McMaster University | HEALTH FORUM

Evidence Brief

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

28 November 2023

Box 1: Approach and supporting materials

This document was prepared to inform a stakeholder dialogue, which provides individuals – specifically those who will be involved in or affected by decisions about improving access to mental health services for children, youth and their families who are newcomers – with an opportunity to deliberate about the problem and its causes, elements of an approach for addressing it, key implementation considerations, and next steps for different constituencies. A separate document contains eleven appendices:

1) background to and methods used to prepare evidence brief
2) overview of the mental health needs of newcomers
3) overview of key challenges to access mental health services facing newcomers
4) categories of migrants and their rights, benefits and health coverage in Canada
5) evidence syntheses relevant to co-designing a framework (element 1)
6) jurisdictional scan of frameworks and guidelines to improve access to mental health services for newcomers
7) evidence syntheses relevant to adapting promising models of care (element 2)
8) evidence syntheses relevant to supporting rapid-learning and improvement cycles (element 3)
9) jurisdictional scan of assets that can be leveraged and gaps that must be addressed
10) panel participants' insights about the problem, elements and implementation considerations
11) references.

Context for the brief

Canada has a large and growing immigrant and refugee population. According to the 2021 Census, more than 8.3 million people now living in Canada were, or had ever been, a landed immigrant or permanent resident.(1) From 2016 to 2021, 218,430 new refugees were admitted as permanent residents, and so far in 2023, almost 60,000 new asylum claims have been made, which reflects the global displacement crisis.(1-2) These numbers will steadily increase over time with the federal government's commitment to welcome 500,000 immigrants per year by 2025,(3) as well as new initiatives to welcome more refugees.(4)

The migration journey of children, youth[1] and their families who are immigrants, refugees and asylum seekers (henceforth referred to as newcomers) can be a complex and stressful experience. A growing body of research evidence has documented the mental health[2] challenges facing this group, and the need to improve access to care,(5-7) and even to reimagine mental health services for them.(8-9)

Providing faster and equitable access to high-quality mental health services is a shared priority for the federal, provincial, territorial and municipal governments in Canada.(10) However, the higher risks facing children, youth and their families who are newcomers, and their need for tailored programs and services, have largely been neglected in the strategic initiatives that have been pursued in recent years.(11) Now is an opportune time to examine how to do better for those already in Canada and the large volume of newcomers expected to arrive in the coming years.

[1] Children and youth are defined as persons from birth to 25 years of age. Youth aged 18 to 25 are considered emerging adults who are typically faced with challenging transitions (i.e., 'aging out' of children and youth services, and experiencing complex life transitions such as leaving compulsory education and finding their first job).

[2] The World Health Organization defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. […] Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes" (see: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response).

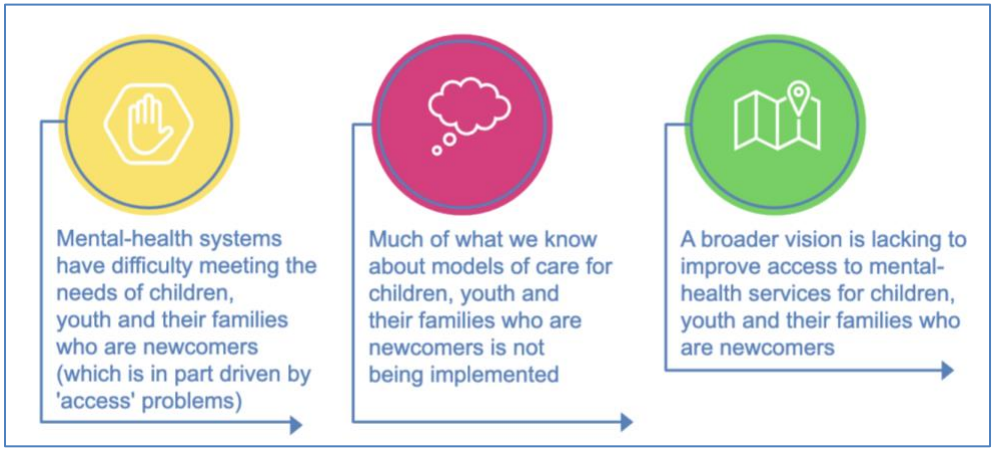
This evidence brief aims to inform a stakeholder dialogue about improving access to mental health services for children, youth and their families who are newcomers in Canada (see Box 1). The brief draws on the best-available research evidence, insights from a panel of 14 young adults and parents who are newcomers hosted on 27 October 2023, and a jurisdictional scan.

