NEWCOMER MENTAL HEALTH MATTERS: BRIDGING GAPS IN SERVICES

PROMOTING CONNECTION, REFERRAL, AND CAPACITY BUILDING

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aaisa

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LAND ACKNOWLEDGMENT

AAISA acknowledges Treaty 7 territory—the traditional and ancestral territory of the Blackfoot Confederacy: Kainai, Piikani and Siksika as well as the Tsuu T'ina Nation and Stoney Nakoda First Nation. We acknowledge that this territory is home to the Métis Nation of Alberta, Region 3 within the historical Northwest Métis Homeland. We acknowledge the many First Nations, Métis and Inuit who have lived in and cared for these lands for generations. We are grateful for the traditional Knowledge Keepers and Elders who are still with us today and those who have gone before us. We make this acknowledgement as an act of reconciliation and gratitude to those whose territory we reside on or are visiting.

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INTRODUCTION

The COVID-19 pandemic increased stress, anxiety, and depression due to factors such as social isolation, economic uncertainty, and fears of contracting the virus. Many Canadians experienced feelings of grief and loss of social connections during this time, leading to depreciating mental health (Sieffien et al., 2020). In particular, newcomer populations have been adversely impacted due to under-employment, food insecurity, heavy participation in front-line work, as well as dense and multi-generational housing that often accompanies low socio-economic statuses (Ng, 2021). These social determinants of health are not unique to COVID-19, but instead are indicative of deeper vulnerabilities that were existent prior to the pandemic and continue to persist in this post-pandemic recovery time frame (Sun et al., 2023).

Immigrant Refugees Citizenship Canada (2022) defines a newcomer as an immigrant or refugee who is adapting to life in Canada. Newcomers enter Canada through three broad pathways: A humanitarian pathway for refugees, an economic immigration program, and a family class pathway. There are also several programs that bring migrants to Canada on temporary work or student visas; a significant number of whom eventually become Canadian Permanent Residents. For the purposes of this report, we take an expansive definition of 'newcomer' which includes refugees, economic immigrants, family class immigrants, and those who enter Canada as temporary residents.

As this report describes, "COVID-19 exacerbated the pre-pandemic deprivation of basic needs, worsening the mental health of [minorities]" (Islamic Relief Canada, 2022). Newcomers and racialized Canadians have experienced higher rates of severe illness caused by COVID-19, death, job losses, and higher incidence of mental health struggles, in comparison to other Canadians (Ogoe, et al., 2022). There are intersecting vulnerabilities for those who enter Canada as refugees "including barriers to accessing health care services, disproportionate rates of mental health concerns, financial constraints, racism, and higher likelihoods of living in relatively higher density and multigenerational homes" (Smith et al., 2021). Studies also suggest that immigrant women were more likely to be identified as essential workers during the pandemic, and to report having symptoms of depression (Ogoe, et al., 2022; Lightman & Akbary, 2023).

The Newcomer Mental Health Matters: Bridging Gaps in Services project is aimed primarily to support newcomer populations, who have been significantly impacted by the COVID-19 pandemic. This project is designed to promote interventions to address mental illness by conducting research to understand the unique mental health needs of newcomers, addressing gaps in services and supports in newcomer-serving agencies, and promoting mental health resources and referrals for coordinated service delivery.

PURPOSE

This report seeks to highlight the mental health needs of newcomers prior to and during the COVID-19 pandemic, as well as the existing supports available to address these needs. Many social determinants, including lower socio-economic status, high rates of front-line work, multi-generational and dense living situations, and diminished access to adequate supports, have resulted in newcomers being vulnerable to mental health distress, something that was exacerbated by the pandemic.

This report is intended to highlight the gaps in mental health services for newcomers that were present prior to the COVID-19 pandemic, and prevalent in the post-pandemic recovery era. Although AAISA is newcomer and Alberta focused, this research can serve broader audiences who may benefit from knowledge and capacity building around supporting newcomer mental health. Organizations who provide informal supports in the broader community through access to the 211 Community Resource Database and enhanced searching for newcomer supports would also benefit from this report. A greater understanding of newcomer mental health will lead to greater community capacity to support those with mental health distress.

This report is the output of the first phase of the Newcomer Mental Health Matters: Bridging Gaps in Services Project. This report highlights the existing mental health needs and supports available for newcomers, negative impacts of COVID-19 on newcomer mental health, barriers to accessing mental health programming and supports, and key recommendations to increase mental health supports for newcomers. The conclusions of this report will be utilized to guide following phases of the Newcomer Mental Health Matters: Bridging Gaps in Services Project. The next phases of the project include:

Phase II: Capacity Assessment and Building

This phase will include seven online, facilitated mental health training courses for settlement practitioners. A new course will be developed and delivered every two months in response to the gaps identified by this research report, as well as the complimentary reports produced by project partners Distress Centre Calgary, and Canadian Mental Health Association-Edmonton.

Phase III: Service Coordination

The final phase of this project results in an organizational self-audit tool for agencies to identify gaps in their programming to meet the mental health needs of newcomers, connecting to the existing 211 Alberta database to assist in referrals to support gaps in service delivery. The organizational audit tool will allow agencies (newcomer-serving agencies, non-profits, private, or public organizations) to audit their supports and access to supports based on specific mental health research and resources to best support their staff and newcomer clientele. This tool will serve to allow agencies to undertake an audit to receive a service coordination recommendation that

accommodates their strengths in mental health supports and is responsive to their exact gaps. This living tool will be leveraged beyond the lifespan of this project as it will continue to exist on the 211 platform. 211's national reach allows for organizations outside of the primary newcomer and Alberta audience to benefit with the same specific and responsive mental health service coordination outputs. Recommendations to inform the development of an organizational self-audit tool are included at the end of this report.

