

# Prioritizing Mental Health: Innovative Strategies for the Immigrant and Refugee Serving Sector

Pathways 2 Prosperity Conference Workshop  
Vancouver, British Columbia

Tuesday November 26th, 2024, 3:15 pm to 4:30 pm



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# Presenters



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in Schools (SWIS) and Mental  
Health Programs Catholic  
Crosscultural Services



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# Learning Objectives

**After participating in this workshop, attendees will have:**

- 1** Become familiar with the circumstances contributing to mental health concerns among immigrants and refugees.
- 2** Gained an understanding of how mental health and well-being have evolved as a central priority in IRCC's settlement vision, with an emphasis on the need for innovative, community-based support services.
- 3** Learned about evidence-based, innovative strategies to promote mental health through a systemic organizational change model.
- 4** Reflected on the success and challenges of implementing mental health promotion initiatives in two service sites in Toronto and Durham Region, Ontario.
- 5** Shared effective strategies for enhancing mental health supports through innovative initiatives, strategic partnerships, and funding opportunities.

# Agenda

1. Welcome and Introductions
2. Context of Mental Health for Immigrants and Refugees
3. Current State of Mental Health Services in the Settlement Sector
4. OCASI Mental Health Promotion Project
5. Community Development Council of Durham
6. Catholic Cross Cultural Services
7. Small Group Discussions



# Question and Answer

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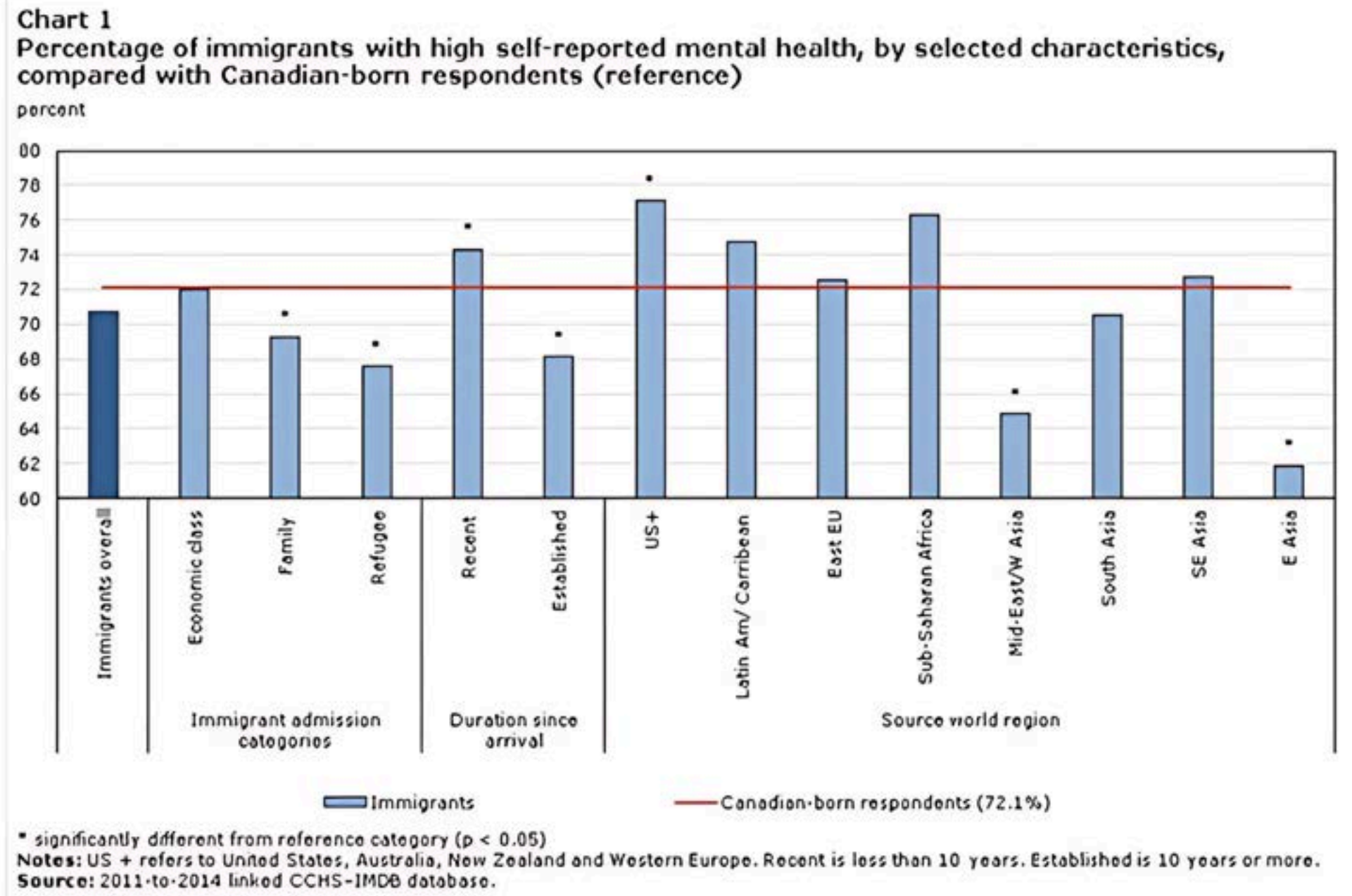


