November, 2023

Immigrant and Refugee Mental Health Project

camh
mental health is health

Funded by: Immigration, Refugees and Citizenship Canada

Financé par : Immigration, Réfugiés et Citoyenneté Canada

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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

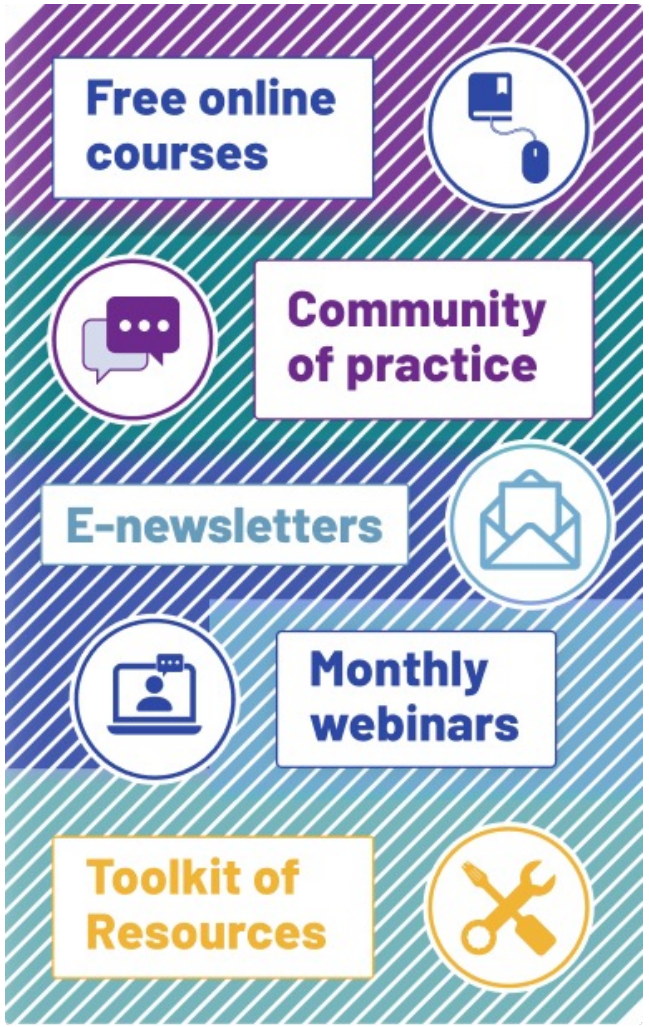
Strategic initiatives

Immigrant and Refugee Mental Health Project

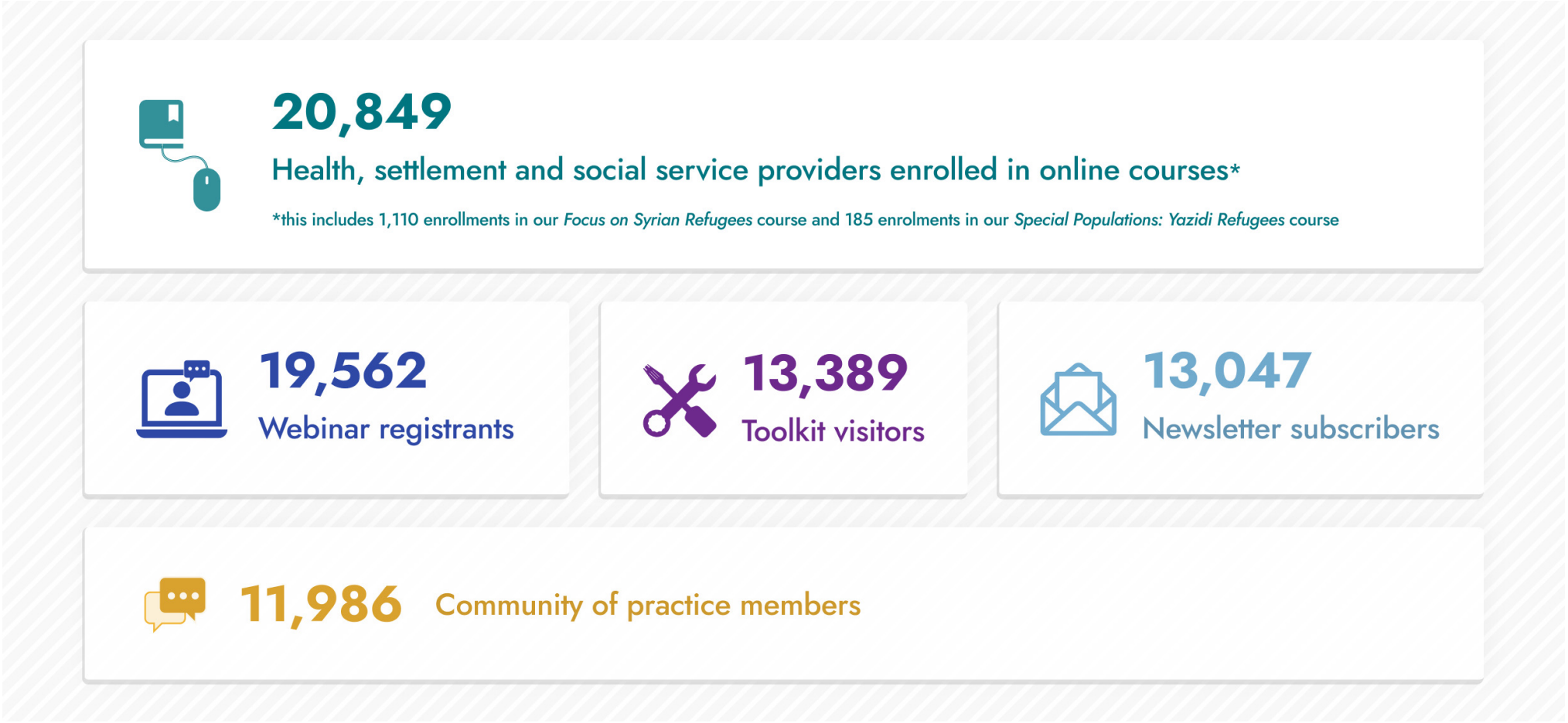
A bilingual (English and French), evidence-based, capacity-building initiative designed to enhance the knowledge, skills and networks of service providers to appropriately respond to the unique mental health needs of immigrants and refugees.

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



Immigrant and Refugee Mental Health Project Achievements – Year to Date



Course Outline

Ten Modules (~35 hours over 6 weeks, accredited by University of Toronto)

1: Immigration and the social determinants of health

2: Intro to mental health

3: Key populations: women

4: Key populations: children

5: Key populations: older adults, survivors of torture, LGBTQI+, persons living with disabilities

6: Treatment (HP); case management (SW)

