Mental Health Commission of Canada
Commission de la santé mentale du Canada

Pan-Canadian Roundtable on Supporting the Mental Health of Refugees in Canada

Summary Report

Knowledge Exchange Centre

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INTRODUCTION

On May 19, 2016, the Mental Health Commission of Canada (MHHC), with the support of the Canadian Council for Refugees, the Centre for Addiction and Mental Health, the Public Health Agency of Canada and Immigration, Refugees and Citizenship Canada, hosted a pan-Canadian roundtable discussion on supporting the mental health of refugees in Canada. Policy makers, system influencers and decision makers were brought to Ottawa from across the country to learn from and engage with experts in the fields of refugee mental health and settlement. Thirty-four people participated in the event.

The roundtable's program was designed to allow participants to hear from experts, provide time for questions, answers and engagement and to encourage cross-jurisdictional sharing and networking. Presentations addressed five key themes: refugee policy in Canada, evidence for supporting refugee mental health, the mental health of young refugees, promising practices and practices of interest for supporting refugee mental health and observations from the ground (settlement experiences). Participants and presenters were broken into small groups to discuss how to take action on the evidence heard throughout the day.

The pan-Canadian roundtable on refugee mental health is part of the MHCC's knowledge exchange efforts to raise awareness around reducing disparities in risk factors and increasing access to mental health services for immigrant, refugee, ethno-cultural and racialized people living in Canada. Future activities will include the launch of the Case for Diversity report and a national conference on fostering resilience and well-being with immigrant, refugee, ethnocultural and racialized communities.

For more information about the MHCC's work in this area please contact Bonita Varga, Knowledge Broker, Knowledge Exchange Centre: bvarga@mentalhealthcommission.ca.

KEY THEMES

- Experience and evidence suggest that local and national policies have a large impact on the mental health of refugees. In particular, family reunification, detention, transportation loans and interim federal health plan application are topics of concern.
- Social factors (social determinants of health) are the most important indicators for mental health and well-being. Whether or not refugees have access to employment, language training, affordable housing and supportive communities are often the greatest predictors of mental wellness.
- A shift in thinking, policy and practice needs to happen in order to best meet the mental health needs of refugees. Canada needs to focus on models of mental health and well-being that address the social determinants of health, as well as people's need to connect with others, be active, give back to their communities, have opportunities for learning and practice mindfulness.
- Experts recommended that Canada build and invest in broad base mental health services first —primary care, community services and settlement services — as all refugees will require access to those services and then offer specialized services for those with mental health problems or illnesses.
- Communication and collaboration continue to be key issues when it comes to program and service delivery. Emphasis needs to be put on successful models for cross-sectoral (health, education, settlement, employment, etc.) and cross-jurisdictional (municipal, provincial and federal) collaboration.
- Specific barriers identified by experts and participants include: translation (difficultly finding skilled translators, how best to work with interpreters, costs associated with translation); access to services (need to address the barriers that prevent people from accessing services); impacts of language and social connection (especially on children); and cultural competence (need for access to culturally safe and competent services, training for service providers).

Theme 1: Refugee Policy in Canada

Presenter: Janet Dench, Canadian Council for Refugees (CCR)

Janet Dench spoke about the impact of Canadian policies on refugee mental health. She discussed the need to acknowledge that some people experience trauma pre-migration (often their reason for fleeing their country of origin), while seeking safety (during the migration process) and sometimes after arriving in Canada (post-migration). However, in spite of this, many refugees to Canada are doing very well and Canadian pre- and post-migration policies have the ability to either support or impair refugee mental health. In CCR's experience, policies with the greatest impact on refugee mental health include:

- **Secure Status:** delays to obtaining secure status; changes to the Immigration Act, which can allow people to lose status (convention refugee and permanent residence), as well as barriers to accessing citizenship (e.g. high fees) all have negative impacts on the mental health of refugees.
- **Family reunification:** family separation – not knowing the whereabouts or safety of spouses, parents, children, siblings, etc. – has a significant impact on mental health. Policy barriers such as a narrow definition of family, medical testing, bars on sponsorship if the sponsor is receiving social assistance and administrative delays further complicate the issue. In many cases, families are forced to wait years to be reunited with spouses and children overseas.
- **Interim Federal Health Program (IFHP):** IFHP provides some coverage of mental health services, however its limited duration (12 months) is often insufficient to identify and address the mental health needs of refugees, as they are often working on settlement. There are additional barriers to accessing IFHP services, in particular, service providers are reluctant to use it or ill-informed on how to access and bill to it.
- **Detention:** detention of asylum seekers and refugees who enter Canada in an irregular manner can result in serious mental distress (on average 59 days are spent detained in Canada). There are workable alternatives that should be explored.