# Immigrant and Refugee Mental Health in Context

- **"healthy immigrant effect" (HEI)** - Recent immigrants (less than 10 years in Canada) reported better SRMH than Canadian-born individuals and established immigrants (10 years or more in Canada)
- Mental health varies based on **admission category** (economic immigrants, family-class immigrants, and refugees).
- Mental health outcomes differ significantly based on **immigrants' region of origin**.
- Both immigrants and refugees are **less likely to seek help** for mental health concerns and access appropriate services due to barriers

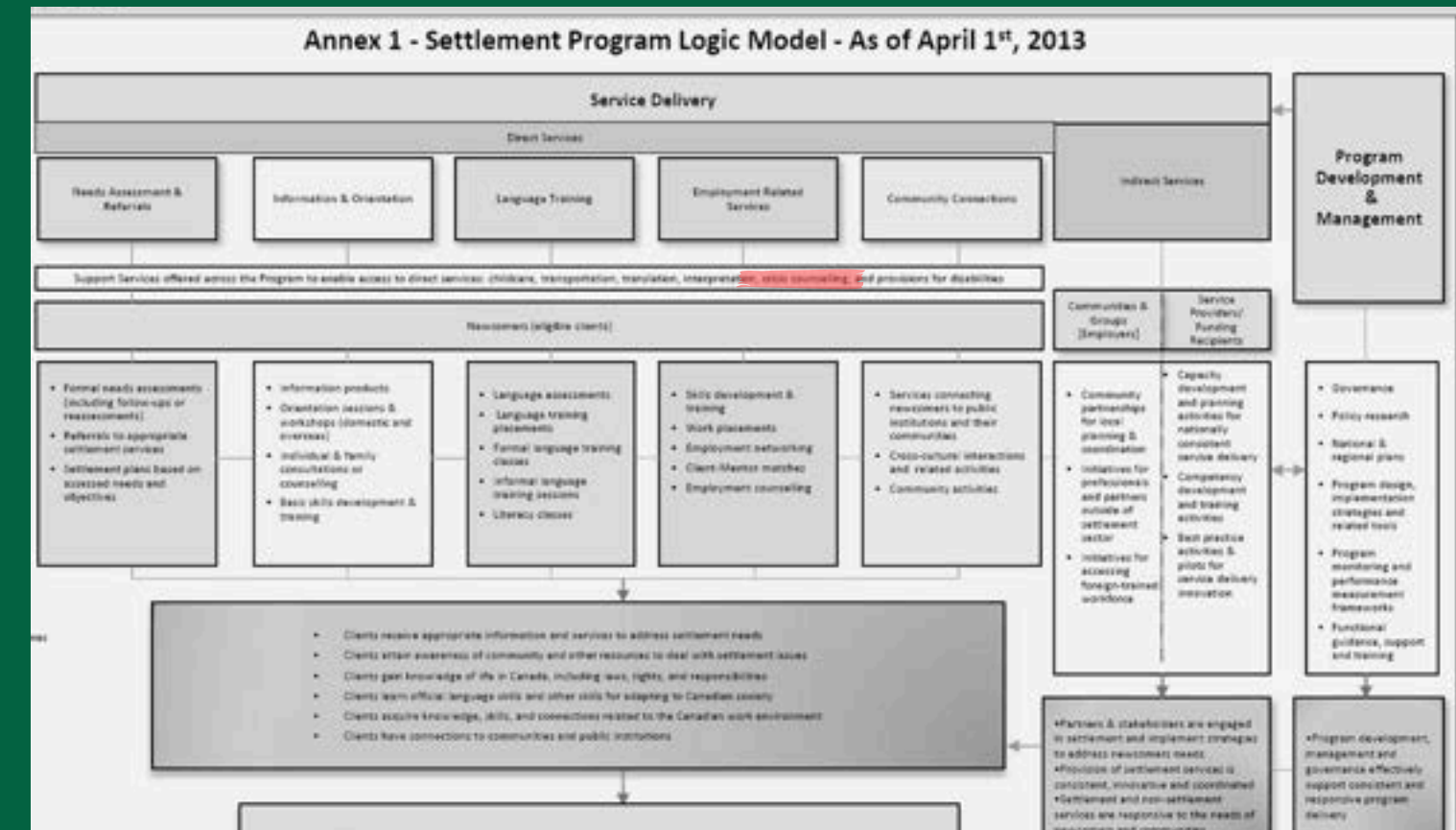
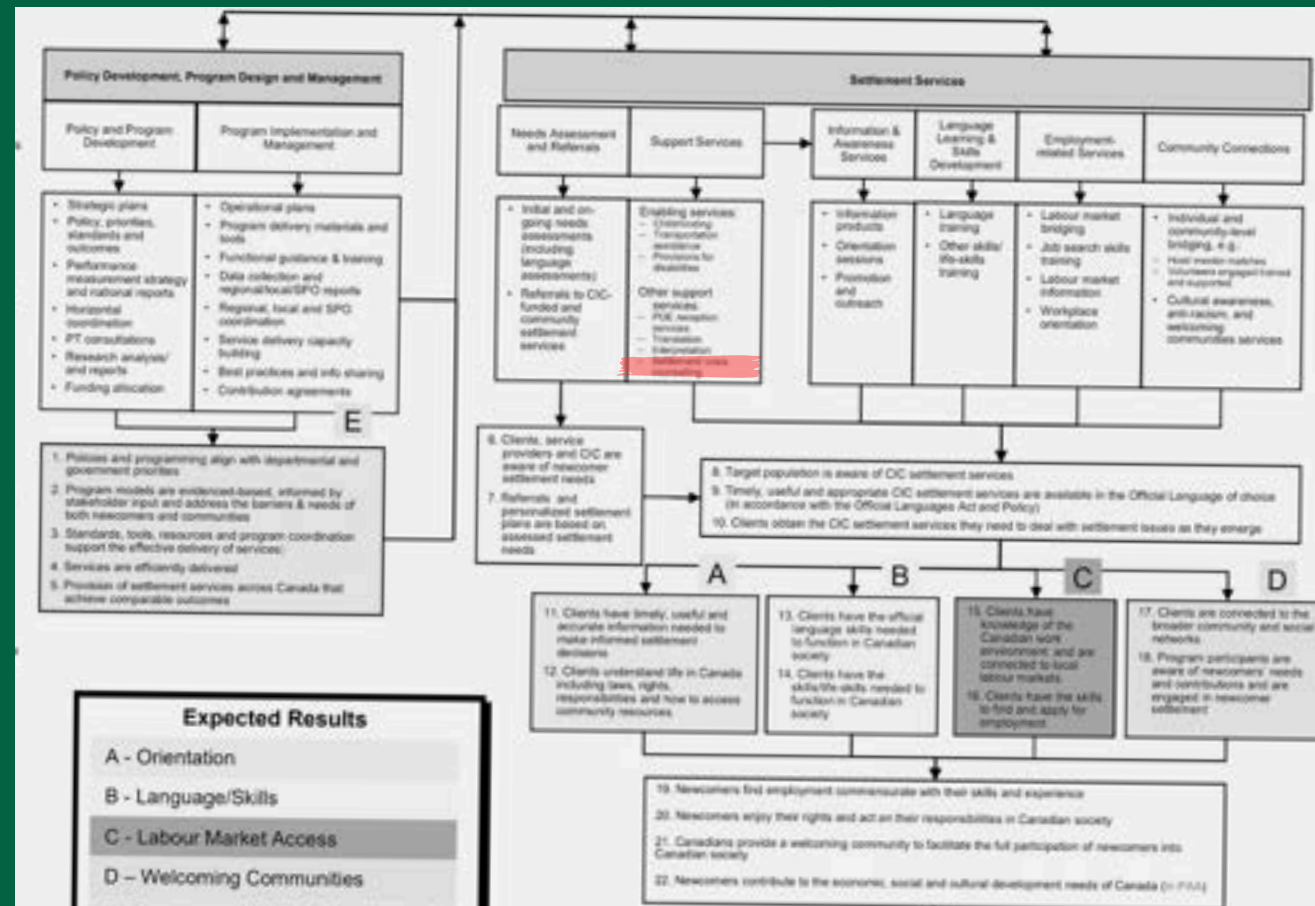
## Implications:

- barriers to mental health care access
- need for targeted mental health services
- Importance of considering cultural/ language factors
- improved policy and service design for immigrant mental health support



