

Context

Improving the mental health and well-being of the population is an important priority in Canada. Many individuals and organizations are dedicated to promoting awareness and acceptance of and action to support the mental health of all Canadians. Many are also trying to improve access to mental health services, which is an area of growing concern. A recent survey showed that one in three people are not getting the help they need from mental health services in Canada.(1)

Newcomers to Canada (whether they are immigrants, refugees or asylum seekers) face many challenges that can have a negative impact on their mental health and well-being. In addition, they face challenges when accessing mental health services – and many of these challenges are not faced by other groups. Children, youth and their families appear to be at a particularly high risk for experiencing these challenges.

In the following pages, we will:

- explore the problem (why it is challenging to improve access to mental health services for children, youth and their families who are newcomers to Canada)
- discuss potential solutions
- identify barriers and windows of opportunity to moving forward.

Citizen Brief

Improving access to mental health services for immigrant, refugee and asylum seeker children, youth and their families in Canada

27 October 2023

About this project

This document was produced to inform a panel discussion with youth and parents who are newcomers to Canada. The panel will bring together approximately 14–16 participants from across the country. Participants will share their ideas and experiences regarding the issue and learn from research evidence and from the views of others. The panel will help us to understand the values that participants feel should inform future decisions about the issue, as well as to reveal new understandings and get ideas about how it should be addressed.

The panel discussion will inform an upcoming dialogue on this topic in November 2023. This dialogue will bring together policymakers, professionals, researchers, members of the public and other stakeholders from across Canada.

We used three mechanisms to collect the information presented in this document:

- we consulted the committee leading this project
- we interviewed people who know the issue very well
- we examined what is known from evidence syntheses on the issue.

Throughout the document, we provide spaces for you to write down your thoughts ahead of the panel discussion. At the end of the document, we also provide:

- a list of resources if you need help (Appendix 1)
- a table with examples of risk and protective factors for mental health (Appendix 2)
- tables summarizing what is known about each solution (Appendix 3)
- the list of all the references we cited in the document.

Exploring the problem

We have identified four aspects of the problem, which are outlined in the visual below and discussed in the sections that follow.



Children, youth and their families who are newcomers to Canada are at greater risk of experiencing mental health problems

Mental health can mean different things to different people. In general, mental health can be seen as a continuum, and it can change over time for each person. On one end of this continuum, a person can have good mental health, which means they may be happy, able to get along well with others, and able to cope with stress. On the other end of the continuum, people may have poor mental health, which means they have a harder time feeling good about themselves and difficulty coping with stress.

Common mental health problems affecting children and youth include anxiety disorders, depression and other mood disorders, eating disorders, post-traumatic stress disorders, psychotic disorders, and autism and other neurodevelopmental disorders (for example, attention deficit hyperactivity disorder). However, many studies show that children, youth and families who are immigrants, refugees and asylum seekers are at greater risk of experiencing mental health problems in comparison to their peers born in Canada.(2)