PROCESS AND METHODOLOGY

Literature Review and Environmental Scan

The initial phase of this report included a literature review of academic research, as well as gray literature with a focus on publications between March 2020 to January 2023. This literature review focused on identifying newcomer mental health needs, with a focus on the impact of COVID-19 on mental health supports. The literature review was conducted between January-April 2023, evaluating 74 research references with a focus on the Canadian landscape. Thesis and dissertations were excluded.

The literature review was conducted with the goal of identifying the following thematic areas:

- Existing mental health **supports** targeting and/or available to newcomers.
- **Barriers and gaps** in mental health supports for newcomers.
- **Impacts of COVID-19** on mental health supports for newcomers.
- Key policy, service delivery, funding, and advocacy **recommendations** to create increased access to mental health supports for newcomers.

FINDINGS AND DISCUSSION

EXISTING MENTAL HEALTH SUPPORTS FOR NEWCOMERS

The existing mental health supports for newcomers have been organized in Table 1. Mental health supports have been available in a spectrum of modes for Canadians far before the COVID-19 pandemic. Mental health services for newcomers to Canada can broadly be organized through two streams. The first stream consists of mental health services delivered by a newcomer-serving agency. The second stream is the general mental health care system, whose mandate is to provide healthcare for the broader population (Immigration, Refugees and Citizenship Canada, 2021).

This two-stream service landscape leads to gaps for newcomers seeking mental health services: Newcomer-serving agencies have lower capacity to provide the expertise and referral networks to the mental health system, whereas mental health services often lack capacity to support the unique mental health needs of Canada's increasingly diverse newcomer population.

Table 1. Existing mental health supports targeting and/or available to newcomers.

Mental health support types	Description and examples
In-person supports	In-person supports are services that are accessible outside of the home, in the space of a service care provider; organization, or counsellor. Examples include medical visits, consultations with settlement service providers, referrals, therapy, counselling sessions (one-on-one or group), case management, and distress centres. The Multicultural Health Brokers Cooperative in Edmonton offers free, unlimited virtual and in-person counselling sessions at their office, or at the clients' home for individuals, couples, and families. This organization also offers specific supports such as play therapy for children. Calgary Catholic Immigration Society's Centre for Refugee Resilience offers counselling sessions for refugees, immigrants, and their families after trauma. This program offers trauma-focused therapy for all ages, case coordination, volunteer support, community education, first-language supports and consultation.
Virtual supports	Virtual supports are services that are accessible from home through mediums such as phone, text, and video conference. Virtual supports are reliant on the users' baseline digital literacy and technological access to utilize these services. Examples can

	include Kids Help Phone, Crisis lines, virtual therapy, counselling sessions (one-on-one or group). Existing virtual mental health supports in Canada specific for newcomers include supports for a mental health crisis, supports for mental health challenges during settlement, as well as broad supports providing mental health resources (Immigration, Refugees and Citizenships Canada, 2021). During the COVID-19 pandemic, all mental health services were rapidly transitioned to virtual platforms (Hynie et al., 2022). In response to growing mental health and substance-use concerns arisen throughout the COVID-19 pandemic, the Government of Canada funded the "Get Connected with Wellness Together Canada" platform that provides free resources on mental health and substance-use support (Wellness Together Canada, n.d.). This free service is available to people in Canada and Canadians who live abroad, in both French and English. Aside from the Government of Canada's contribution, public, private, and not-for-profit organizations began increasing their virtual program offerings during the COVID-19 crisis. Along with the increase in program offerings, virtual/remote programming has existed prior to the COVID-19 crisis. For example, the Kids Help Phone is Canada's only 24/7 e-mental health service with free and confidential support for young people in both English and French (Kids Help Phone, 2023). The Mental Health Commission of Canada also provides e-mental health services seeking to provide rapid access and shorter wait times, and increased accessibility for those in rural and remote areas through evidence informed resources. This program also introduced the Step 2.0 program which allows for autonomy of the individual seeking mental health supports and to meet them at the level they are comfortable at (Mental Health Commission of Canada, 2022).
Information sessions	Examples include information about the local community, connecting to locals in the area, non-clinical mental health and well-being supports, referrals to other services.

	These services are often arranged and organized by community serving organizations whose aim is to connect newcomers to the existing Canadian systems, as well as to build community relationships with newcomers and their local communities. These sessions can often act as a landing session for newcomers to become informed of what the local community looks like and where to seek additional and specific supports. It has been noted that community organizations may choose to advertise mental health supports under a broader, more generic title to avoid the stigma that newcomers may have in relation to mental illness. For example, an information session may be created with a broad title of "Helping Students Succeed in School", where the session's key goal is to address mental health of newcomer students, and to provide their parents with supports to promote mental health and well-being for their children (Katz et al., 2023).
Specific supports for intersectional vulnerable groups (LGBTQI+, children and youth, seniors, women, visible minority groups, etc.)	Examples include short-term Case Management, trauma-focused therapy for all ages, psycho-education workshops for individuals and families, and social support groups. These programs are focused on identifying newcomer client's strengths and needs to develop an action plan towards the clients' wellbeing and goals through their expertise in specific intersectional identities and social determinants of health that create unique cases for newcomers in understanding the need for wellness and accessing mental health supports.
Downloadable, text-based booklets in multiple languages	There are widely available mental health resources that are translated in various languages that enables newcomer independence in accessing mental health supports, virtually. It seeks to bridge the gap of language barrier for newcomers whose first language is neither English nor French.
Collaborative care models	Collaborative care refers to efforts to address the holistic mental health needs of newcomers by engaging a range of community stakeholders (Herati and Meyer, 2023). This is evidenced through collaborations between the newcomer-serving sector and mental health services. Multiple organizations such as AAISA, The Centre for Addiction and Mental Health, and The Canadian Mental Health Association provide toolkit resources

	developed by subject matter experts to assist service providers in building their capacity to serve newcomers mental health needs. These resources are aimed at service providers in all sectors to develop their cultural competency, understandings of risk factors, and inform evidence-based strategies to assist newcomers. The Centre for Addiction and Mental Health has launched the Immigrant and Refugee Mental Health Project offering free online training, tools and resources for settlement, social and health service professionals to build cultural competency with working with newcomer populations. These capacity building resources are focused on evidence-based services, treatments and supports for key newcomer groups.