Discussion:

Participants echoed many of the sentiments from the presentation and had similarly seen situations where detention and family reunification were major concerns. They discussed the Interim Federal Health Plan, explaining that ten sessions with a psychologist are not sufficient to address complex needs and that IFHP coverage may not be culturally appropriate in some contexts. Participants recommended a greater focus on knowledge translation for service providers around use of IFHP, in addition to the coordination that is required between IFHP and provincial health services for "month 13" when refugees start to transition to provincial health plans. They also raised concerns about access to interpretation services and the need to develop services in the settings where refugees naturally go, such as language classes, settlement agencies, etc.

Theme 2: Evidence for Supporting the Mental Health of Refugees

Presenter: Dr. Kwame McKenzie, Centre for Addiction and Mental Health and the Wellesley Institute

Dr. McKenzie provided an overview of Canadian and international evidence on refugee mental health. He reminded the audience that since 2009, Canada's number of accepted refugees has steadily declined, while the number of refugees worldwide has increased. Canada is the eleventh largest economy in the world and should be able to support and integrate 25,000 refugees annually.

Dr. McKenzie explained that refugees are more exposed to social factors that can negatively impact mental health and wellness. Migration, reception (how people are greeted/treated when they arrive in Canada), settlement and new social, economic, and cultural context are all factors that can have either positive or negative impacts on mental health. Detention, restricted economic opportunity, being displaced within one's country, being repatriated to a country from which one's fled, initiating conflict being unresolved and leaving family behind, only serve as further negative influences. Moreover, demographic factors cannot be ignored — older, more educated, female, higher pre-displacement socioeconomic status and previous rural residence are additional predictors of mental wellness.

Evidence shows that refugee populations have higher rates of anxiety and depression, PTSD, adjustment disorders and increased risk of other mental health problems and illnesses including psychosis. While this may seem alarming, 80-90% of refugees will not have mental health issues that require treatment.

More often than not, a focus is placed on stressors and trauma that happen pre-migration. However, one of the biggest predictors of refugee mental health is the quality of the settlement system in the settlement country and whether or not refugees will be able to work once they arrive. Ultimately, the reception of refugees and whether or not refugees can work (or find work), find affordable housing and be reunited with loved ones are far more influential on mental health than pre-migration stressors.

Strategies to consider:

- Pay attention to the migration process and to how people are received.
- Build and invest in broad-based services first: primary care, community services and settlement services, as everyone will need those and then offer specialized services if needed. Community treatment options should come first, with specialist care for complex cases.
- Address the social determinants of health.
- Focus on prevention and promotion: create awareness of the impacts of psychological distress (which is normal given the difficult circumstances of forced migration) versus mental

health problems and illnesses and educate people about where to access services and supports.

Discussion:
The discussion focused on the notion that a global context of cross-cultural services should be the standard for all services. The importance of employment for refugees to promote mental wellness and the need to look at provincial and federal policies in this area, such as credential recognition, were also emphasized.

Theme 3: The Mental Health of Young Refugees

Presenter: Dr. Kathy Georgiades

Dr. Georgiades spoke about the mental health needs of young refugees. However, during her presentation, she suggested broadening the discussion to include all migrant youth (refugee and immigrant) because they often face similar challenges. Canadian research on the mental health needs of migrant youth is limited and presents several methodological weaknesses. There are few well-designed studies on effective interventions and promising practices, moreover rigorous evaluation of programs is lacking. These are areas that can use further investment.

International evidence on the mental health needs of migrant youth tells two contradictory stories: that migrant youth have more mental health difficulties than their non-migrant peers, or in line with the healthy migrant effect, which suggests that migrant youth have fewer difficulties than their non-migrant peers.

In Ontario, a researcher-educator partnership between the Canadian Institutes of Health Research, the Ontario Ministry of Research and Innovation and the Ontario Mental Health Foundation and the Hamilton Wentworth and Catholic District School Boards looked at the academic, social and wellness needs of migrant youth compared to non-migrant youth (the Hamilton Youth Study). Results show:

- English language learners are reported as having higher levels of emotional difficulties, behavioral difficulties and rates of discrimination.
- Migrant youth are much more likely to have an unmet mental health need, especially for emotional difficulties.
- Student and teacher perceptions regarding the barriers to accessing mental health differed significantly.