As indicated by numerous key informants, it should be kept in mind during the deliberations that any action to improve access to mental health services for newcomers will be occurring against a backdrop of:

- increasing mental health concerns among Canadian-born children, youth and adults (and large treatment gaps and wait times for hospital-based and community-based mental health services) (10)
- chronic underfunding for mental health services and long-standing gaps in public coverage (12)
- a workforce crisis in health, education, social work, child welfare and many more sectors (which is characterized by high rates of burnout, attrition, and turnover among many types of workers) (13)
- stigmatization, racism and discrimination that continue to operate at structural levels in health and social systems, and in society more broadly.(14)

The problem

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



Mental health systems have difficulty meeting the needs of children, youth and their families who are newcomers (which is in part driven by 'access' problems)

The first facet of the problem is that mental health systems[3] have difficulty meeting the needs of newcomers. This can be explained in part by two reasons:

- newcomers are exposed to many stressors increasing their risk of experiencing mental health challenges
- newcomers are facing unique barriers to access mental health services (both at the individual and system levels).

Newcomers are exposed to many stressors increasing their risk of experiencing mental health challenges

Children and youth who are newcomers may be more exposed to psychosocial stressors that increase the risk of mental health challenges compared to their peers born in Canada. However, evidence shows that the rates of mental health disorders vary considerably between and within different sub-groups (e.g., refugees and asylum seekers are at a higher risk than economic immigrants).

[3] Mental health systems refer to the interplay of health systems (e.g., primary care, community-based mental health and addiction services, specialist care) and social systems (e.g., education, social services, child welfare, employment, immigration) that can support the mental health of children, youth and their families.

There is also a growing body of evidence examining the disparities in mental health outcomes between children and youth who are newcomers and their domestic-born peers, and it suggests these disparities are largely attributable to the complex interplay of risk and protective factors[4] that can influence mental health. In particular, research suggests that risk and protective factors:

- **can be found at different levels**: individual (e.g., age, sense of self, skills and abilities, physical health and development, lifestyle, life events), family (e.g., parental health, relationships and parenting styles, family structure, home environment, income), learning environment (e.g., engagement with learning, peer relationships, educational atmosphere, expectations), community (e.g., social networks, neighbourhood and built environment), society (social structures, equality, culture, access to care, immigration policies) (15)
- **can change at different phases of the migration journey**: pre-migration (e.g., risk factors may include disruption of education, separation from family), peri-migration (e.g., risk factors may include separation from family, exposure to stress and violence, harsh conditions, uncertainty about the future), and post-migration (e.g., risk factors may include stress related to family's adaptation and acculturation, difficulties with education in a new language, grappling with multiple cultural/ethnic/religious identities, gender role conflicts, intergenerational conflict within family, discrimination and social exclusion at school or with peers) (16)
- **can influence newcomers in different ways**: children, youth, and families who are newcomers are not a homogenous group, and they have different experiences, countries of origin, migration paths and cultural practices related to mental health.

In addition, while **some factors are likely to influence all newcomers, others are more likely to impact certain groups** (e.g., most of them may be affected by acculturation, but refugees and asylum seekers are more likely to experience violence, persecution, trauma, harsh living conditions, and poor nutrition; those who are racialized are more likely to experience racism and discrimination; and socio-economic disparities facing some racialized groups can persist for three generations or more).(17-19) Finally, **a growing body of evidence also indicates that differential exposure to risk factors is related to admission category**[5] (e.g., refugees, family class and other dependent immigrants have worse health outcomes after arrival).(20) For additional details about the mental health needs of newcomers, see Appendix 2. See Appendix 4 for more details about admission categories.