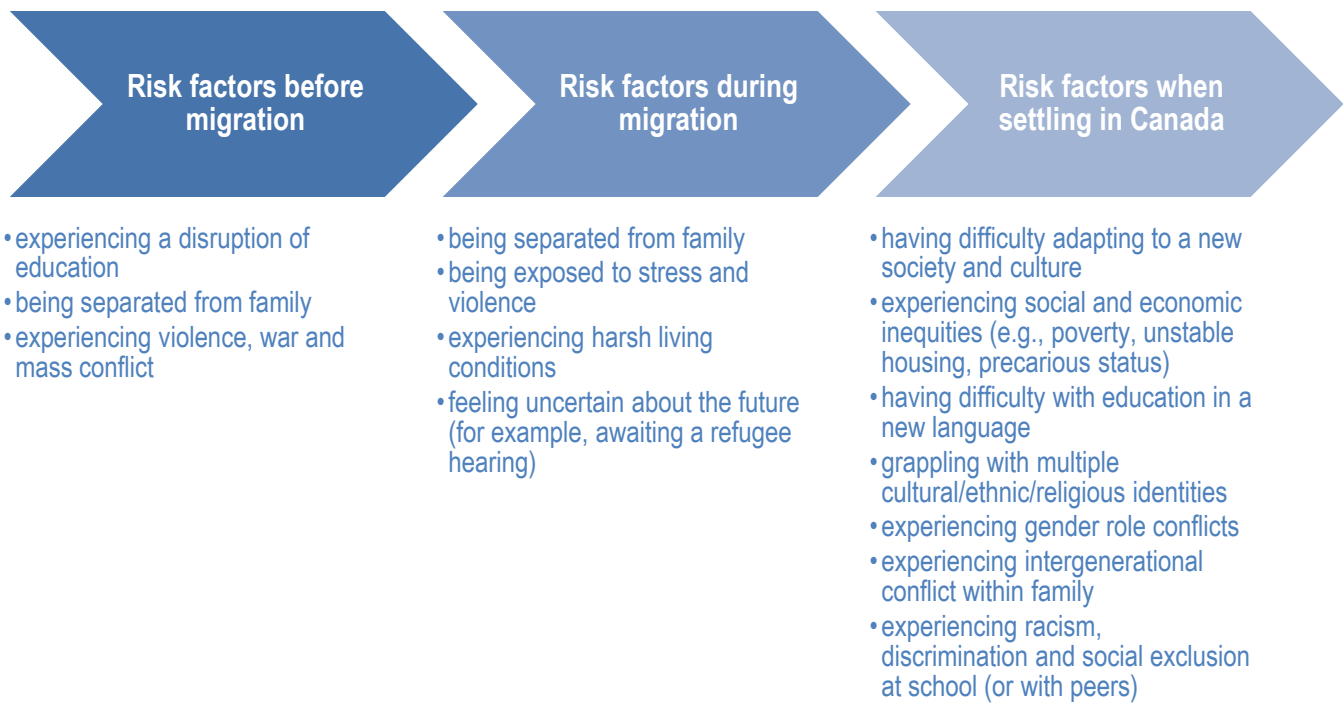
Mental health is influenced by many factors. Some of these factors relate to individuals and their families, the places they go to school, their communities, and the societies they live in. These factors can be:

- **risk factors**, which mean they can increase the chance of developing poor mental health, as well as increase the severity and duration of mental health problems
- **protective factors**, which mean they can improve (and protect) mental health.

In Appendix 2, we provide several examples of both risk factors and protective factors in each of the following categories:

- individual (for example, whether a child is exposed to particularly stressful experiences)
- family (for example, how strong family support is)
- school (for example, how safe students feel and whether they are engaged in learning)
- community (for example, how safe a community is, and whether it provides residents with access to green space and recreation programs)
- society (for example, the laws and policies in place, and the broader culture of the host country)

It is also important to mention that children, youth and their families can face many risk factors (or ‘stressors’) during their migration journey. These factors can put them at greater risk of experiencing mental health problems. We provide some examples below.(3)



To support children, youth and their families who are newcomers to Canada, we need to understand the complex array of factors that can influence their mental health and well-being. We can help individuals and families to develop their skills and capacity to be ‘mentally healthy,’ but this will not be sufficient. We also need to ensure that schools, communities and societies can protect their mental health, while minimizing the broader factors that can put them at risk.