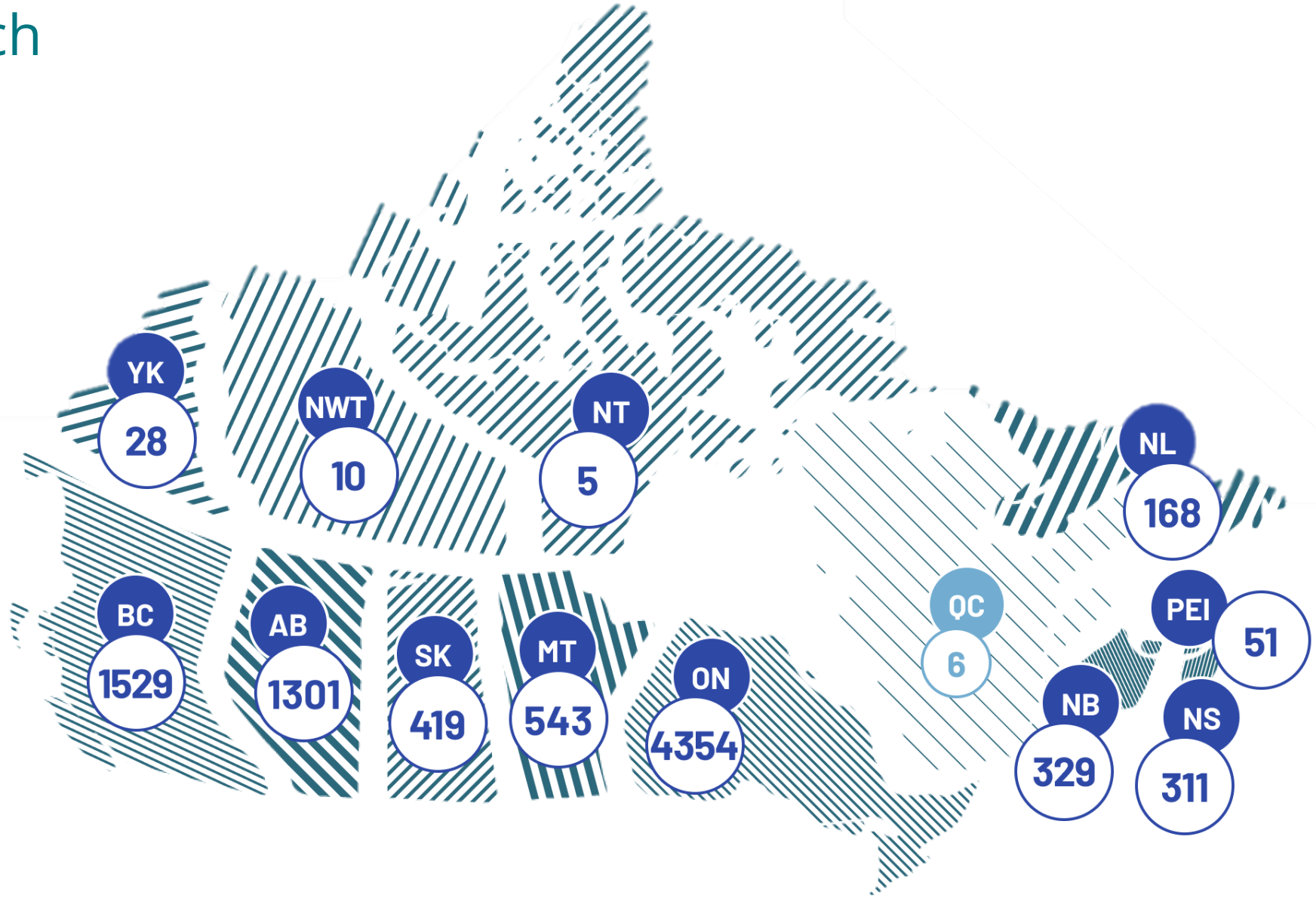
7: Health equity, anti-racism and anti-oppression, allyship and intersectionality **(new!)**

8: Service delivery and pathways to care

9: Partnerships and mental health promotion

10: Self-care and self awareness

Reach



RAP Research Project Overview

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 (Dr. Kwame McKenzie is PI) and three partner RAP service providers

Office of Health Equity Staff:

Dr. Kwame McKenzie: Director, Health Equity, CAMH

Aamna Ashraf, Manager: Health Equity, CAMH

Paulysha De Gannes: Assistant Manager, Health Equity

Mercedes Sobers: Research and Evaluation Coordinator

Jack Williams: Research Analyst, RAP Research Project

Project Partners

Partner Organizations:

- London Cross Cultural Learner Centre (CCLC)
- Polycultural Immigrant and Community Services (PICS)
- Costi Immigrant Services (COSTI)

Steering committee members: Valerian Marochko Executive Director/CEO, (London CCLC), Dr. Kwame McKenzie PI and Director Health Equity (CAMH), Marwan Ismail Executive Director (PICS), and Samina Sami CEO (COSTI),

Advisory committee members: Suresh Shrestha Community Engagement Specialist (London CCLC), Aamna Ashraf Manager Health Equity (CAMH), Nadia Sokhan Director of Monitoring, Reporting and Partnerships (PICS), and Vince Pietropaolo General Manager, Family and Mental Health Services (COSTI)

Supporting Research Analysts: Kayla Baumgartner (London CCLC), Keshini Sriarulnathan (PICS), Prachi Khatri (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.

Project Phases

1. Data collection involving a literature search, document review, and key informant interviews

2. Model creation reviewing the gathered information from phase one, development of a model and training strategy for RAP staff.