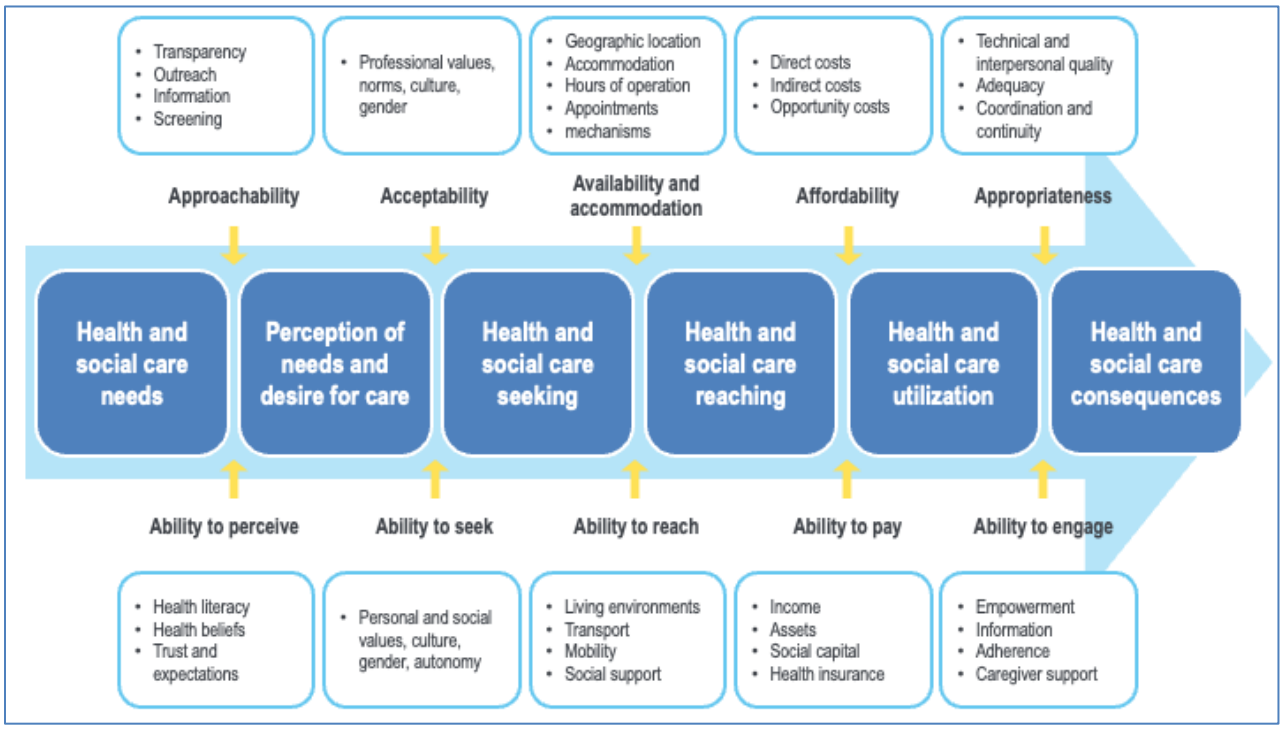
Newcomers are facing unique barriers to access mental health services (both at the individual and system levels)

Newcomers face a 'double jeopardy' in terms of how social determinants have the potential to negatively impact their mental health: they are disproportionately exposed to socio-economic risk factors for poor mental health, and face individual, provider and systemic barriers to accessing mental health services.(21-22) For example, immigrant children and youth with an identified mental health disorder have been found to be significantly less likely to have a mental health-related service contact (22–50%) compared to their non-immigrant peers (50–64%) in Ontario.(23)

The concept of 'access' to care is complex and multifaceted.(24-25) In this brief, we draw from the conceptual framework developed by Levesque and colleagues about patient-centred access to health care.(25) According to this framework, there are five dimensions of accessibility (related to providers, organizations and systems), as well as five corresponding abilities related to individuals or populations. It is the interplay between the five dimensions and the five abilities that influence access to care (see figure below). We provide specific illustrations of how these factors impact access to mental health services for newcomers in Appendix 3.

[4] Mental health can be influenced by risk factors and protective factors. Risk factors can increase the likelihood of developing mental health disorders as well as increase their severity and duration. On the other hand, protective factors can improve (and protect) a person's mental well-being.

[5] The 'admission category' refers to the name of the program or group of programs under which a person has been granted for the first time the right to live in Canada permanently by immigration authorities.