There are many barriers to accessing mental health services

Having access to mental health services is a long-standing problem for everyone in Canada. However, children, youth and families that are new to Canada can face additional barriers, with studies showing that they are significantly less likely to have contact with mental-health services than those born in the country.(4-5)

These barriers can be at different levels:

- **the system level** (for example, the system is very complex, many services are not covered and must be paid out-of-pocket, coverage from the [Interim Federal Health Program](#) only lasts 12 months, there are long delays in getting coverage to access the publicly funded system, and there is a lack of racial diversity in the health workforce)
- **the professional level** (for example, there may be a lack of knowledge and skills to understand and respond to the mental health needs of newcomers, approaches to providing care may not be adapted to the culture of newcomers or to those who have experienced trauma, there may be communication problems and language barriers between newcomers and professionals, and professionals may not be able to provide the best care because they are experiencing burnout)
- **the individual level** (for example, newcomers may be unaware of the services available to them, they may need to prioritize settlement needs over mental health concerns, they may be concerned about the stigma associated with mental health problems and fear of negative repercussions, people from different cultures may interpret mental health symptoms and the need for support differently, newcomers may prefer to seek help from family and friends before seeking help from professionals, children may be afraid to be taken away from their parents or to make them upset, and children may want to seek confidential services without their parents knowing).



We have some ideas about how to improve access to mental health services, but these ideas are often not put in practice

We have some ideas about how to improve access to mental health services for children, youth and families who are newcomers to Canada. However, these ideas are often not put into practice. Various factors can help to explain this, including:

- **many sectors and levels of governments must be involved to make change happen:** some of these ideas require the involvement of many government sectors (for example, immigration, health, community and social services, education, financial protection, housing) as well as many levels of government (for example, federal, provincial, municipal), which makes it challenging
- **those delivering mental health services have limited resources:** for years, mental health services in Canada have been underfunded by governments, which means that there are limited human, financial and material resources to help those in need
- **there is no mechanism to connect the many groups that are trying to improve access to mental health services for newcomers:** many groups are working on initiatives at the local, provincial, and national levels, but there is no mechanism in place to coordinate their work and to help them share ideas
- **newcomers are not regularly involved in developing and implementing mental health services:** newcomers know the challenges they face better than anyone, and are in the best position to identify the services that will meet their needs and preferences, but they aren't regularly involved in decisions about services.



We do not have a framework to improve access to mental health services for children, youth and their families who are newcomers

Improving access to mental health services has been a long-time priority for all governments in Canada.(6) In 2012, the Mental Health Commission of Canada published the first-ever Canadian mental health strategy to improve mental health for all Canadians.(7) This strategy provided a blueprint and recommendations for action.

Many other reports have been produced since then. However, these reports have some limitations:

- most reports focus on mental health services for the **general population (but not newcomers)**
- some reports focus on **newcomers, ethnocultural and racialized groups (but not children, youth and their families)**
- some reports focus on **mental health services for children, youth and their families (but not newcomers).**

Therefore, we are lacking a strategic vision (or framework) that explicitly focuses on children, youth and their families that are newcomers to Canada.(8) Without a strategic vision, it will be difficult to coordinate and leverage all stakeholders from across sectors around common goals and actions.



Questions:

- What do you think of the challenges presented above?

- What additional challenges can arise when children, youth and their families who are new to Canada are seeking mental health support and care?
 - from friends, family members or community members
 - from professionals (for example, those working in schools, community organizations, medical clinics or hospitals)

- To what extent are mental health services able to respond to the needs of children, youth and families?

- What gives you hope that we can bring about change?

Discussing solutions

To promote discussion about the pros and cons of potential solutions, we have selected three solutions to improve access to mental health services for children, youth and their families who are newcomers to Canada. We discuss each solution in the sections that follow.





Developing a framework for and with newcomers

Imagine that you (and other newcomers) could work alongside other stakeholders (from all sectors and from all levels of government) to develop a framework. This framework would serve as a blueprint to improve access to mental health services for children, youth and their families who are newcomers to Canada.

This solution could include:

- supporting youth and community leaders to be engaged with professionals to develop the framework
- helping children, youth and their families to express their needs, values and preferences about mental health services
- identifying existing frameworks and their key ingredients.

What supports these solutions?