Databases of mental health services

All resources located within Table 1 can be more easily accessible for both newcomers and service providers by collecting all program information and cataloguing them in a regularly updated database. The Canadian mental health ecosystem already possesses a handful of databases that are regularly monitored and updated to provide ease of knowledge and access to mental health programming.

The eMentalHealth database is frequently updated with a directory of mental health services to support immigrants and newcomers. It catalogues resources nationwide, distinguishing between publicly funded/free services, as well as private practice and commercial businesses. It seeks to connect newcomers to a range of wellness programs from affordable and accessible therapy, swimming lessons, organizations who assist with specialized vulnerable groups such as women, victims of gender-based violence, children, and youth (eMentalHealth, 2023).

Similarly, 211 Alberta, who are partners on this project, have a database of supports ranging from distress centres to crisis lines. 211 Alberta's database is utilized as a tool to connect newcomers with services that can meet their needs from health, government, community, and social services. 211 Alberta is accessible across the province, available in over 180 languages, and is multi-modal (accessible via phone, email, text). This free and confidential service provides trained staff in how to be knowledgeable navigating the 211 system and how to facilitate newcomers to meet their needs. 211 is focused on providing the right service to the right client in the right time, meeting clients at where they are comfortable in their mental health journey.

This dogma of meeting an individual where they are comfortable in their mental health journey is an essential guiding aspect for mental health service delivery. Supporting the mental health of individuals where they feel safe, emotionally available, and ready to seek supports at the level of where they are comfortable is an essential practice to be implemented for service providers when facilitating support. Understanding that mental health is a lifelong journey and that supports can be provided in various levels and timelines is crucial to ensuring clients do not feel pressured to advance past their level of comfort and feel discouraged from engaging with mental health supports all together.

BARRIERS AND GAPS IN MENTAL HEALTH SUPPORTS FOR NEWCOMERS

Newcomers have intersectional identities which create a complex landscape related to their mental health needs. For example, refugees may have pre-migration trauma stemming from torture, sexual assault, or war (Canadian Council for Refugees, 2016). Both refugees and immigrants to Canada face challenges during settlement and adaptation. They may experience family separation, the loss of social supports, language barriers, and cultural adjustments. Those with precarious legal status, such a refugee claimants, international students and temporary foreign workers, have specific challenges related to access to mental health supports. Social determinants such as income, employment status, education, and social connection impact newcomer mental health. Barriers to mental health services and supports were present prior to the pandemic, and only exacerbated through the stay-at-home orders, physical distancing, increased job precarity, and general uncertainty regarding the future.

It is also important to note that because of the many layers of vulnerabilities that encompass the identity of a newcomer, there are intersectional barriers that are essential to understand the multidimensional experiences of newcomers. For example, a newcomer has language and cultural barriers to accessing services. However, a newcomer LGBTQ+ youth who is also a refugee who has endured complex war trauma, who is a person of colour, has multiple layers to their identity that face additional structural barriers to accessing mental health. An intersectional lens is imperative to understanding how these barriers intersect with one another. This intersectional lens is also key to understanding how policy implications affect the most vulnerable members of society.

Table 2. Barriers and gaps in mental health supports for newcomers.

Type of barrier	Description
Economic barriers	Mental health services such as therapy, counselling, substance use support, can require costly treatment. Although free alternatives may exist, waitlists, geographic range, and gaps in private and public health care coverage can contribute to

	access barriers. With limited financial resources, newcomers of who are under financial stress may be deterred from seeking and accessing existing mental health supports. Individuals will inherently prioritize ensuring they have their basic physiological survival needs, safety and security needs being met before seeking mental health services (Endale et al., 2020). This can result in a positive feedback loop that may exacerbate mental illnesses such as anxiety, depression, and substance dependency (Endale et al., 2020). Newcomers, especially undocumented or rejected asylum seekers may have a gap in health care insurance, leaving them unable to access existing mental health supports available in the mainstream (Nematy et al., 2022). Refugees and asylum seekers may only have access to healthcare coverage that does not include free or affordable mental health services (Nematy et al., 2022). Newcomers who are working in precarious industries such as front-line services, healthcare, and factory-workers, are often left without paid-time off that would allow for the access of existing mental health supports (Arya et al. 2020). There is also evidence that barriers to employment for resettled refugees in Canada, including being employed in work that is misaligned with previous education and skills, can have a deleterious impact on mental health (Bridekirk et al., 2021).
Cultural and language barriers	Newcomers may lack knowledge of the general healthcare system, including the mental health supports available to them (Caldararu et al., 2021). For example, existent services may not be available in multiple-languages or have translators and interpreters (Caldararu et al., 2021). Immigrant and refugee youth describe some mental health services as inappropriate for their language and cultural backgrounds and explain this as a barrier to accessing services (Gyan et al., 2023). Despite having a translator and interpreter available for counselling services, Huminuik et al., (2022) found that newcomers feel more comfortable speaking directly with a