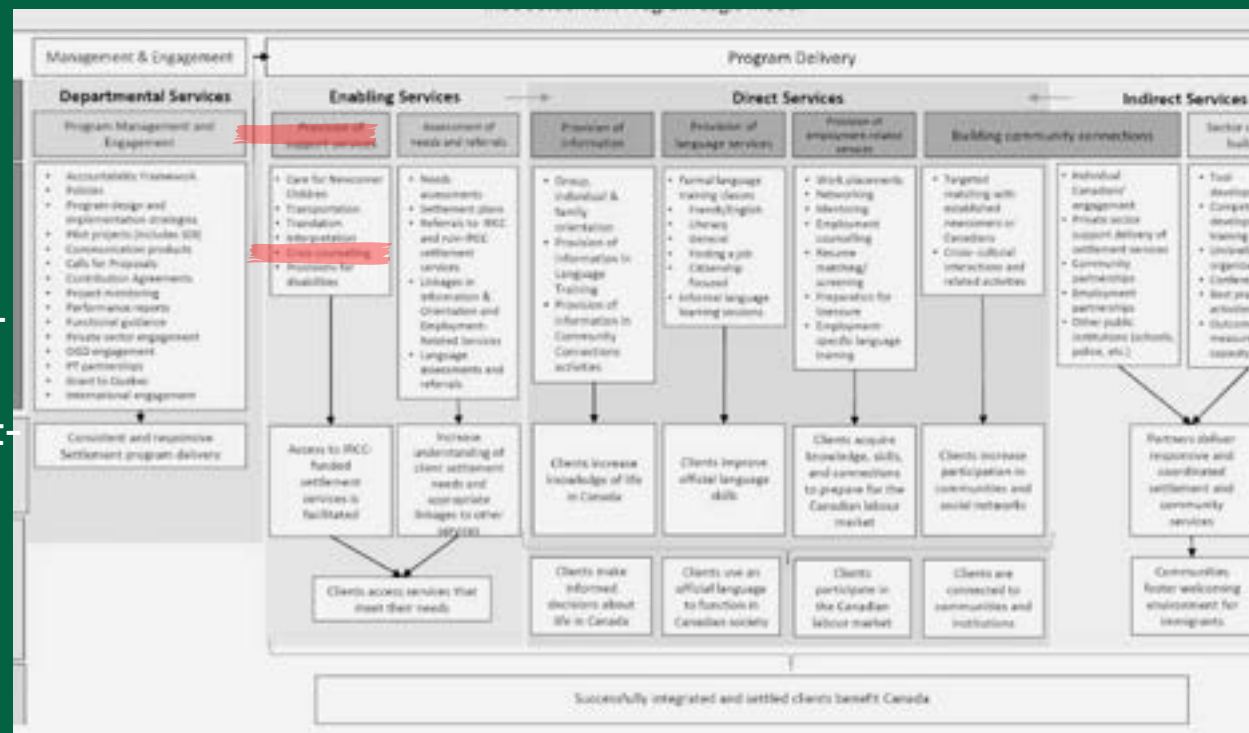
# From Support to Synergy: The Evolution of Mental Health & Well-being in Settlement Programs

CIC Modernization - 2008-2013 (SS - OTT Settlement/ Crisis Counselling)



Modernization Continues 2013-2018 SS - Crisis Counselling

IRCC's more Integrated Model 2019 'Enabling Service' - SS - Crisis Counselling > Short-term counselling (2020)



2025 Mental Health and Well-being - Priority in IRCC Settlement & Integration Vision

# 2025 SettleMental Health/ Well-being

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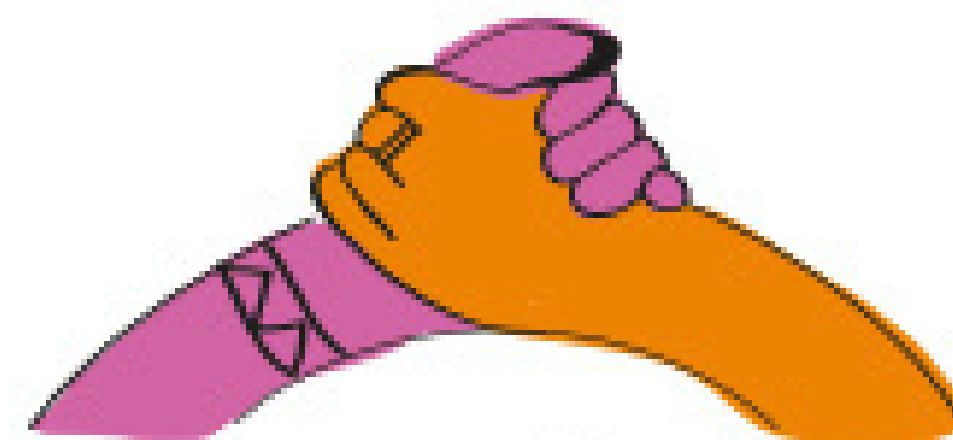
- **Mental Health is recognized as one of the top priorities in IRCC Settlement and Integration vision -**
- Settlement programming that
  - addresses the mental health and well being needs of newcomers
  - is focused on prevention, mental health and well-being promotion, capacity building, and trauma-informed approaches; providing tailored information to reduce mental health stigma; providing early outreach and interventions, particularly for multi-barriered clients; coordinated resources and referrals for victims of trauma resulting from war, conflict or persecution.
  - Short-term counselling
  - Case -Management for high needs clients (
  - Targeted programming
  - Community Connections - Group activities on Mental Health promotion
  - Health Navigation activities including mental health/ wellbeing
  - Indirect Services - National and sector based