In our searches for the best-available evidence, we found:

- there are factors that can help immigrants and healthcare professionals work together to develop services, including committed professionals, safe environments that promote trust, use of understandable language, respect for the knowledge and priorities of newcomers, flexibility and openness to improvisation, and opportunities to self-reflect (9)
- children and youth can have difficulties sharing their life stories, and so can adults, which can be the result of factors such as a lack of trust, cultural norms, previous experiences, language barriers, discrimination and racism (10)
- two studies conducted in Canada provide frameworks that can offer ideas about the way forward, with the first focused on strengthening the capacity of refugees to cope with COVID-19, and the second about developing an approach for delivering mental health services for refugees.(11-12)

Additional details about the summary of findings from our searches for evidence can be found in Appendix 3.



Questions about solution 1:

- What are the best ways to help children, youth and their families who are newcomers to Canada to express their needs, values and preferences about mental health services?

- If we set up a process to engage newcomers to develop a framework about improving access to mental health services, what this process should look like?
 - What would you need to take part in this process?

- What should be the key ingredients of this framework (or what should be the principles guiding the framework)?

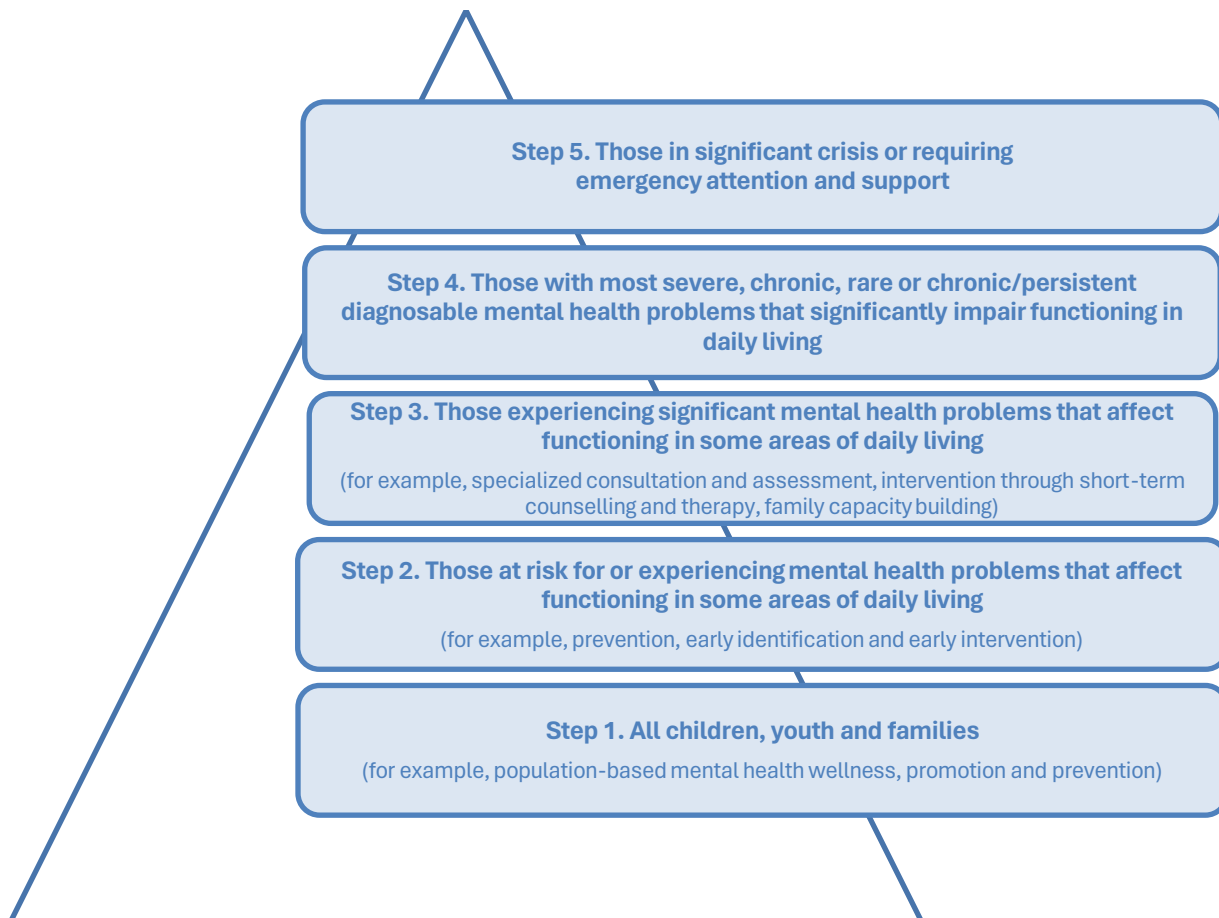


Adapting promising models of care

A model of care is the way mental health services are delivered. Imagine that we could identify existing models of care and adapt them to improve access to mental health services for children, youth and their families who are newcomers to Canada.

This solution could include:

- regularly assessing the needs of newcomers, as well as the barriers to accessing care
- adopting a ‘stepped-care’ model where the most effective, yet least resource intensive, interventions are delivered first, only ‘stepping up’ to more intensive and specialized services depending on the level of patient distress or need (see examples in figure below).



What supports these solutions?

In our searches for the best-available evidence, we found:

- evidence about existing various questionnaires that professionals can use to assess trauma and mental health in children and youth, but no evidence about questionnaires to assess the mental health of children under the age of six (13)

- effective models of care should include some key characteristics, such as focusing on the whole person (including their physical, mental and social needs)(14-25), being available locally (and ideally all services are at the same place) (14-21;26), and relying on collaboration between all the necessary professionals and organizations (for example, settlement agencies, schools, healthcare organizations).(14-21)

Additional details about the summary of findings from our searches for evidence can be found in Appendix 3.



Questions about solution 2:

- Sometimes seeking help on our own can be difficult. We may be afraid to talk about our feelings, or we may not know who to talk to.
 - How would you feel if someone asked about how you or your children are doing and offered help (even if you haven't asked for it)?

- Who would you like to ask you about it (for example, a teacher, someone working at school, a doctor, a nurse, a social worker)?

- How would you like to be contacted (for example, a virtual weekly check-in during school hours, by email, by social media, by phone)?

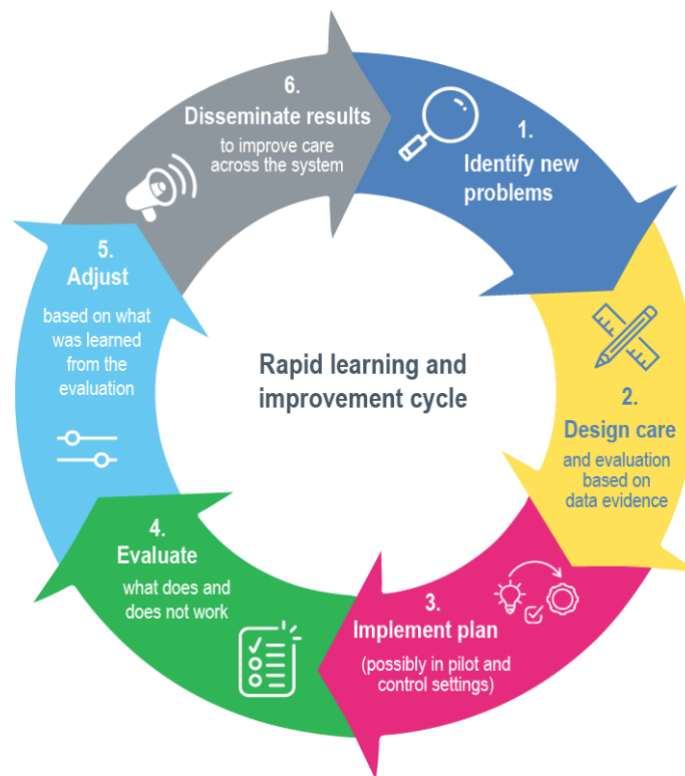
- What should we do to improve the mental health and well-being of all newcomers to Canada (step 1 in the figure above)?