	professional counsellor due to concerns regarding confidentiality. Additionally, these language and cultural barriers affect health outcomes, service utilization, and patient satisfaction (Mianji et al., 2020; Davy et al. 2021). Newcomer children and youth who have linguistic limits may face isolation in their social circles, resulting in bullying and low mental health (Shakya et al., n.d.). Newcomer youth often have a lack of knowledge regarding mental health services that may be available to them (Shakya et al., n.d.). Even if youth are informed of accessible services within their schools, they may not be comfortable accessing these services as they may not have had these services in their country of origin, or have families and social circles who have not normalized the utilization of mental health services (Shakya et al., n.d.). This can result in newcomers feeling deterred from accessing mental health supports as they may feel they are struggling to effectively and accurately communicate their needs or access services that are culturally appropriate. Refugees may have trauma that create fears in authority figures, challenges trusting others, and even memory loss (OCASI, 2022). This reflects the need for cultural competency in existent mental health supports as service providers must implement measures to refrain from retraumatizing refugees.
Lack of professional training	Settlement practitioners are often tasked with performing multiple professional duties simultaneously. By wearing multiple hats and working to serve multiple coinciding needs of newcomers, the need for professional training specific to address mental health concerns of newcomers is growing. From public servants, non-profit workers, to private sector workers, there is limited content regarding mental health issues of newcomers (Nakache et al., 2022). Existing Canadian healthcare workers are not necessarily knowledgeable in how to best support newcomers with migration-related trauma in resettlement needs (Caldararu et al., 2021). This can result in the mental health needs of newcomers falling between the cracks, or pushed onto settlement and integration workers who may have the cultural

	competency and expertise in newcomer experiences to partially address the mental health needs, but would not have the professional healthcare training to appropriately meet the intersectional nature of newcomer mental health needs (Caldararu et al., 2021). Settlement and integration workers tasked to serve the mental health needs of newcomers either directly or indirectly are thus needing increased professional training to recognize and understand how to address pre-migration, post-migration and intersectional identities that create idiosyncratic cases (Canadian Council for Refugees, 2016).
Technological barriers	Despite the increase in virtual services that the shift from COVID-19 work-from-home culture has developed, many newcomers continue to be unable to access these mental health services due to technological barriers such as low digital literacy, limited access to telecommunications services (high-speed internet, reliable phone service), and confidentiality concerns. (Endale et al., 2020; Sieffien et al., 2020; Hynie et al., 2022).
Limited awareness of health services	There is evidence that newcomers in general, and refugees in particular, experience barriers to accessing the health system and mental health services due in part to a lack of awareness about the mental health system (Carter et al. 2022).
Geographic limitations	Geographic limitations are most impactful to newcomers who reside in rural, remote areas. In-person, mental-health services are overwhelmingly offered in the largest urban centers of Alberta (Calgary, Edmonton), leaving a service delivery gap for newcomers who reside outside of major urban centres. With the innate aggregation and diaspora of newcomer communities in localized settings, there can be an inappropriate fit of planned services to meet the actual needs of the newcomer community that it is meant to serve (Caldararu et al., 2021). Even within urban municipalities with transit systems and ride-share options, newcomers may not feel comfortable or safe to take these modes of

	transportation to journey out of their geographic comfort zone to access mental health supports (Caldararu et al., 2021).
Stigma and shame	Despite the growing recognition of needing to address mental health crises and the Canadian cultural shift to normalize accessing mental health resources, many newcomers may come from cultures and have past experiences that perpetuate negative stigmas of mental illness. This may deter newcomers from recognizing that mental illness is part of a holistic understanding of health, and therefore prevent them from seeking supports (Nazish et al., 2021; Davy, Burnham Rose and Ghassemi, 2023). Newcomers have also been cited to have fears associated with existing stigmas, dreading the possibility of having their lifestyles negatively impacted (e.g., fear of having their children labeled and mocked in social circles (Endale et al., 2020, Nazish et al., 2021), and uncertainties in how a label of mental illness will impact their refugee claim, employment, or social status (Sieffien et al., 2020).
Discrimination and systemic racism	A systematic review of literature on mental health service use for visible minority newcomers to Canada, covering literature between 2000 and 2020, identified racial discrimination as a persistent barrier to mental health service use for racialized newcomers (Salam et al. 2022). Existing mental health programs and therapeutic approaches tend to pathologize and individualize mental health struggles of visible minority refugees (King et al., 2021). Black refugees in particular have been cited to experience increased levels of systemic racism and discrimination despite anti-racist and implementation of cultural competency trainings (King et al., 2021). These inequities carry over to social determinants of health such as housing, education, general healthcare.
Precarious immigration status	Newcomers with precarious immigration status have reported increased levels of mental health issues such as anxiety, depression, and emotional distress (Alaazi et al., 2021). Legal and landing status also has an impact in access to mental health services in Canada (Salam et al., 2022). Refugee claimants, undocumented migrants, temporary foreign workers and international students are particularly vulnerable

	as they feel they risk their status in Canada by disclosing any mental hardships and seeking treatment (Alaazi et al., 2021; de Moissac et al., 2020). Baiden and Evans (2022) find that precarious status, in addition to other intersectional identities, may lead to reluctance to participate in research about mental health which might in turn impact mental health supports.
Safe spaces	Access to culturally safe, anti-racist and anti-oppressive mental health services have the potential to transform the mental health care system in ways that support newcomers and non-newcomers alike (Baiden and Evans, 2022). Victims of gender-based violence who were stuck during stay-at-home orders were unable to seek supports both virtually and in-person when trapped with their abusers (Sieffien et al., 2020). The idea of a safe-space can be further extrapolated for newcomers living in areas where they do not feel a social safety-net to address their mental health concerns. For example, newcomers living in suburbs or small towns far from LGBTQI+ friendly service providers and support groups may not feel safe to access existing mental health supports as they feel the community does not reflect their intersectional identities nor have the cultural competency to address their concerns (Nematy et al., 2022).