Much of what we know about models of care for children, youth and their families who are newcomers is not implemented

There is a growing body of evidence about models of care to meet the specific mental health needs of newcomers (along with pockets of promising practices across Canada). However, much of what we know about these models of care is not being implemented, spread and scaled-up. Various factors might hinder our ability to bridge this gap, notably:

- **jurisdictional complexity**: efforts to improve the mental health of newcomers span a wide range of government sectors (e.g., immigration, health, community and social services, education, financial protection, housing) and in Canada this requires engagement from all levels of government (e.g., federal, provincial, and municipal)
- **those delivering mental health services to newcomers are often doing so in low-resource settings**: immigrants and refugees are more likely to seek help from various community organizations (including faith-based organizations, community hubs, and community clinics), and these are often dealing with financial pressures, underdeveloped infrastructure, and scarce human, financial and material resources
- **not all assets are in place nor are they well connected to enable rapid learning and improvement**.

Regarding the last point, there is a broad array of organizations and initiatives at the local, provincial and national level that intersect, but with no explicit mechanisms in place to promote alignment between their work. While each of these organizations and initiatives can provide contributions towards improving access to mental health services to newcomers, establishing connections among them to support rapid learning and improvement would help to consolidate efforts, improve long-term sustainability, provide opportunities to better define the roles of each individual group, and ensure the strengths of each group are acknowledged and used to complement the strengths of others.

A broader vision is lacking to improve access to mental health services for children, youth and their families who are newcomers

Efforts to improve access to mental health services for newcomers are stymied by the lack of strategic vision (supported by frameworks or guidelines) that explicitly focus on them.(26)

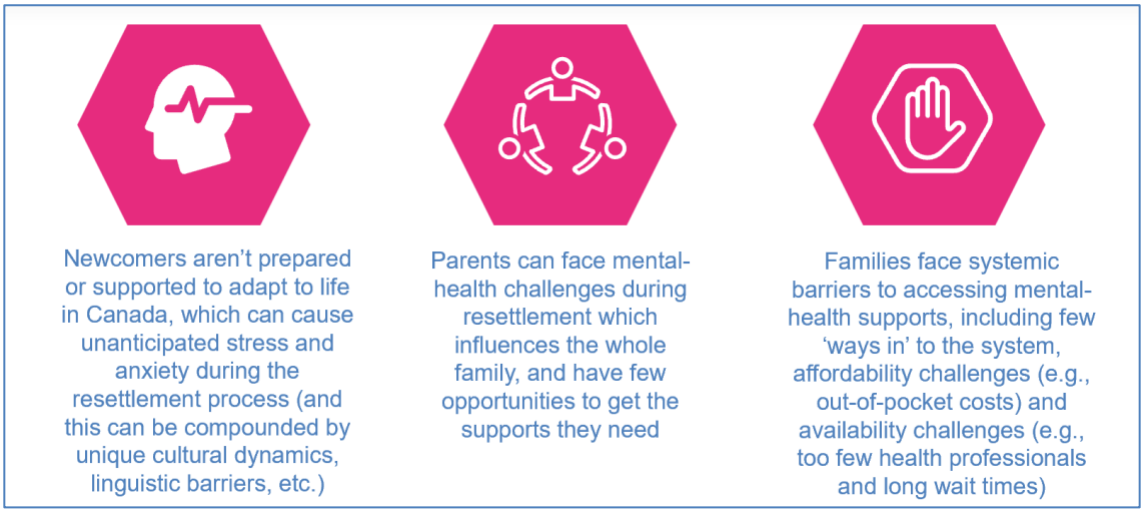
For example, in 2008, the Mental Health Commission of Canada (MHCC) established a Diversity Task Group to examine mental health service provision for immigrant, refugee, ethnocultural and racialized groups in Canada. Reports published in 2009,(27-28) in 2012,(29) in 2016 (30-31) and in 2018 (32) highlighted that a national dialogue with a coordinated response is needed. A coordinated response should integrate cross-sectoral knowledge, clearer links between providers, specific referral pathways, and sustainable, equitable services at the heart of any national mental health framework. However, these reports rarely focused on children, youth and their families as a specific population, which is problematic given their unique experiences and needs.

Furthermore, child and youth mental health has been largely neglected in commissioned reports, apart from the Evergreen report in 2010 proposing a mental health framework for children and youth,(11) and more recently a 2016 report exploring youth perspectives on the mental health strategy for Canada.(33) Only the later report explicitly called for the improvement of mental health services for immigrants, refugees, ethnocultural and racialized groups.