- What should we do to improve access to mental health services to children, youth and their families who are newcomers to Canada (steps 2 to 5 in the figure above)?



Helping the system to learn and improve rapidly

Imagine that newcomers could help all those involved in mental health services (the ‘system’) to learn and improve rapidly (or at least more rapidly than the current pace). First, newcomers could help to identify new problems they are facing. Second, they could help to design services to better meet their needs and preferences. Third, they could help to implement these services. Fourth, they could provide feedback about what works well and what doesn’t. Fifth, they could help to adjust services. Lastly, they could help to share the lessons learned. This approach is illustrated below.



What supports these solutions?

In our searches for the best-available evidence, we found:

- there is a lot of interest in Canada in developing systems that can learn and improve rapidly
- to be successful, these systems must engage community members, but the evidence is unclear about the best way to engage them.(27-29)

Additional details about the summary of findings from our searches for evidence can be found in Appendix 3.



Questions about solution 3:

- What role could children, youth and their families play to help the system to learn and improve rapidly?
 - Are there processes like this virtual panel that could help the system to understand your experiences, the impact of its decisions, and find new solutions?

- What are other mechanisms could be put in place to get your feedback (for example, social media, online or telephone surveys, classroom activities, group discussions)?

- How can we make sure those who are at greater risk can express themselves?

Identifying barriers and facilitators to moving forward

Solutions are great, but only if they can be put into action. **There are often barriers in the way.** Some of these barriers can be overcome. Others might be so big that we might need to rethink the solution.

On the other hand, **different things may facilitate the implementation of a solution.** For example, a news story, a crisis, a new public opinion poll, or an upcoming election can bring an issue into the forefront. This may encourage people to pay attention to a problem and to implement a solution to address it. We have outlined some potential barriers and windows of opportunity below.

Solution 1



Developing a framework with stakeholders drawn from across sectors and levels of government may be challenging

Solution 2



Many organizations have limited capacity to adopt new models of care due to long-standing underfunding

Solution 3



Canada is widely known as the land of pilot-projects that do not result in concrete change

Barriers

Facilitators



Many groups have the capacity to support the co-design of programs and services



Some communities have developed innovative models of care that could be adapted



Health-system leaders are increasingly willing to engage people in transforming care



Questions

- What might be the biggest barrier to these solutions?

- What might be the biggest facilitator for these solutions?

Appendix 1 – Asking for help

Everyone will have a bad day, or even a bad week, at times. It is normal to feel low, stressed or anxious when we experience conflict, disappointment, grief, loss or other upsetting situations. However, if those feelings do not go away or if they get in the way of day-to-day functioning, it may be more serious. Do not be afraid to ask for help. While the McMaster Health Forum does not provide the types of supports that you may need, we've listed below some resources that may be a useful starting point if you are seeking support.

Here's how to find help in your community

If you or someone you know is in immediate danger, please call 911 or go to your nearest hospital or emergency department.

If you need to talk to someone, you can call a helpline:

1. visit Kids Help Phone Resources Around Me (<https://kidshelpphone.ca/resources-around-me>)
2. type in your location
3. select the type of support you need.

You can also talk about it with someone at a refugee care centre, a primary care clinic, a walk-in clinic, or at any community organizations providing mental health support.

The Canadian Mental Health Association is also offering a free program to help youth and adults manage low mood, mild to moderate depression, anxiety, stress or worry. [BounceBack®](#) can help you build the skills to improve your mental health.

When to ask for help

If you're concerned about your mental health (or the mental health of your children), speak up and ask for help.