IMPACTS OF COVID-19 ON MENTAL HEALTH SUPPORTS FOR NEWCOMERS

The COVID-19 pandemic had immediate, far reaching and consequential impacts on newcomer mental health. Key findings of this study highlight impact areas including:

Consequences of moving from in-person to virtual services

Reduced accessibility to in-person services: Stay-at-home orders and physical distancing measures reduced accessibility which was particularly challenging for those who did not have access to technology or limited access to digital devices. Face-to-face services are critical for newcomers who need direct and immediate supports and may not feel comfortable receiving support through virtual channels. Refugees, who may have already been experiencing language and service barriers prior to COVID-19, faced increased challenges accessing virtual care during the pandemic (Arya et al. 2021).

Exacerbating equity gaps: The transition to increase virtual service delivery created new challenges for service providers who have expressed concerns in identifying which services are appropriate and accessible for their clients (Oda, n.d.). There has been limited data to explicitly determine if virtual mental health services have increased accessibility to vulnerable newcomer groups or whether it has exacerbated pre-existing inequalities (Hynie et al., 2022). While virtual services may be more accessible for those who have sufficient technological access, are digitally literate, and are able to practice cyber safety, there has been limited data to explicitly determine if virtual mental health services have increased accessibility to vulnerable newcomer groups lacking digital literacy and technological access (Hynie et al., 2022).

Impacts on quality of services: It has been noted that the quality of virtual services is not equal to the quality of in-person services (Endale et al., 2020). For example, the speed and accuracy of language interpretation is limited in comparison to in-person interpretation services, which is a crucial aspect of essential services such as telemedicine, finances, and education (Endale et al., 2020). Accessing mental health services in-person has been instrumental for interpersonal relationship building and establishing trust (AAISA, 2022). Newcomers report that the in-person interaction, human connection, and the ability of service providers to read non-verbal body cues is an irreplaceable standard quality of care that virtual service delivery cannot meet (AAISA, 2022).

Impacts on children and youth

The COVID-19 pandemic had a powerful disruption for children and youth education. School closures and the shift to distanced learning resulted in the loss of routine children and youth previously had in their everyday schooling and limited social interaction. Children and youth had stunted social and emotional development from these measures, increased feelings of isolation and anxiety (Scarpette et al., 2020). Newcomer children in particular had challenges with social

inclusion, linguistic barriers and equitable technological access to mental health supports (Scarpetta et al., 2020). Newcomer children and youth whose parents do not speak English were disadvantaged as their parents had limited capacity to help with distanced learning (Scarpetta et al., 2020). Newcomer children were also less likely to have internet and appropriate technological devices at home to meaningfully participate in distance learning (Scarpetta et al., 2020). Schools are a promising location for the delivery of holistic, community-centered mental health supports for children and youth from immigrant families (Crooks et al. 2020). Nakhaie et al. (2022) surveyed newcomer youth between July and November 2020 and found that mental health distress was exacerbated by food insecurity and length of time in Canada. They also found that family density and resilience decreased mental health distress.

Impacts on immigrant women

A 2022 study by the University of Manitoba and the Association for Canadian Studies identified that newcomer women are more likely than newcomer men to struggle with mental health challenges such as reporting feelings of hopelessness and depressive symptoms, troubles falling asleep or oversleeping, feeling tired or lethargic, having a poor appetite or overeating, engaging in self-deprecation or doubt, and feeling fidgety (Ogoe et al., 2022). Women often share an unequal burden of balancing domestic responsibilities, childcare, online education, and paid employment which contribute to negative mental health outcomes (Gladu, 2021). Women are also over-represented in front-line work such as healthcare, childcare, education, and retail which increased their exposure risk to COVID-19, the mental burdens associated with fears of contracting the virus, and the domestic repercussions that follow suit such as being unable to afford time off work, or finding accessible, safe, and affordable childcare (Gladu, 2021). Stay-at-home orders and disruptions to the economy disproportionately forced women to leave the workforce, carrying on a larger domestic burden and an uptake of unpaid labour to meet their family needs (Gladu, 2021).

Prioritizing economic needs over mental health

Due to the economic impacts of COVID-19, including the loss of employment, stay-at-home orders, or unpaid sick leave, the pandemic forced some to prioritize their economic needs over accessing mental health services. These services, including therapy, counselling, and substance use support often require payment. Although free alternatives may exist, individuals who are under financial stress may find it challenging to seek and access existing mental health services. Individuals under financial stress prioritize their basic physiological survival, safety, and security needs over their mental health (Endale et al., 2020).

Essential work and impacts to mental health

Data from Statistics Canada reveals that immigrants to Canada were more likely to die of COVID-19 than non-immigrants in the first wave of the pandemic (March-July 2020). A recorded 25% of COVID-19 deaths occurred among immigrants, a group that makes up 22% of the total

population. For those younger than 65, immigrants represent 20% of the total Canadian population but accounted for 30% of all COVID-19 deaths (Ng, 2021). The Statistics Canada report suggests that these deaths are, in part, attributable to the fact that "newly arrived immigrants live in low income or in overcrowded or multigeneration households. They are also more likely to be employed as essential workers in occupations that are associated with a greater risk of virus infection" (Statistics Canada, 2021, p. 1). Social determinants of health include employment, immigration status, housing, education, social exclusion, and poverty, among others (King et al., 2022). These determinants influence the mental health outcomes of newcomers to Canada. Prior to the pandemic, many newcomers were succumbed to harsh conditions in precarious employment, which was only exacerbated with the onset of the pandemic (Islamic Relief Canada, 2022).

