McMaster University | HEALTH FORUM

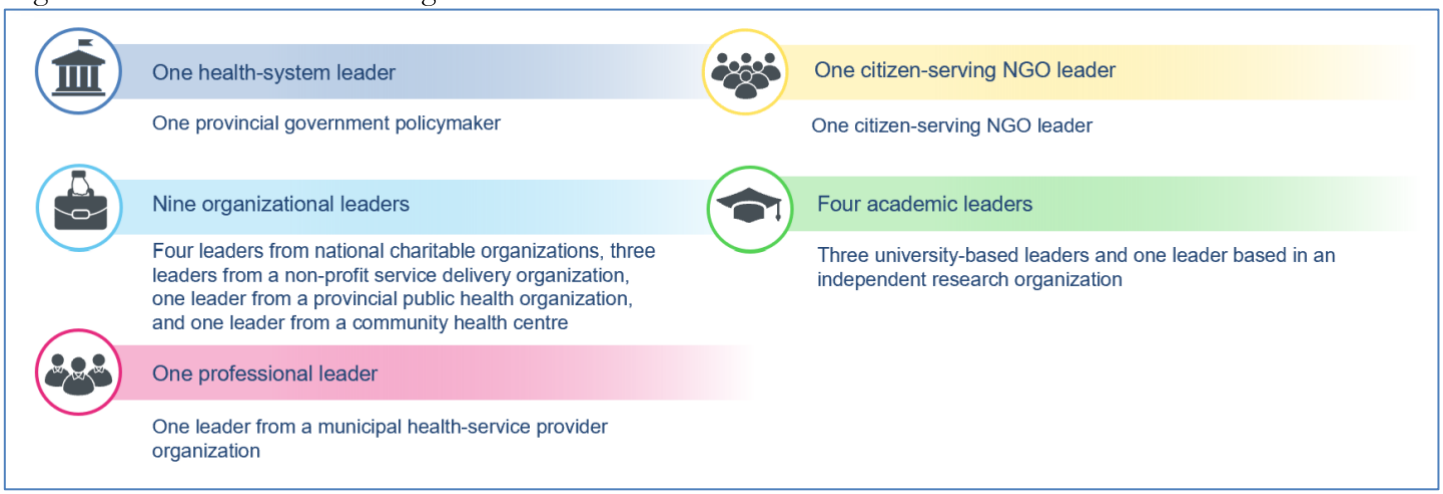
Background

Dialogue Summary

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

28 November 2023

On 28 November 2023, the McMaster Health Forum convened a stakeholder dialogue on improving access to mental health services for immigrant, refugee and asylum seeker children, youth and their families in Canada. Sixteen participants – health-system leaders, organizational leaders, professional leaders, citizen leaders and leaders from citizen-serving non-governmental organizations (NGOs), and academic leaders (see the figure below) – deliberated about the problem, elements of a potentially comprehensive approach for addressing it, implementation considerations, and possible next steps for different constituencies. Box 1 provides additional background to the stakeholder dialogue.



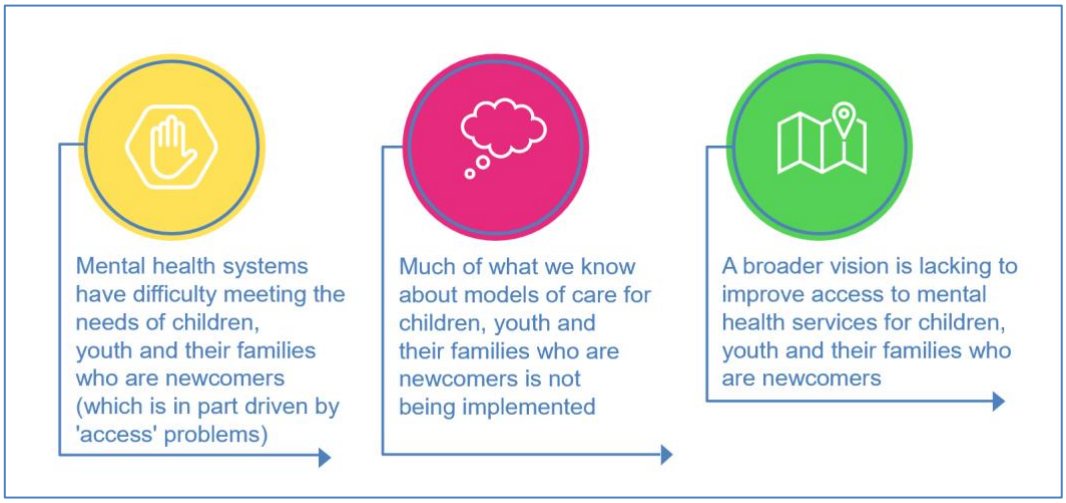
Box 1: Background to the stakeholder dialogue

The key features of the stakeholder dialogue were:

1) it addressed an issue currently being faced in Canada
2) it focused on different features of the problem, including (where possible) how it affects particular groups
3) it focused on three elements of a potentially comprehensive approach for addressing the policy issue
4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three approach elements and key implementation considerations
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach to addressing it
6) it brought together many parties who would be involved in or affected by future decisions related to the issue
7) it ensured fair representation among policymakers, stakeholders and researchers
8) it engaged a facilitator to assist with the deliberations
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"
10) it did not aim for consensus (because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, as well as because even senior health-system leaders typically need to engage elected officials, boards of directors and others about detailed commitments).