The [Canadian Mental Health Association](#) identified some signs that children and youth may need help:

- they avoid friends and family
- they have frequent outbursts of anger
- they experience changes in their sleeping or eating habits
- they consume alcohol or drugs
- they are not doing the things they used to enjoy
- they worry constantly
- they experience frequent mood swings
- they are obsessed with their weight
- they lack energy or motivation
- they feel very down

Appendix 2 – Risk and protective factors

We provide some examples of risk and protective factors in the table below. (30-31)

Risk factors	Levels	Protective factors
<ul style="list-style-type: none"> • being excluded • having stressful life experiences • feeling pressured to fit in or to be successful • facing racism and discrimination 	Individual	<ul style="list-style-type: none"> • feeling good about yourself • having good social skills and coping skills • having good friends • being able to be physically active • feeling a sense of belonging
<ul style="list-style-type: none"> • having parents who are in conflict • experiencing economic inequalities • experiencing food insecurity and unstable housing 	Family	<ul style="list-style-type: none"> • having good family support • having open communication with parents • feeling attached to parents or caregivers
<ul style="list-style-type: none"> • being bullied by other students • not being motivated by school • having low academic achievements (and limited support) 	School	<ul style="list-style-type: none"> • being able to engage with learning • being able to participate in extra-curricular activities (for example, for example: sports, music, drama) • feeling a sense of achievement
<ul style="list-style-type: none"> • living in a community with: <ul style="list-style-type: none"> ○ high rates of violence and crime ○ high rates of poverty ○ limited employment/economic opportunities ○ easy access to drugs and alcohol ○ low social capital (for example, neighbours don't know or look out for each other and low community involvement among residents) • unstable housing 	Community	<ul style="list-style-type: none"> • having strong social networks in the community • living in a safe neighbourhood • good urban design (for example, green spaces and parks available, areas with low noise levels) • having access to churches, synagogues, mosques, etc. • having access to community recreation programs and services
<ul style="list-style-type: none"> • laws, norms and social structures producing inequalities based on racial discrimination (referred to systemic or structural racism) • experiencing social, cultural and political oppression 	Society	<ul style="list-style-type: none"> • laws, norms and social structures supporting equity • immigration policies supporting newcomers • providing legal protection of rights to newcomers • providing timely access to care to newcomers

Appendix 3 – What is known about each solution

Whenever possible, we describe what is known about each solution based on evidence syntheses. An evidence synthesis is a summary of all the studies that looked at a specific topic. An evidence synthesis uses very rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies. An evidence synthesis gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.

We identified evidence syntheses in three databases:

- Health Systems Evidence (www.healthsystemsevidence.org)
- Social Systems Evidence (www.socialsystemsevidence.org)
- PubMed (<https://pubmed.ncbi.nlm.nih.gov>)

An evidence synthesis was included if it was relevant to one of the solutions covered in the document. We summarize below the key findings from all the relevant evidence syntheses.

Solution 1: Developing a framework for and with newcomers

Category of finding	Summary of key findings
Benefits	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Harms	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Cost and/or cost-effectiveness	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Uncertainty regarding benefits and harms	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Key characteristics if it was tried elsewhere	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Stakeholders' views and experiences	<ul style="list-style-type: none"> • Six factors can help healthcare professionals work together with newcomers to develop services: <ul style="list-style-type: none"> ○ we need to be committed to co-developing the services with newcomers ○ we need to provide a safe environment that promotes trust and patience ○ we need to use a language the newcomers understand ○ we need to respect the knowledge and priorities of newcomers ○ we need to be flexible and to improvise ○ we need to engage in self-reflection (meaning that professionals should think about their own feelings and behaviours) (9) • Children and youth can have difficulty sharing their life stories due to <ul style="list-style-type: none"> ○ a lack of trust in the host country ○ the need to protect themselves (10) • Adults may also have difficulty expressing themselves because of <ul style="list-style-type: none"> ○ cultural norms ○ things that have happened before settling in the host country ○ a language barrier ○ experience with discrimination and racism (10)

