

P2P Virtual Workshop Series: Supporting the Mental Health of Newcomers

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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).



Research and Evidence: 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 (McKenzie et al., 2016).

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 (Algeria et al., 2017)

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 (Hynie, 2017)

What We Know

Refugees are resilient:

Psychological problems are often not mental illnesses but do impact settlement and thriving (Pottie et al., 2011).

Most effective responses:

Focus on mental health promotion and illness prevention as well as developing appropriate pathways to care

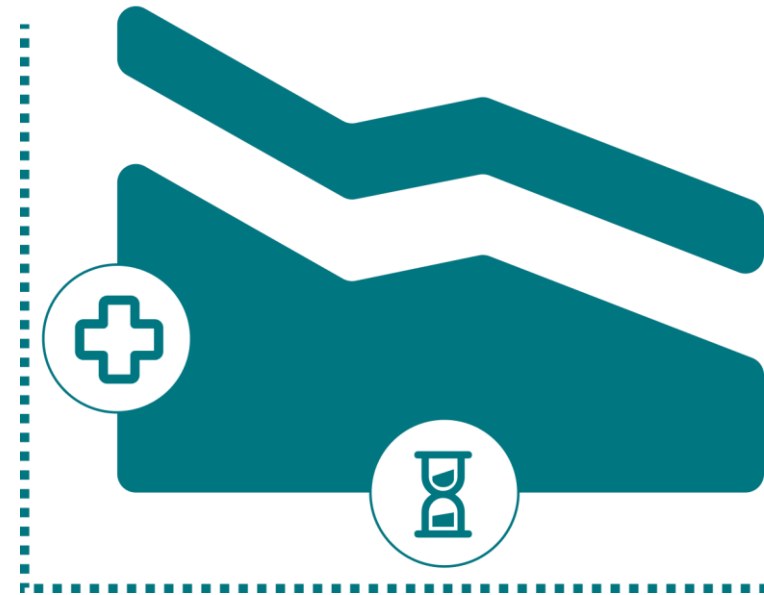
What We Know

- Immigrant Refugee and Ethno Racialized (IRER) groups seek help less often than the general Canadian population (McKenzie et al., 2016)
- Primary source for information or referral: family physician
- Emergency services is the common pathway into care (McKenzie et al., 2016)
- Barriers to care: language, fear, shame, service accessibility, patient-provider interaction, circumstantial challenges (cost, transportation, competing priorities (Hansson et al., 2010; Hynie, 2014; McKenzie et al., 2016).

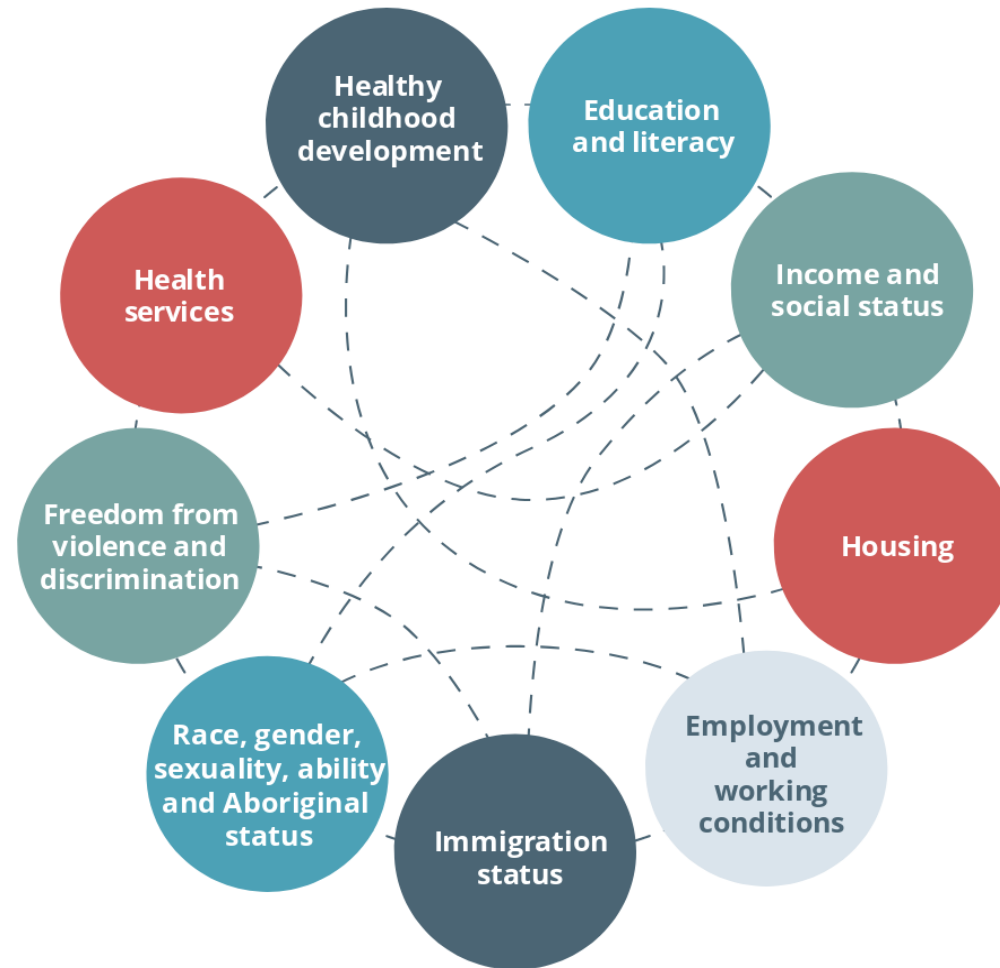
Healthy Immigrant Effect

Newly-arrived immigrants and refugees have better health than the Canadian-born population, however with time in Canada, mental and physical health declines (Elshaht et al., 2021; Newbold, 2006)

Subgroups may be at a higher risk of deteriorating health soon after arrival in Canada (Ng & Zhang, 2020; Salami et al., 2017; Vang et al., 2015).



Social factors are the main determinants of health



Collaboration between Settlement and Mental 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

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 (Hynie, 2014).
- 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 (IRCC, 2019).
- Programs offered by settlement sector build newcomers' skills, and reduce settlement stressors such as language assessment, referral and training.

How do we collaborate for better health outcomes?

“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

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.

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.

Moving forward



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.

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