# OCCASI

Ontario Council of Agencies Serving Immigrants



promoting  
**mental health**



# Project Goals

To build the capacity of newcomer and refugee services to promote mental health and newcomer wellbeing and respond to mental health issues within organizations.

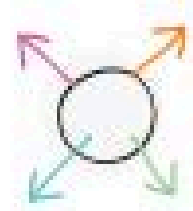
To strengthen collaborations and partnerships between newcomer and refugee serving organizations, primary health, and mental health sectors through the development and implementation of a service model for mental health promotion.

# Current Project Partners

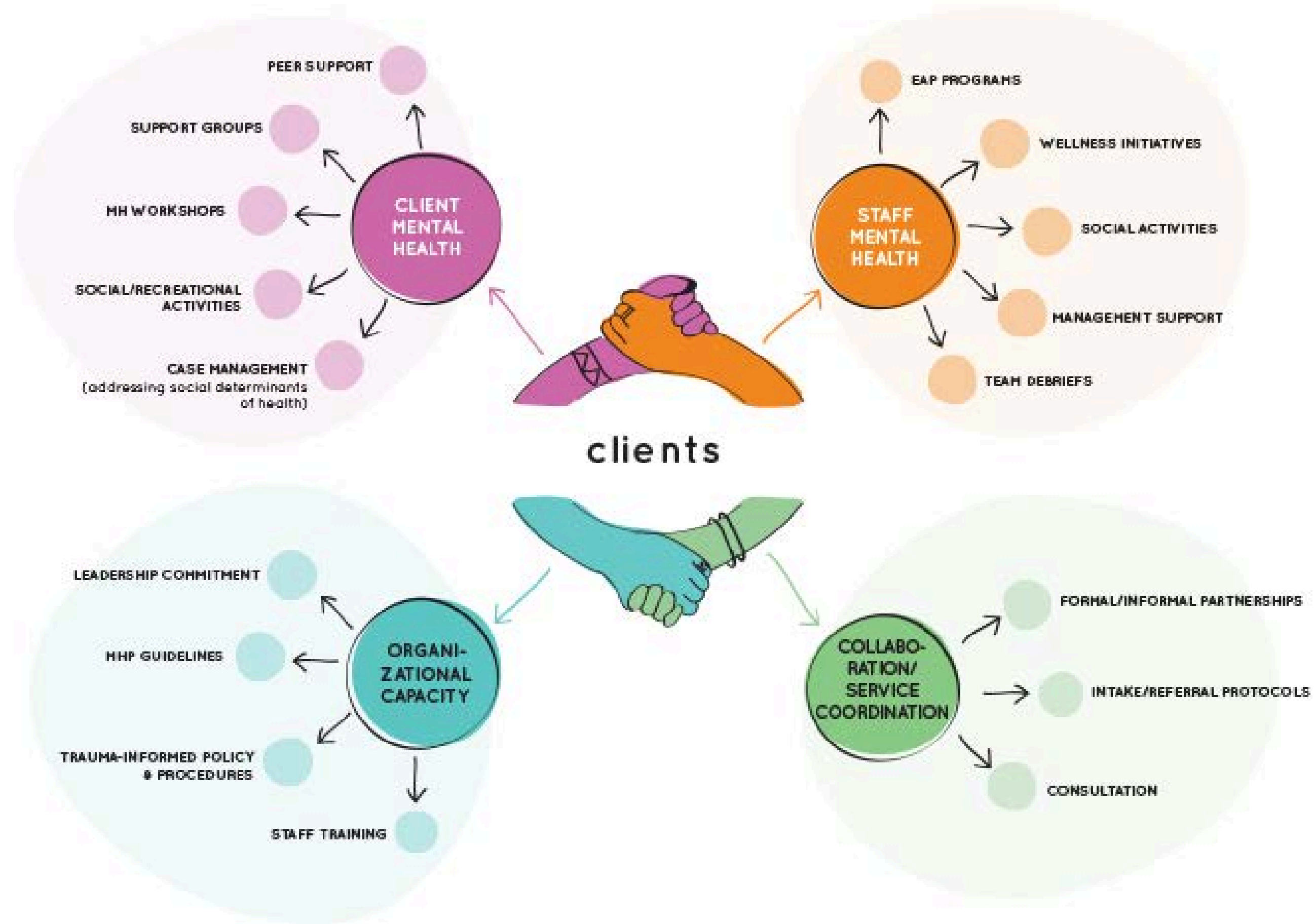
- Access Alliance Multicultural Health and Community Services
- Canadian Centre for Victims of Torture (CCVT)
- Catholic Crosscultural Services (CCS)
- Le Conseil Économique et Social d'Ottawa Carleton (CÉSOC)
- Community Development Council Durham (CDCD)
- COSTI Immigrant Services
- Hong Fook Mental Health Association
- Immigrants Working Centre (IWC)
- Kababayan Multicultural Centre (KMC)
- Mennonite New Life Centre (MNLCT)
- Northwest London Resource Centre (NWLRC)
- Punjabi Community Health Services (PCHS)
- Rexdale Women's Centre (RWC)
- The Neighbourhood Organization (TNO)
- Warden Woods Community Centre
- Crossroads Clinic, Women's College Hospital
- YMCA of Southwestern Ontario
- YWCA Hamilton
- YWCA Toronto