The pandemic highlighted the need and utility of capacity building tools, and the coordination of existent supports to assist agencies to provide mental health supports for newcomers. Upskilling is needed for agencies to build cultural awareness of newcomer vulnerabilities and how to appropriately meet these needs. The existing mental health support network has a strong foundation understanding that mental health supports need to be readily accessible 24/7 and multi-modal. However, settlement, social, and health professionals who directly and indirectly serve newcomers mental health needs would benefit from a system that allows for an internal analysis of the agencies' capacity to meet these mental health needs. By understanding the gaps in an agency's existent program offerings, agencies can thus identify best practices to fill these gaps, whether it be the need for internal capacity building through evidence-based resources, or utilizing a referral process where a third-party agency can better meet the newcomers' mental health needs.

RECOMMENDATIONS

Based on the findings from the literature review, we suggest the following key recommendations to support mental health service delivery for newcomers to Canada.

Key policy, service delivery, funding, and advocacy recommendations to create increased access to mental health supports for newcomers

Micro-level: Practices and Programs

1. Improve accessibility to mental health services by creating content in multiple formats and languages, incorporating cultural competency, and flexibility in service delivery.

   Canada has many diverse organizations and programs that offer mental health supports to newcomers, from therapy, group counselling sessions, information packages, and community-based support groups. These existing programs leveraged to reach a broader audience by incorporating inclusive practices such as translations into first and plain languages, flexibility in modality, and continual upskilling of service providers to build cultural competency.

2. Increased professional training for mental health providers: cultural competency, trauma-informed practices, knowledge for specific groups (LGBTQI+, refugees, children and youth, seniors).

   Mental health services are often provided to newcomers directly or indirectly through two streams, including newcomer-serving agencies, or the broader healthcare system. The gaps that persist with this dichotomy is that newcomer-serving agencies do not have medical expertise, and healthcare professionals can lack cultural competency to meet the needs of newcomer clients. This gap can be bridged by supporting capacity building tools for healthcare workers to develop an awareness of social determinants of health such as socioeconomic factors, stigma, systemic racism and discrimination of key population groups. Service providers seeking to create safe spaces for vulnerable populations should indicate their allyship through the use of symbols such as the rainbow flag, inclusive poster and/or slogans, utilizing inclusive language that is person-centred and reduces hetereo/cisnormative assumptions, and acknowledge gender pronouns and family relations that are not legally recognized in Canada (Nematy et al., 2022).

3. Build a supportive environment and establish safe spaces while promoting culturally relevant mental health services of racialized newcomers.

   Negative stigma, concerns regarding precarious immigration status, and cultural barriers are prevalent in newcomer populations, making it challenging for individuals to seek mental health support. Organizations seeking to meet the mental health needs of

newcomers can create safe and inviting spaces for newcomers to access these supports. Organizations can establish community empowerment strategies to improve a sense of belonging for newcomers, normalizing mental health, and raising awareness of existing supports.

4. Outreach to clients.

   Outreach to ethnocultural, newcomer and racialized communities is a key variable in dismantling access barriers to mental health services. This can be done by promoting awareness of services, discrimination, and addressing stigma (Caldararu et al., 2021). Mental health services must be easily accessible to newcomers with low income, while being tailored to gender, immigration status, employment status, etc. (King et al., 2021). Supporting health care system navigation and education for newcomers about services and supports is identified as a promising practice to removing barriers to access (Carter et al. 2022).

Macro-level: Policy and Funding

1. Policy recommendations on an organizational, governmental, or systemic level to increase equity and accessibility (training, education, prevention).

   Precarious legal status is a key gap facing temporary foreign workers, refugee claimants, asylum seekers and those with precarious status in Canada who may lack sufficient health insurance and preventing them from accessing services. At minimum, an increase in the eligibility of mental health services provided by the Interim Federal Health Program (IFHP) needs to be reformed to increase access to mental health services based on the newcomers' time of arrival (Canadian Council for Refugees, 2016). An increase of eligibility both in terms of accessible supports and an increased duration is vital to ensure that current supports are utilized and reaching the audience it is intended to serve.

2. Advocacy for vulnerable populations (Children/youth, women, refugees, LGBTQI+).

   Advocacy for research and supports targeting vulnerable groups within the broader newcomer population is essential to ensuring dignity and respect is maintained for newcomers throughout their mental health journey (Canadian Council for Refugees, 2016). Mental health programs that take a "collaborative, asset-based approach that values the experiences and perspectives of refugee and immigrant youth" are more likely to be impactful (Gyan et al. 2023, p. 6; see also Herati and Meyer, 2023). Crooks et al. (2021) suggest engaging non-newcomer peers in school-based mental health interventions as a way of combatting discrimination and taking an equity-based approach.

   Refugees: There is evidence that refugees to Canada have low self-reported mental health and yet access mental health supports less frequently than immigrants in other categories

and only slightly more frequently than their Canadian-born counterparts with similar self-reported mental health (Ng and Zhang, 2021). This finding reflects a need for mental health interventions aimed directly at refugees to Canada. Immigration and border officials need to be better equipped to avoid retraumatizing refugees who may have previous lived experiences that fostered an inherent distrust of government and police-adjacent officials (Canadian Council for Refugees, 2016). Refugees who are fleeing violence and persecution have their mental health negatively impacted by experiencing family separation, immigration detention, denied access to secure permanent residence status, burdens of transportation fees, and hastened timelines for refugee hearings (Canadian Council for Refugees, 2016).