3. Pilot testing of the model and training of RAP staff on how to use it, and evaluation of model effectiveness.

Phase 1
Research Complete

Literature review completed

Answered the following questions:

Q1.1: How is mental distress measured/identified?

Q1.2: How is this different from measuring/identifying mental disorders?

Q2: How do providers currently support mental distress?

Q3: Are there models that can be adapted for a settlement organisation to identify and support distress?

Literature Summary Report Completed

6 mental distress screeners were 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 mental distress is currently supported.

Existing models found to be too lengthy, required extensive background knowledge or education

What is a health screener?

Health screeners are questionnaires and can be specific or general and typically ask questions that focus on an individuals physical or mental health

They are not diagnostic but are designed to indicate if an individual needs further assessment or support within a particular area

In some sectors, a health screener is also called a needs assessment

22 Interviews Conducted

8 Participants

8 Participants

6 Participants

Demographics

- 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

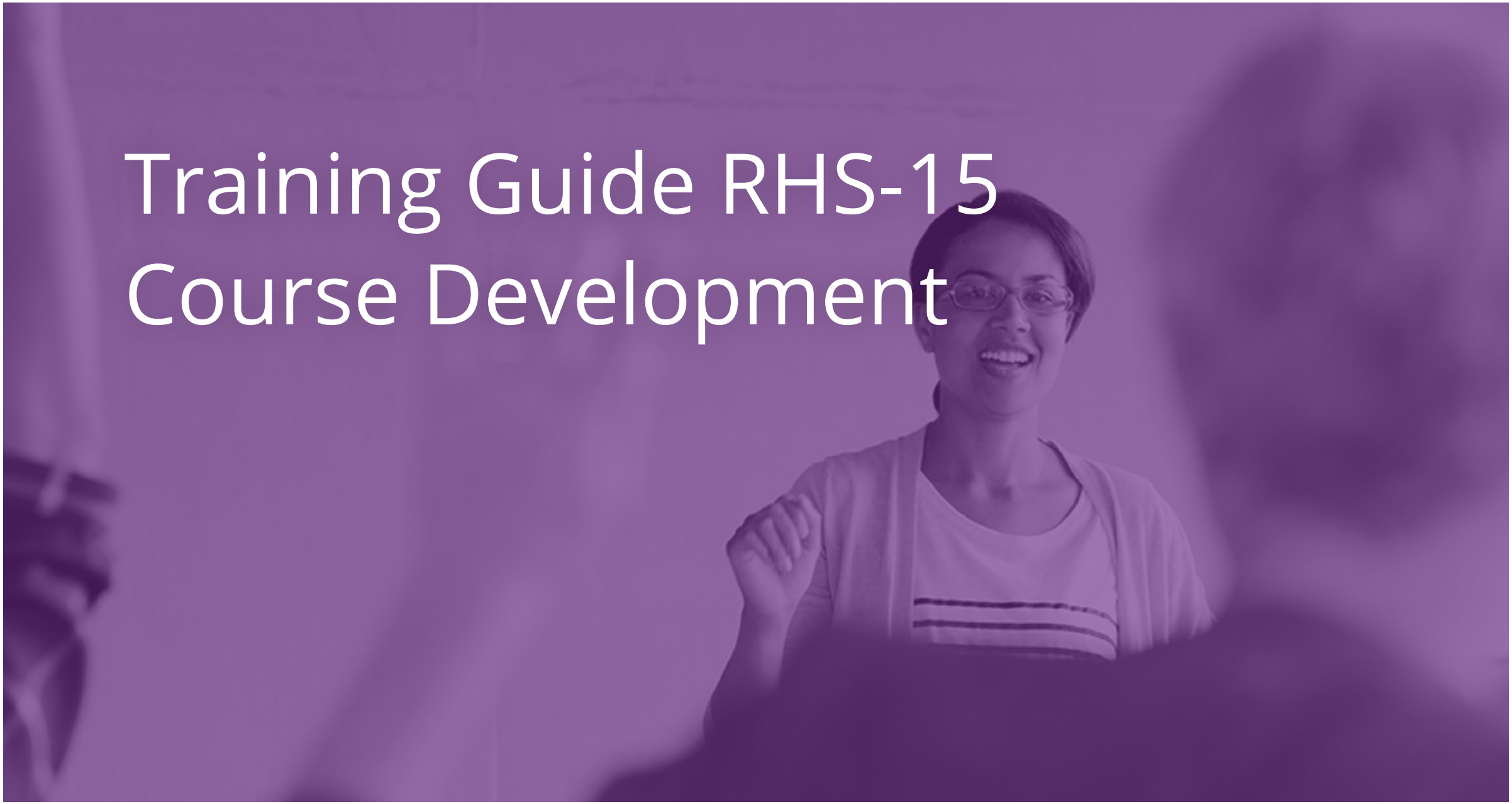
Overarching themes were created to explore interview responses:

- How staff currently identify distress in their clients?
- How staff currently support mental distress?
- What staff perceive they need to support GARs in mental distress?
- Reasons why GARs go into mental distress

Key points – Summary

- Participants use varying approaches to identify clients in distress
- Existing supports face barriers due to cultural and social viewpoints of mental health
- Participants identified that they require focused training on mental health to properly support their clients.
- Participants believe that GARs experience distress for various reasons including cultural differences, financial difficulties, trouble finding work or housing.

Training Guide RHS-15 Course Development



Purpose of the Training Guide

To provide RAP frontline staff with up to date and accurate information about Mental Distress and how to identify it.

To ensure that individual GARs that require specific supports or connections can be identified and connected.

Training guide details

- Training Guide is hosted online and is self-directed
- The Training Guide can be completed in under one hour
- Aimed at frontline RAP staff that provide supports to GARs during their initial resettlement. All other service provider staff are welcome to complete it.
- Currently limited to staff at the Partner organizations

Training Guide/Course structure

Self directed, online training guide – "*Recognizing Mental Distress: A guide to using the Refugee Health Screener-15 (RHS-15)*"

Content includes:

- Explanation of Mental Distress and Mental Health
- How to use the RHS-15 appropriately as a mental health needs assessment
- Resources to refer distressed GARs to

Training guide is completed, and successfully translated to French. Phase three of the project started at the beginning of November 2023

Training Guide – Introductory Video

Training Guide – Screenshots

Training Guide – Screenshots

Common barriers for refugees to receiving help from a mental health provider include:

- Reluctance to seek out services
- Perceived stigma around mental health
- Lack of understanding of mental health diagnoses and treatments
- Logistical barriers to care, including:
  - lack of resources to get to the location for services
  - difficulties in scheduling appointments, asking questions and refilling medications due to limited interpretation services
  - visit times only available during hours of work
- Feeling overwhelmed by their own migration experiences
- Lack of access to culturally-informed mental health services
- Lack of provider awareness of available local services
- Limited referral networks from schools, pediatric clinics, etc.
- (CDC, n.d.)

Culturally appropriate, trauma-informed services

When referring clients to mental health services, try to refer to organizations that practise culturally appropriate/sensitive, trauma-informed therapy.

A detailed list of such organizations is available at on the Mental health services page in this course, which you can access via the button to the right.

LINK

Helping clients accept support

Clients may refuse to be referred to additional support. Alternatively, they may accept the referral and organize an appointment to avoid any confrontation, but then not attend the appointment. Try introducing the support as something that will help them with the difficulties that they are experiencing to encourage them to accept the help.

Next Steps

Evaluation Plan

The training guide will be evaluated in multiple methods:

- Knowledge change: Pre and Post-Test questionnaire
- Survey: Evaluation of how learners interacted with the training guide
- Interviews:
  - RAP frontline staff – how approaches to their work changed following the training guide
  - RAP managers – has there been organization change from the training guide
  - GAR clients – have their experiences changed following introduction of the training guide.

Upcoming Activities/Deliverables

- Training guide in field from November 6th, 2024 with our partner organizations
- Data collection will run into early 2024
- Analysis and Final report to be completed
- The training guide will be updated to align with feedback and published for use by our partner organizations at the end of the project, April 2024.

Moving forward

- The Training Guide will link with the larger IRMHP course and be maintained under the IRMHP banner
- We hope to open the Training Guide up to all RAP providing agencies

Thank You

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