# MHP Advisory Committee



# MENTAL HEALTH PROMOTION INTEGRATED SERVICE MODEL



# Evidence-Based Models of Collaboration

- **Mental Health- SPO:** deliver mental health treatment/ support, increase access to specialized mental health providers, and builds capacity and knowledge among service providers (can be in-house)
- **Health Sector- SPO:** improve access to health services and/or promote health through improved access to services or programs, (can be in-house)
- **Inter-SPO:** Collaborations between different ISOs to increase access to settlement services and supports
- **Integrated Models of Care:** Services hubs (ie. Welcome Centres) that provide multi-service support for immigrants by combining health, mental health, and settlement services all at one location



# Model Implementation (2022 - 2025)



2022- 2023 (Spring)

2023- 2024 (Fall)

2023 - 2024

2024- 2025



# Needs Assessment Results



- Systemic barriers
- Social Isolation
- Trauma and grief
- Stigma
- Disrupted family dynamics



- Post - Pandemic burnout
- Limited management support
- Insufficient benefits and resources
- Workload and job Insecurity



- Need for policy development
- Need to prioritize capacity-building
- Limited mental health support
- Need for strong leadership commitment



- Lack of language specific services
- Ineffective referral processes
- Limited training and resources
- Stigma and trust issues
- Lack of cross-sectoral partnerships



# Implementation Activities 2022 to 2024



- Trained **38** client peer support facilitators
- Implemented **11** peer support groups



- Initiated or enhanced **8** wellness committees/initiatives
- Trained **13** staff as peer support facilitators



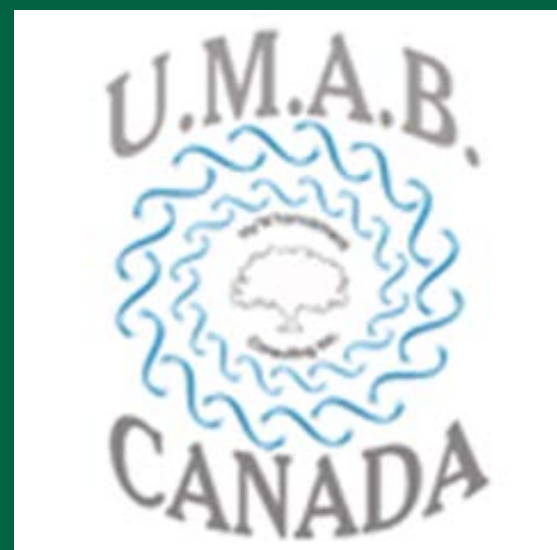
- Provided **45** training opportunities to approx. **2,082** participants to build capacity around mental health promotion



- Enhanced collaboration among Project Partners through monthly Advisory Committee meetings

# Sector-wide Capacity Building Activities

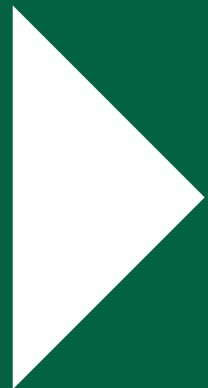
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# Recommendations from Project Partners