What is known is that schools are a critical setting for intervention. Multi-tiered approaches to prevention and early intervention designed for all students are effective particularly where linguistic and culturally appropriate care and cross-sectoral collaboration for resettlement can be layered on top of general services.

Discussion:
Participants were particularly interested in the impact of language learning on the mental health of young migrants. There is an assumption that language is a key determinant for mental health, though studies show that having a friend from another culture, especially the host culture, significantly increases social capital and acts as a protective factor. This opens the debate as to whether or not it is language or a person's ability to connect or socialize, regardless of language capacity, with others that is more important for mental health.

Theme 4: Promising Practices

Presenter: Branka Agic, Centre for Addiction and Mental Health

Branka Agic presented significant evidence for promising practices internationally and a number of practices of interest being used in Canada. Employing and investing in promising practices will improve services, access to services, training and planning.

Internationally, evidence shows the following:

- Cultural competence has cachet but needs more research on effectiveness. Attention needs to be paid to ensure it is applied at all levels (leadership, management and service providers).
- Culturally adapted interventions work, but have greater impact on some groups than others.
- Developing specific-stepped or integrated-care pathways adapted for an ethnic group may improve outcomes.
- Specific culturally-adapted treatments for ethnic minority youth seem to be effective.
- Narrative Exposure Therapy or Cognitive Behavioral Therapy alone, and in combination with medications, is effective. The effectiveness of medication alone lacks evidence.
- Other potentially useful practices include culturally-relevant, multidisciplinary approaches conducted in first language (using trained interpreters), telehealth or e-health modalities.

There are good pockets of innovation and practices of interest across Canada on which to draw, but not yet any provincial strategies. Branka and the Case for Diversity research team identified four categories of interventions: practices that work to decrease the impact of social determinants of health; improve access to services; improve services; and regional or provincial initiatives. Highlighted examples are:

- Toronto Central LHIN Translation program to community programs and hospitals.

- Edmonton education project and culturally-responsive mental health intervention model (Multicultural Health brokers); culturally-relevant prevention and intervention with an emphasis on addressing the social components of mental health; involvement of health brokers, cross cultural therapists and help to link practice to policy.
- Refugee Mental Health Project — online course, community of practice, webinar series, e-newsletter and toolkit.
- Child and Youth Mental Health Counselling – provides professional counselling services to children and youth, individuals, families and groups and community outreach.
- Health Equity Impact Assessment Tool – decision support tool, developed by the Ontario Ministry of Health and Long Term Care, on any unintended impact on vulnerable or marginalized groups.

Discussion:

The discussion focused on the usefulness of e-health tools and the importance of accessing quality interpretation services was raised again, highlighting the need for standards related to interpretation services.

Theme 5: Examples from the Ground

Summary of presentation from Supporting Refugees in Ottawa and Inter-cultural Association of Greater Victoria lessons learned.
Presenters: Jack McCarthy, Centretown Community Health Centre; Karyn Steer, Ottawa Community Immigrant Serving Organization; Dr. Azaad Kassam, Queensway Carleton Hospital; and Jean McRae, Intercultural Association of Greater Victoria

Both presentations (Ottawa and Victoria) highlighted that intersectoral coordination is critical, especially in rapid resettlement. Other discussion topics include:

- Comprehensive services that address the social determinants of health are the primary concern of the settlement community, such as housing, education (including education of teens with little prior schooling) and respite supports for families with loved ones with disabilities.
- The need for a wide range of community-based organizations and partnerships that move beyond addressing basic needs to promoting social inclusion through channels like recreation and professional development.
- The need to coordinate and pool resources; in times of need some organizations need to step up, some need to step aside and some need to step back.
- Funding as a barrier. Fee-for-service programs are not accessible to many refugees but are often the only option for mental health services.

- Unique Peer support model that is being implemented in Ottawa at Ottawa Community Immigrant Serving Organization. It was first developed in refugee camps and is now being implemented and evaluated in Ottawa.
- Harnessing the good will and interest of volunteers to support refugees in a productive, safe and sustainable manner.

Roundtable Discussion and Knowledge Exchange Activity

Participants were asked to discuss five questions at their tables. Responses were recorded by a note taker/facilitator and have been summarized below.