Without a broader strategic vision for improving access to mental health services for children, youth and their families who are newcomers, it will be difficult to coordinate and leverage municipal, provincial, territorial and national stakeholders from across sectors around common goals, outcomes and actions.

Insights from panel participants about the problem

On 27 October 2023, we hosted a panel with 14 young adults and parents who are newcomers to Canada (details about the profile of participants are provided in the panel summary report). During the discussion of the problem, panel participants mainly focused on the first aspect outlined above, namely that mental health systems have difficulty meeting the needs of children, youth and their families (see Appendix 10). The three issues outlined in the figure below were given particular emphasis.



Elements of a potentially comprehensive approach for addressing the problem

Three elements of a potentially comprehensive approach to address the problem were developed and refined through consultation with the Steering Committee and key informants who we interviewed during the development of this evidence brief.

Co-designing a framework

This first element aims to co-design a framework for equitable service provision and access to mental health services for children, youth and their families who are newcomers. This framework should be co-designed by newcomers alongside key stakeholders providing services to them (from all sectors and from all levels of government). This vision could fill the gap outlined earlier (i.e., existing strategies focused on mental health for children, youth and their families do not focus on newcomers, and those focused on newcomers do not focus on children, youth and their families).

More specifically, this element could include:

- supporting youth and community leadership to drive the co-design of the framework
- elevating the voices of children, youth and their families to better understand their needs, values and preferences
- leverage existing frameworks and guidelines, and the key attributes that underpin them (e.g., vision, mission, objectives, values/principles, theory of change)

We identified seven evidence syntheses that addressed this element (see Appendix 5), which revealed the following key insights:

- six factors can facilitate the co-production of healthcare services between newcomers and healthcare professionals: 1) prioritizing co-production in the organization, 2) providing a safe environment that promotes trust and patience, 3) using a language newcomers understand, 4) respecting the newcomers' knowledge and priorities, 5) improvising with knowledge and courage and 6) engaging in self-reflection (34)
- elevating the voices of children can be challenging (e.g., child refugees have difficulty sharing their life stories due to feelings of mistrust and self-protection from the side of the child), but it may be facilitated by a positive and respectful attitude from the interviewer, taking time to build trust, using nonverbal methods, providing agency to the children and involving trained interpreters (35)
- elevating the voices of adults/parents can also be challenging (e.g., adult refugees may have difficulty engaging due to cultural norms, pre-departure history, education, language proficiency, stigma, racism, social support) (36)
- research strategies are commonly used to elevate the voices of those who have historically been oppressed, stigmatized or marginalized (e.g., community-based participatory research and arts-based approaches such as Photovoice) (37-39), but recruiting representative samples of newcomers for participating in mental health research is challenging (40)
- we found two recent scientific articles by Canadian researchers describing relevant frameworks:
  - a refugee mental health framework co-produced with refugee communities (not specifically children and youth), multiple stakeholders and an expert panel (the refugee community being at the core of the framework, and five system-level dimensions interacting: service provision and design, prevention and promotion, research and policy, education and advocacy, and community leadership) (41)
  - a resilience- and strength-based framework for the mental health of refugee children, youth and their families during the COVID-19 pandemic (emphasizing that responses should be multilevel, trauma informed, family focused, culturally and linguistically sensitive, and access oriented.(42)

We also conducted a national and international jurisdictional scan to identify frameworks and guidelines focusing on children, youth and their families (see Appendix 6), which revealed promising examples, notably:

- Several national and international organizations have launched collaborative efforts to improve mental health and well-being of newcomers in general (e.g., World Health Organization, Lancet Commission on Mental Health, Mental Health Commission of Canada, Centre for Addiction and Mental Health), but a few focused explicitly on children, youth and their families, notably:
  - Canadian Paediatric Society developed an online guide for health professionals working with children and youth
  - United Nations High Commissioner for Refugees developed guidelines specifically to support refugee children who experienced stress and trauma
  - Destination Unknown and the International Institute for Child Rights and Development developed a guide for adults working with children and youth, which rests on five well-being pillars

- Victorian Settlement Planning Committee published guidelines for working with refugee youth
- National Child Traumatic Stress Network (U.S.) developed guidelines for refugee children/youth who experienced trauma.