- Involve early implementation sites (2019-2021) in the project evaluation to help understand longer-term impacts of MHP
- Bring renewed attention to building cross-sectoral collaboration with primary health and mental health sectors
- Develop a short-term mental health assessment tool to support organizational capacity building - becoming more responsive to client mental health concerns
- Expand resource/ knowledge sharing networks through [SettleNet.org](https://SettleNet.org) for mental health promotion
- Ongoing engagement and collaboration through advisory group to provide mentorship to new implementation sites and partner agencies
- Provide concrete information about what it actually takes to implement the Mental Health Promotion model from an administrative perspective



# Mental Health Promotion in Immigrant & Refugee Serving Organizations Project Implementation at Service Sites



# CDCD Newcomer Mental Health Peer Support Groups: Enhancing MH Resources

Needed to enhance mental health supports to clients in our Welcome Centre and Community Connections Services

Had 1 psychotherapist for newcomer clients on staff

Made referrals to approved community partners (Durham Mental Health Services, Canadian Mental Health Association Durham, Durham Community Health Centre, Ontario Shores Centre for Mental Health Sciences)



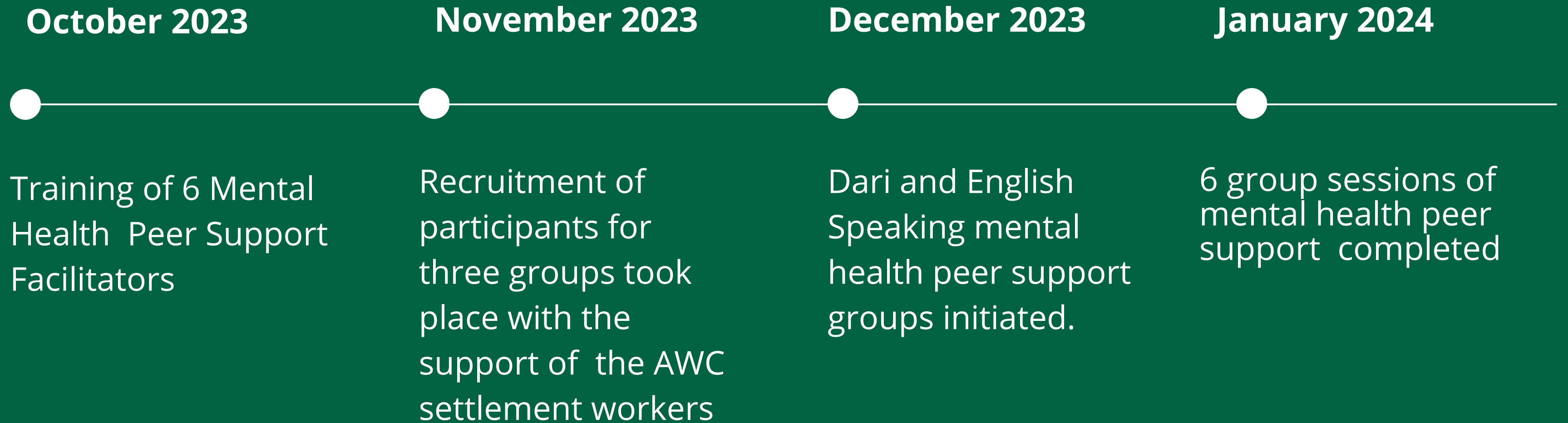


## CDCD Newcomer Mental Health Peer Support Groups: Successes

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- Recruited 6 peer support facilitators, 2 people each from Dari, English and Amharic language groups, to be trained by OCASI.
- Implemented 2 groups: English and Dari speaking mental health peer support groups. Were unable to implement Amharic speaking group.
- Recruited upward of 40 newcomers to participate in mental health peer support groups

# CDCD MHPP Timeline





# CDCD Newcomer Mental Health Peer Support Groups

## English Speaking Groups

- started with around 12 participants which grew to close to 40 participants by the end of the 6 sessions.
- primarily consisted of individuals from African countries
- many of the participants were staying in temporary accommodation such as shelters or local hotels and were asylum seekers



# CDCD Newcomer Mental Health Peer Support Groups

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## Dari Speaking Groups

- Dari speaking group consisted of women of a range of ages from Afghanistan
- The women in Dari speaking group were typically staying with family members and did not speak English.
- Dari group remained at around 15 women throughout six sessions



# Challenges with Implementation

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- Initially experienced challenges with recruitment of participants
- Offered incentives such as refreshments, bus tickets and gift cards to potential participants
- These incentives helped us overcome recruitment challenges.
- There was attrition in peer support facilitators, only ran English speaking and Dari speaking groups with one, rather than two, facilitators for each group
- Challenging for one person to facilitate groups, require 2 people to share the facilitation role and support each other.