LGBTQI+ newcomers: Newcomers who identify as LGBTQI+ may have previous lived experiences where their identities were negatively impacted by stigma and systemic violence, resulting in forced migration (Nematy et al., 2022). There is evidence that LGBTQ asylum seekers are highly likely to experience mental distress (Fox, Griffen & Pachankis, 2020). Programs that address the specific needs and contexts of LGBTQI+ newcomers should be funded and supported. In particular, LGBTQI+ asylum seekers must be provided with safe temporary shelters as hate-motivated crimes should be predicted and prevented (Nematy et al., 2022).

3. Create affordable and accessible housing.

   Policy makers must create conditions where newcomers are able to prioritize their mental health and be in a safe space to access supports. Those living in vulnerable conditions who are focused on ensuring their basic physiological needs are met (housing, food, clothing, etc.) may not have the capacity to address their mental health needs. The greatest economic burden for newcomers tends to be associated with the lack of affordable housing. Within the perilous Canadian housing market, newcomers in particular face challenges with financial barriers that limit them from suitable accommodations despite vacancies in the market (Preisler, 2021). This is due to the trend that newcomer families are typically multigenerational and larger in size than the average Canadian household, despite newcomers initially earning on average less than the average Canadian (Preisler, 2021). Policy makers must create affordable housing initiatives that can appropriately accommodate for newcomer families to avoid overcrowding and marginalization where newcomers are pushed into low-income neighborhoods that are often food deserts, lack transportation networks, and access to basic needs such as healthcare and schools. Housing is not the only barrier newcomers face when attempting to access adequate housing. Discrimination in the form of racism from landlords against prospective newcomer tenants, systemic racism such as legacies of redlining, and gentrification of ethnocentric neighbourhoods has marginalized newcomers in the housing market. The perpetual stress

of struggling to have basic needs met can further exacerbate anxiety and depression. When newcomers have their basic needs met, they are better able to prioritize their mental health and utilize existing supports.

4. Develop improved (and cost-effective) interventions for young, racialized offenders, as opposed to arrests.

   As King et al. (2021) suggests, there are few policies that protect Black Canadians, specifically, and hold the institutions accountable that perpetuate systemic racism. It is essential that justice systems are challenged, as there has historically been a trend towards favoring certain groups at the expense of marginalizing others. Practices such as racial profiling, racial carding, and police brutality further traumatize Black Canadians, especially refugees of African descent (King et al., 2021). To counter the over-criminalization of racialized newcomers in Canada, a prevention approach must be taken. This can include after-school programs that promote a culturally sensitive approach to mental health, accessible family therapy for newcomers and refugees, and mental health programming built into school curriculum. In order to prevent racialized young offenders from being overrepresented in the justice system, policies should prevent the criminalization of young offenders who often struggle with mental health.

FRAMEWORK FOR THE ORGANIZATIONAL AUDIT TOOL

The organizational audit tool will be developed for organizations to self-audit their existing capacity to meet mental health needs of newcomers. The tool will accomplish this by assessing the paired reports developed by partner agencies, as well as an examination of the existing 211 database to increase service coordination. The audit tool will seek to increase organizations' capacity to promote existing mental health resources and prevention tools. The tool will seek to identify the existing strengths in organizations to provide mental health supports for newcomers while identifying potential gaps and providing recommendations and referrals to other organizations who can bridge those gaps.

Best practices of existing organizational audit tools:

1. Questionnaire that assigns points based on each response.

   Types of question can include scaled questions, reflection questions, and goal setting questions that allow organizations to analyze their existing capacity to support newcomer mental health needs, as well as what they seek to provide to address gaps of mental health services for their newcomer clients. Having a numbered score or percentage can help organizations know where

the gaps exist. Furthermore, the audit tool can be broken down into scaled sections, with scores for each section. A section can contain questions or criteria to obtain a score.

Examples of sections that the audit tool can incorporate:

- Classes of resources: family, women, men, youth, seniors -meeting criteria for types of resources on the organization's website.
- Clickthrough Rate (CTR) on an organization's website/mental health resources (and how this number can be obtained). This would show which resources are being used, and which ones are being viewed, but not used. A numbered score can also be shown in this section.
- Questions regarding the pathway of how a client was helped. Did they find what they were looking for? Are there additional barriers that require support from staff? Is the client satisfied with the outcome? Is the client returning for further supports, if so what kind of supports? .

2. Referrals are instrumental in an organizational audit when seeking to measure the success of mental health programming and resources.
    - Perform a pre- and post-referral audit to establish a baseline of referral quality and to ensure that the referrals provide benefits in bridging existing gaps. Referrals are intended with the purpose of increasing client outcomes and there should be measurable methods to do so. See example below (*Referral Audits,* HealthPathways Community).

Referral Audits			
Key questions/Programme aims What questions will identify if the programme is achieving its aims?	**Outcomes/Programme logic** What difference do we aim to make? What do we expect to achieve? Who will benefit?	**Indicators** How will we know if progress is tracking well? What changes will we look for? What indicators will help answer our key questions?	**Methods/Data sources** What data will we collect and how?