1) **Share the one message that resonated most with you today or your key take away from today's discussion.**
    - Every table identified the need to improve services that address the social determinants of health (SDOH) as a key message. In particular, employment and housing were discussed at length. Several people commented on how strengthening the response to SDOH can be valuable for many vulnerable populations, not just refugees.
    - Intersectoral collaboration between formal and informal health and social services, across sectors (employment, education, settlement, health, transit) and across jurisdictions is important. This requires time and commitment.
    - Family reunification and its impact on mental health requires immediate attention, in particular the changes to policy that can improve wait times and the definition of family.
    - How we receive refugees to Canada and the settlement supports that help to facilitate integration are very important. There is a need to invest in more robust general supports instead of expensive acute care. This requires a shift in thinking away from a mental illness model towards a mental wellness model that focusses on prevention and promotion. A great example of this was the UK study mentioned by Dr. McKenzie that found having a friend from a non-immigrant population served as a protective factor and increased social capital.
    - School systems are key locations for mental health education, engagement and intervention, but the approaches do not need to be complicated (see Hamilton research study). Teachers, parents and communities must be actively engaged.

2) **What do you feel you are already doing well in your jurisdiction to support the mental health of refugees?**

- Local Immigration Partnerships (LIP) were especially effective during the surge in needs of Syrian refugees. In some cases LIPs already had intersectoral tables that were able to quickly mobilize and keep one another informed.
- Provincial collaboration initiatives such as those in Ontario and Manitoba have been very effective. Ontario brought together 15 ministries and 30 external stakeholders to address lessons learned in real time. They had multiple working groups to address specific areas. Manitoba's collaborative developed a refugee mental health action plan with six strategic components.
- Multicultural Health Brokers are cultural liaisons that are embedded in settlement agencies that help newcomer and refugee clients with system navigation, cultural and linguistic interpretation.
- Engaging partners to address specific needs such as dental care. For example, dental students in Alberta offered free dental clinics.
- Peel Children's Aid Society (CAS) has a specialized immigration team who are child welfare experts that take part in consultations across the province with other CAS's.
- Finding affordable housing was a successful endeavour in PEI noting that refugees don't have to settle in urban centres when there are smaller communities that may be able to address their needs.
- A number of provinces had integrative community clinics where public health, primary care, settlement and mental health services were accessible.

3) **What in your view should be prioritized, what more could you be doing, and/or what can you do differently in your work to better address the mental health needs of refugees?**

- We need to consider embedding mental health promotion and competences into ESL programs (meet people where they are).
- Coordination and collaboration between the education system and refugee settlement is paramount. School-based mental health services and school board collaboration need to be prioritized.
- Successful integration doesn't happen if the necessary services and systems work in silos. We need to find a way for the system to work more efficiently and through the lens of the social determinants of health.

- The number of refugees worldwide is increasing, which means that Canada can expect increased numbers of refugees. We need continuity of concern, action and awareness.
- A universal health care program must include mental health services. There should be an obligation to provide mental health services at all levels – IFHP and provinces.
- Investing in training for services providers in areas like trauma-informed care, cultural competence and working with interpreters needs to be prioritized.
- Evaluation of promising or leading practices is critical in building a Canadian evidence base to inform ongoing work with refugee populations.

4) **Who needs to be involved in order to better address the mental health needs of refugees in your jurisdiction?**

- Federal and provincial governments need to work collaboratively within their own jurisdictions, but also together across jurisdictions (federal, provincial and municipal initiatives).
- Refugees need to be invited to the table to provide input and help evaluate programs and services.
- Researchers at all levels need to be involved to help inform data collection and analysis of the needs of different groups to inform program and policy development.

5) **What else do you need to help you take action or overcome barriers on moving forward on the priorities identified in question 3?**

- Funding and investment is critical for organizations to be able to take action.
- Support from leadership to create organizational cultures where cultural competence and innovation are valued and supported. This requires infrastructure for training, coaching and sustainability.
- Better awareness is needed in the Canadian population around competency training, particularly anti-racism and anti-oppression.
- Communication between different levels of service delivery, service planning and policy development to ensure that what is being learned at local levels is communicated to municipalities, health authorities, provinces and federal departments.

ABOUT THE MENTAL HEALTH COMMISSION OF CANADA

The Mental Health Commission of Canada is a catalyst for change. We are collaborating with hundreds of partners to change the attitudes of Canadians toward mental health problems and to improve services and support. Our goal is to help people who live with mental health problems and illnesses lead meaningful and productive lives. Together we create change. The Mental Health Commission of Canada is funded by Health Canada.
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