Adapting promising models of care

The second element focuses on adapting promising models of care focused on children, youth and their families who are newcomers, and enabling them with health- and social-system arrangements.

More specifically, this element could include:

- conducting regular assessments to identify their care needs, as well as barriers to accessing care
- adopting a stepped-care model to provide the most appropriate care (along the full continuum of care available), for example:
  - tier 1: all children and families (the focus is on population-based mental health wellness, promotion and prevention)
  - tier 2: those at risk for or experiencing mental health problems that affect functioning in some areas of daily living (the focus is on targeted prevention, early identification and early intervention)
  - tier 3: those experiencing significant mental health problems that affect functioning in some areas of daily living (the focus is on specialized consultation and assessment, intervention through short-term counselling and therapy, and family capacity building)
  - tier 4: those with most severe, chronic, rare or chronic/persistent diagnosable mental health problems that significantly impair functioning in daily living
  - tier 5: those in significant crisis or requiring emergency attention and support
- confirming the interventions that need to be part of the stepped-care model for the mental health of children, youth and their families (and that match the severity and complexity of their problems)
- documenting how these interventions – individually and collectively – are expected to improve access to mental health services.

We identified 72 evidence syntheses and six syntheses being planned that addressed this element (see Appendix 7), which revealed the following key insights:

- most evidence syntheses cover tiers 1 to 3 in the stepped-care model described above
  - the evidence syntheses highlighted the importance of holistic, community-based, collaborative, and integrated models of care (with an emphasis on collaboration between schools, communities and families) (43-50)
  - these models of care should address both the mental health concerns of children, youth and their families, as well as the social determinants of health (e.g., strengthening community integration, social participation, social capital, resilience and economic self-sufficiency) (51-54)
  - services should be co-located and coordinated by a multidisciplinary and cross-sectoral team of providers, as well as moved into accessible community settings to reduce stigma and mistrust (55)
  - services should be culturally sensitive, trauma informed and aware of racial disparities; and involve culturally appropriate and racially diverse staff (43-46)
  - interventions for unaccompanied minors focused on foster care, living arrangements, group interventions and social/emotional skills programs (56-57)
- several syntheses focused on cross-cutting interventions to improve communication and engagement during healthcare encounters, most focusing on using interpreters (58) or training providers (e.g., training them in cultural competency, cross-cultural communication skills, understanding the barriers to care facing newcomers, understanding the social determinants of health, and knowing how to connect with resettlement organizations) (59-61)
- a few syntheses focused on interventions to support children, youth and their families in their ability to seek care and engage in care (notably the use of community navigators, cultural brokers/interpreters, and community hubs like libraries or non-medical settlement service organizations to provide information, provide culturally sensitive guidance, and help navigate the system) (62-64)

- a few syntheses highlighted the high levels of stress and challenging work environments facing providers who are working with newcomers (e.g., interpreters, social workers).(58; 65)

Supporting rapid-learning and improvement cycles

Bringing about change in mental health systems is challenging and can be extremely slow. It can take too much time for those working in these systems to act on new research evidence and lessons learned that could improve policies, programs and services and address pressing societal challenges. Health and social systems may benefit from adopting an approach that allows those working in them to learn and improve rapidly (or at least more rapidly than the current pace).

More specifically, this element could include:

- adopting an approach allowing us to try new models of care, rapidly evaluate them in real time, and quickly adjust them when necessary
- identifying assets that can be leveraged and gaps that must be addressed to foster the spread and scale of effective models.

As depicted below, a 'rapid-learning system' engages patients, caregivers and providers in co-designing policies, programs and services. The co-design process is also informed by various forms of evidence.