Establish a baseline of referral quality.	• Develop audits and surveys, and obtain baseline data for care within the clinical streams undergoing evaluation
	• Log all issues being addressed via team/SME negotiation or the CWG process
		• Review feedback
		• Pathway-dependent
		• Consider:
		  ◦ Referral decline rates
		  ◦ First specialist assessment, surgery, and follow-up rates
		  ◦ Quality of referral information
		  ◦ Reduced testing
		  ◦ Wait times
		  ◦ Did not attend (DNA) rates
		  ◦ Community care rates
			• Feedback:
			  ◦ Key clinical and non-clinical leaders
			  ◦ CWGs
			• HP programme team
			• Hospital metrics (pre and post)
			• Referral audits (pre and post)

Quantify the benefits of the change:
• Is the service aligned with best practice?
• Has referral quality improved?
• Have costs reduced?
• Has care in the community increased?
	Identify:
	• improvements in:
	  ◦ referral quality
	  ◦ E-referrals
	  ◦ the wider health system
	  ◦ health equity
	• reductions in variation of care
		• Review feedback
		• Pathway-dependent
		• Consider:
		  ◦ Referral decline rates
		  ◦ First specialist assessment, surgery, and follow-up rates
		  ◦ Quality of referral information
		  ◦ Reduced testing
		  ◦ Wait times
			• Feedback
			  ◦ Key clinical and non-clinical leaders
			  ◦ CWGs
			  ◦ HP programme team
			• Hospital metrics (pre and post)
			• Referral audit (pre and post)

- Performing a post-referral audit to measure the success of the referral. However, the post-referral audit should also involve a process to ensure that clients obtain the resources and programs they are seeking. This can be a (digital) follow-up document that the client can fill out some time after the referral has been done.

3. Useability of the tool.
    - It is important to determine who will primarily be using the audit tool and creating a tool that is user-friendly. To reduce barriers and increase useability and accessibility of the tool, it is recommended to put equitable practices in place. This can include a step-by-step guide or manual that accompanies the audit tool. Additionally, the audit tool can incorporate user-friendly features such as "red light, yellow light, green light" responses to questions; giving a visualization of the gaps.
4. When proposing solutions or recommendations for assessing organizations' capacities, create S.M.A.R.T.I.E. goals (Strategic, Measurable, Action-Oriented, Rigorous/Realistic/Results-Focused, Timed and Tracked, Inclusive, and Equitable). These solutions emphasize the importance of equity and inclusion. To ensure the goals meet the SMARTIE criteria, we can ask the following questions (Smartie goals worksheet, 2023):
    - Does this goal mitigate potential inequities in the outcome and/or process?
    - Do we have the capacity, systems, and processes needed to achieve this goal?
    - Can we get feedback or use past feedback from people who would be directly impacted by this goal?
    - How can we change the goal to make equity and inclusion more explicit?

CONCLUSION

The COVID-19 pandemic has had significant impacts on mental health supports for newcomers. The pandemic has resulted in reduced accessibility to in-person services, which has been particularly challenging for those with limited technological access. The transition to virtual service delivery has also revealed new challenges for service providers who have expressed concerns about identifying which services are appropriate and accessible for their newcomer clients. This shift in service delivery has also reduced the quality of existing services, with newcomers reporting that the in-person interaction, human connection, and the ability of service providers to read non-verbal body cues are irreplaceable standard qualities that virtual service delivery cannot meet.

There has also been significant mental health impacts on newcomer children and youth, resulting in stunted social and emotional development, increased feelings of isolation and anxiety, and

challenges with social inclusion, linguistic barriers, and equitable technological access to mental health supports. Newcomer women have also been disproportionately affected, reporting higher levels of mental health challenges and tasked with a greater burden to balance a larger domestic workload, childcare, and paid employment, while also being overrepresented in front-line work and bearing the mental burden associated with the fears of contracting COVID-19 and spreading it within their families.

The COVID-19 pandemic has forced individuals to prioritize their economic needs over accessing mental health services, with individuals under financial stress and uncertainty prioritizing their basic physiological survival, safety, and security needs over their mental health. Moving forward, it is essential to recognize and address the challenges that impact newcomer mental health that continue to exist in the post-pandemic timeframe.

NEXT STEPS

This report concludes Phase I of the Newcomer Mental Health Matters: Bridging Gaps in Services Project.

Moving into Phase II, Capacity Assessment and Building, will include seven online, facilitated mental health courses, in response to the gaps identified by this research report. These courses will be informed by complimentary reports produced by project partners, the Distress Centre Calgary, and Canadian Mental Health Association (Edmonton Region).

The final portion of this project will be Phase III, Service Coordination. This final phase of this project will produce an organizational self-audit tool for agencies to identify gaps in their programming to meet the mental health needs of newcomers. This tool will be connected with 211's existing database to assist in referral supports. This tool will allow agencies (newcomer-serving, non-profits, private, or public organizations) to audit their supports and access to supports based on specific mental health research and resources to best support their staff and newcomer clientele. This tool will be leveraged beyond the lifespan of this project as it will continue to exist on the 211 platform, which has a national reach and allows for organizations outside of the primary newcomer and Alberta audience to benefit with the same specific and responsive mental health service coordination outputs.

GLOSSARY

Immigration Refugees Citizenship Canada (IRCC): This is the department in the federal government that is responsible for facilitating the arrival and settling of immigrants and refugees.

Intersectional Barriers: Intersectionality is a term coined by Kimberle Crenshaw, which demonstrates that identifying factors such as gender and race cannot be mutually exclusive, and they interplay in society; which is important to understand systemic barriers (Crenshaw, 1989). Intersectional barriers are the multidimensional barriers that newcomers face, due to the layers of identities they can encompass.

Mental Health: Emotional and social wellbeing. There are many social factors that intersect together that play a role in one's mental health. Mental health can be measured with scale questions and questionnaires.

Newcomer: An immigrant or refugee who is adjusting to life in a new country. A newcomer is not constrained to a specific timeframe.

Newcomer-serving agencies: Organizations that support newcomers settle into Canada. This can include services such as employment, language, interpretation services, orientation, and referrals to other organizations in the community, etc.

Technological access: Access to the physical capacities to technology. A lack of technological access can include the infrastructure needed for internet access (particularly prevalent In rural areas or small centres), lack of access to internet due to financial limitations, insufficient devices to participate in virtual programming (e.g., sharing laptops within a household with children needing to participate in virtual schooling and parents needing the device for virtual programming, relying on cellphones rather than a laptop/Chromebook/tablet).

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