Solution 2: Adapting promising models of care

Category of finding	Summary of key findings
Benefits	<ul style="list-style-type: none"> • To be effective, models of care for newcomers should have the following characteristics: <ul style="list-style-type: none"> ○ care is provided for the whole person (including their physical, mental and social needs)(14-25) ○ care is available locally (and ideally all services are at the same place) (14-21;26) ○ care is integrated, coordinated and collaborative between all the necessary professionals and organizations (e.g., settlement agencies, schools, healthcare organizations) (14-21) ○ care is adapted to those who have a history of trauma (14-17) ○ care is aware and respectful of other cultures (14-17) ○ care is delivered by a racially diverse staff (14-17) ○ care is supported by mechanisms to better communicate (for example, using interpreters) (32) and mechanisms to help newcomers navigate our complex system (for example, using community navigators and cultural brokers) (33-35)
Harms	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Cost and/or cost-effectiveness	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Uncertainty regarding benefits and harms	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Key characteristics if it was tried elsewhere	<ul style="list-style-type: none"> • See characteristics listed under benefits
Stakeholders' views and experiences	<ul style="list-style-type: none"> • Various questionnaires can be used to assess trauma and mental health in children and youth who are newcomers (13) <ul style="list-style-type: none"> ○ However, we found no evidence about tools to assess the mental health of children under the age of six (13)

Solution 3: Helping the system to learn and improve rapidly

Category of finding	Summary of key findings
Benefits	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Harms	<ul style="list-style-type: none"> • A recent and low-quality evidence synthesis identified 67 ethical issues that can arise in a rapid-learning system, including that: (36) <ul style="list-style-type: none"> ○ there is a risk of negative outcomes as a result of designing activities ○ the ethical oversight of activities can lead to a conflict between current oversight regulations and learning systems ○ in conducting activities there is the risk of misguided judgments regarding when and how participants should be notified and asked for consent ○ implementing lessons learned can create challenges in timeliness, transparency and unintended negative consequences from implementation
Cost and/or cost-effectiveness	<ul style="list-style-type: none"> • None reported in the evidence syntheses found
Uncertainty regarding benefits and harms	<ul style="list-style-type: none"> • One low-quality evidence synthesis examined attempts to adopt a rapid-learning system approach, with an emphasis on implementation and evaluating the impact on current medical practices, and found minimal focus on evaluating impacts on healthcare delivery (37) • To be successful, rapid-learning systems must engage community members

	<p>(27-29)</p> <ul style="list-style-type: none"> ○ however, it is unclear what is the best way to engage them
Key characteristics if it was tried elsewhere	<ul style="list-style-type: none"> ● Rapid-learning systems generally have seven characteristics: <ul style="list-style-type: none"> ○ they engage patients or community members to ensure that they are anchored on their needs, perspectives and aspirations ○ they capture and share relevant data ○ they produce research in a timely way ○ they use appropriate decision supports ○ they adjust who can make what decisions, how money flows, and how the systems are organized (for example, financial incentives to foster cross-sectoral collaboration, shared accountability for the mental health of the population) ○ they foster a culture of rapid learning and improvement ○ they build the competencies for rapid learning and improvement (38) ● Regarding the first characteristic, evidence suggests that patients and community members can be engaged in: <ul style="list-style-type: none"> ○ the organizations that deliver care (for example, patient-experience surveys, co-designing programs and services, members of quality-improvement committees, advisory councils) ○ the organizations that oversee the professionals and other organizations in the systems (for example, professional regulatory bodies, quality-improvement bodies, ombudsman, complaint processes) ○ policymaking (for example, committees making decisions about which mental health services are covered, government advisory councils that set direction for the systems, sharing stories to kick off key meetings with policymakers) ○ research (for example, engaging patients as partners in research teams studying mental health services, engaging patients in identifying research priorities) (38)
Stakeholders' views and experiences	<ul style="list-style-type: none"> ● None reported in the evidence syntheses found

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