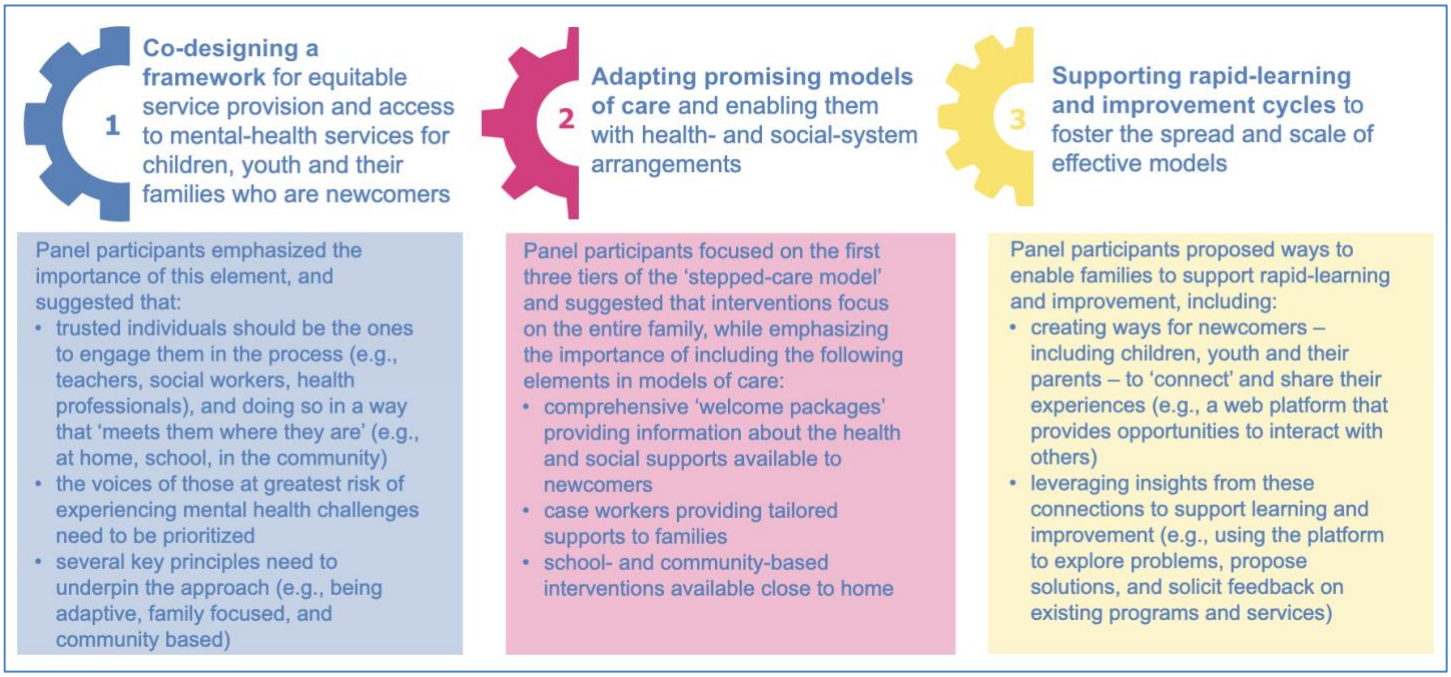
We identified nine evidence syntheses, three of which are highly relevant (see Appendix 8). These syntheses revealed that:

- rapid-learning systems have seven characteristics:
  1) they engage people (in this case children, youth and their families who are newcomers) to ensure that they are anchored on their needs, perspectives and aspirations
  2) they capture and share relevant data
  3) they produce research in a timely way
  4) they use appropriate decision supports
  5) they adjust who can make what decisions, how money flows, and how the systems are organized
  6) they foster a culture of rapid learning and improvement
  7) they build the competencies for rapid learning and improvement (66)
- rapid-learning systems learn with and from communities,(67) and thus enhance the co-production of services.(68)

We also conducted a jurisdictional scan, which highlighted a remarkably rich list of assets for the mental health sector as a whole, based on the seven characteristics of rapid-learning systems (see Appendix 9). However, those specific to our population of interest – children, youth and their families who are newcomers – remains limited.