## CDCD Newcomer Mental Health Peer Support Groups: Feedback and Future Plans



- Participants appreciated the support they received from the facilitators and group members.
- There was a strong interest from participants to participate in additional group sessions.
- It was our intention to run another six sessions in the Winter of 2024, but due to staff shortages, were not able to.
- We will be planning for additional sessions in January 2025
- We aim to over recruit peer facilitators in the event that we experience the same problems with attrition

# CDCD MHPP: Focus on Staff Wellness

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- Implemented a staff Wellness Committee
- Activities include staff appreciation breakfast, coffee chats, candy gram compliments, team wellness check ins, plant pot painting, peer support training, health education sessions
- Establishing psychological health and safety workplace policies and procedures.
- Psychological First Aid and Psychological Health and Safety Training for staff members



# implementing the MENTAL HEALTH PROMOTION INTEGRATED SERVICE MODEL

2.13.2024

## YWCA HAMILTON

**NEEDS ASSESSMENT**

Focus on SOMALI Women

Initial skepticism re: sharing struggles

Language was a BARRIER

Culture shock

Challenges with family & children

Face systemic discrimination

Mental health STIGMA

- Enhance TRUST, transparency
- Started PEER SUPPORT groups
- Be aware of how you STRUCTURE your language
- Enhance SOCIAL NETWORKS
- Need to update or develop our processes re: staff wellness
- Advocacy efforts with CAS: HWDSB's Human Right Equity Advisory Committee

Our STAFF are often experiencing SIMILAR challenges as our CLIENTS

## WEST of Windsor

Staff GARDENING SESSIONS

art lessons

Yoga

Offered sessions on:

- Cultural adjustment
- managing stress
- social isolation

Our FOCUS is on EMPLOYMENT

Recruited 4 Peer Client leaders: provided TRAINING

Established staff WELLNESS committee

Mental Health First Aid

UMAB Verbal De-escalation

ASIST Suicide Prevention

## IWC HAMILTON

Served 4,400 newcomers last year

Have 4 different sites

Started with OCASI May '23

50% change in Exec team

There was a **G...A...P...** in IWC's mental health CAPACITY

but we RAN with it

**SUCCESSES**

- Trainings
- Wellness Committee
- Saw gaps: needs clearly
- Strong FOUNDATION to build upon

**CHALLENGES**

- Time
- Availability
- Started from scratch
- Multiple work sites
- Ripple effect of leadership changes

Leadership Commitment is CRUCIAL

Tailored: flexible wellness activities

Advocate for WELLNESS COORDINATOR

Implement TVC policies, guidelines

You need FUNDING to execute work PROPERLY

Staff want holistic: SUSTAINABLE approach

Define mental health policies

"When you prohibit FAILURE, you kill INNOVATION"

## CDCD

Have a lot of COMMUNITY PARTNERSHIPS we can draw on

Peer support challenges in registration

English, Dari, Amharic

Only 2 of 4 facilitators were trained

English-speaking group was beyond target numbers

Participants ENJOYED peer support groups

CDCD staff had a HOLIDAY WELLNESS activity

Train BACKUP facilitators

Offer INCENTIVES to secure participant engagement

Clarify PURPOSE of group

Maintain a CLOSED Group

Staff to undergo PSYCHOLOGICAL health: safety: first aid TRAINING

# CCS Mental Health Initiatives



# CCS - Focus on Youth Mental Health

- 2022 MHP Needs assessment identified Youth mental as top client need
- The SWIS Vantage Point - fuller picture of newcomer youth interactions in family, school, community
- Youth Challenges:
  - 2-3 adolescent years in lock down/ social distancing
  - School Adjustment challenges heightened due to Pandemic
- On returning to school - many youth had developed severe social anxiety



**Youth Peer Support Group**



**Art and Digital Storytelling**



**Girl Boss Project**



**Redesigned activities with a Mental Health Lens**

# CCS - Committed to shaping healthier lives and settlement outcomes



**Settlemental Health/ Well-being** - integrating Wellness Checks as part of Settlement Services



**Community Based Care Models** including Peer Support, Community Ambassadors and volunteers



**Technology Driven** Solutions (information on free Wellness Apps, Interest groups, Digital Storytelling, Reels)



**Collaborate for creative solutions** - Cross sectoral collaboration - MHP Advisory group, TEQ LIP Health Action groups, Toronto MH Collaborative, Kids Phonenumber, CAMH, Arts organizations



**Diversifying funding** base to support beyond supportive counselling (pro bono Psych)



**Capacity Building** to ensure trauma informed services





# Group Discussion

## In small groups discuss the following questions:

1. What mental health initiatives has your organization implemented to support immigrant and refugee clients?

2. What types of collaborations/ partnerships has your organization pursued to strengthen mental health supports for immigrants and refugees?

3. Have you been successful in securing funding/ grants to support these initiatives?





# Question and Answer

*Thank You*

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