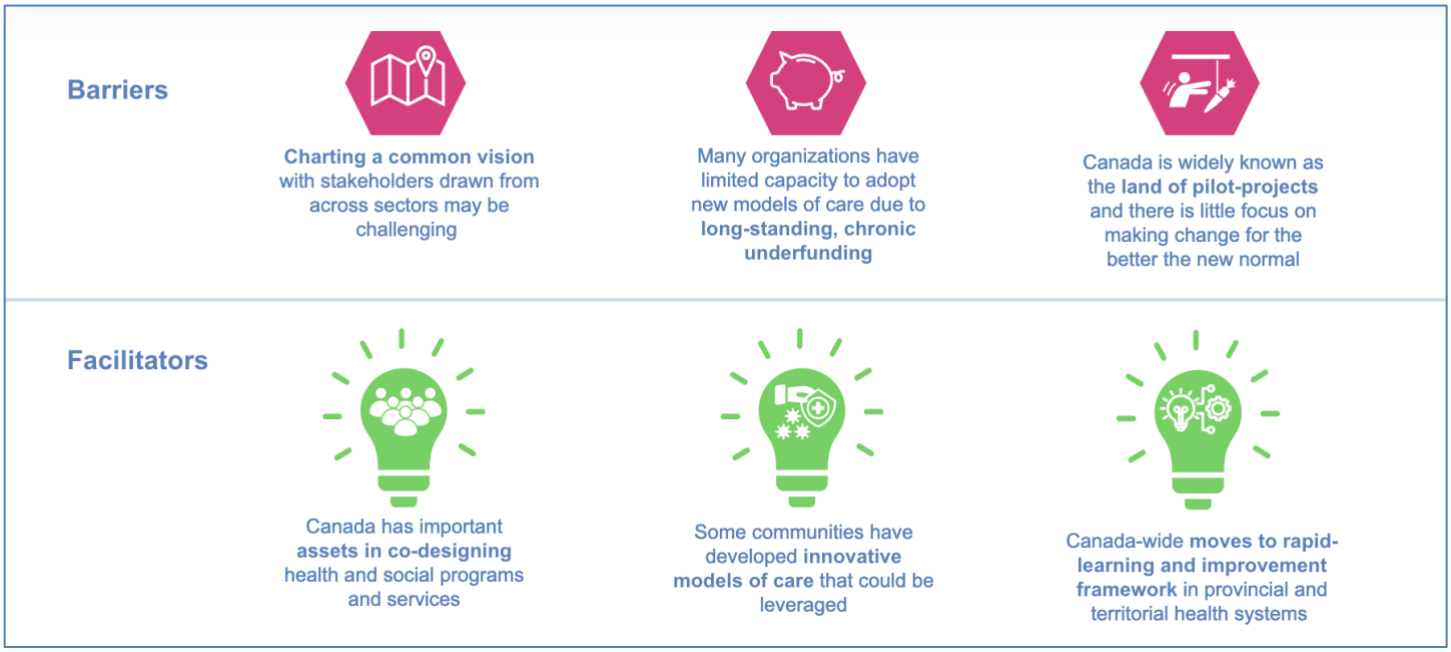
Insights from panel participants about the elements of a potentially comprehensive approach

During the panel, participants raised several issues when discussing each element (see Appendix 10). The figure below summarizes the major themes that emerged in relation to each element.



Implementation considerations

Below we identify some barriers that may make it difficult to proceed with the elements, as well as facilitators that could create a window of opportunity for advancing them.



Insights from panel participants about implementation barriers and facilitators

During the panel, many participants emphasized the importance of one of the barriers outlined above (chronic underfunding) and most participants also agreed that mobilizing newcomers to discuss issues related to policies, programs and services is a challenge – especially given they already have many priorities to juggle. When turning to facilitators, participants identified several in addition to those above, including: Canada's proactive approach to addressing health and social issues; pressure to act given the number of newcomers that are set to arrive in the country in the coming years (which will also help build larger communities of support throughout the country); existing efforts to raise awareness about mental health which can be leveraged; and the resilience of immigrants, refugees and asylum seekers. Additional details about panel participants' insights about implementing the elements are include in Appendix 10.

References – see Appendices

Gauvin FP, Ali A, Moat KA, Lavis JN. Evidence brief: Improving access to mental health services for immigrant, refugee and asylum seeker children, youth and their families in Canada. Hamilton: McMaster Health Forum, 28 November 2023.

The evidence brief and the stakeholder dialogue it was prepared to inform were funded via a CIHR Catalyst Grant awarded to Drs. Andrea Gonzalez and Amanda Sim entitled: "Reimagining Care: Developing a Strategic Framework in Child and Youth Mental Health for Immigrant, Refugee and Racialized Families." The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the evidence brief are the views of the authors and should not be taken to represent the views of CIHR or McMaster University.

ISSN 1925-2250 (online)