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary.

Summary of the deliberation about the problem



Before engaging in a detailed discussion regarding the specific components of the problem included in the evidence brief (see the figure included above), participants highlighted three broader issues that most felt should be collectively acknowledged before delving into the specific issues associated with improving access to mental health services for immigrant, refugee and asylum seeker children, youth and their families in Canada:

- there is inconsistency in how we collectively understand the issue and in the terms we use to discuss it (e.g., 'newcomer,' 'family' and 'mental health services'), which can result in a mismatch between the health and social needs we identify for specific sub-groups of people arriving to Canada (e.g., immigrants, refugees, asylum seekers, unaccompanied minors) and the types of supports and services made available to meet their needs
- there are diverse views – often rooted in cultural norms and values – among the many newcomers to Canada about mental health, and what the aim of mental health (and social) services should be, which can result in stigma and other social constructs which need to be taken into account
- immigration and refugee systems within Canada are not structured to facilitate the seamless integration of immigrants and refugees into Canadian society (or to help them access the health and social services they may need upon arriving in Canada), which can expose these groups to stressful conditions that negatively affect their mental health.

Several participants also brought up an additional overarching consideration that other participants agreed should help to frame the discussion: Canada has ratified the principles of the United Nations Convention on the Rights of the Child, which should drive how decision-makers approach the development and implementation of mental health policies (with a focus on safeguarding the rights of children, youth and their families who are newcomers to Canada).

After discussing these overarching points, participants moved on to deliberate the three specific aspects of the problem outlined in the evidence brief, raising several key points that are detailed below.

Participants discussed reasons for mental health systems having difficulty meeting the needs of children, youth and their families who are newcomers (the **first component of the problem** outlined in the evidence brief), and the main challenges they raised can be categorized under four main themes:

- identifying appropriate solutions that address the unique barriers to accessing mental health services is challenging given that children and youth are a heterogenous group with diverse needs that continue to evolve as they get older (and this challenge is compounded by the uncertainty surrounding terms and language used noted at the outset of the deliberation)
- structural and social inequities (which one participant suggested should be framed as 'structural violence') can impact the immigration system in negative ways, and shapes many aspects of how immigrant, refugee and asylum seeker children, youth and their families experience health and social systems (e.g., certain immigrant groups, such as refugee claimants, may experience more difficulty with the immigration process than others)

- there are unmet funding needs for specific subgroups of newcomers, such as asylum seekers and unaccompanied minors, that results in their ongoing reliance on their communities to help them adapt to Canadian culture, particularly as it relates to navigating its health and social systems (e.g., friends and family are needed to assist them with translation and overcoming language barriers during interactions with health and social services)
- there is a lack of standardized training for professionals providing support for these groups, and systemic barriers impact the compensation of healthcare professionals who provide them with care (e.g., Medavie Blue Cross may not cover services provided to immigrants and refugees).

Participants identified three main reasons why much of what we know about models of care for children, youth and their families who are newcomers to Canada is not implemented (the **second component of the problem** outlined in the evidence brief):

- there is limited funding available for models of care that can address the full range of newcomers' health and social needs, and this funding comes from a relatively small pool of funders that can have restrictive criteria (such as Immigration, Refugees and Citizenship Canada (IRCC)) and who fund time-limited rather than sustained initiatives
- the diversity of settings across Canada (e.g., rural, northern and remote settings vs. urban settings) can present unique challenges for delivering promising models of care, and can complicate access to and delivery of mental health and social services for newcomers (with one participant noting that the 'geography of poverty' is a lens through which inequities can be understood among newcomers)
- there is a lack of coordination across key sectors (e.g., immigration and health), which creates siloes and inefficiencies in the way newcomers interact with and utilize the services they offer.

In relation to the **third component of the problem** that a broader vision is lacking to improve access to mental health services for children, youth and their families who are newcomers, participants discussed two main observations:

- there is a need for a more flexible and adaptable approach to providing mental health services to the different subgroups of newcomers that aligns with the principles of the United Nations Convention on the Rights of the Child
- there is a need to expand thinking beyond mental health services for newcomers and consider the social determinants of health that impact their well-being (e.g., housing, income, food) so that gaps in services can be addressed from a population health management lens.

Summary of the deliberation about elements of a potentially comprehensive approach to address the problem

When discussing the first element of **co-designing a framework** for equitable service provision and access to mental health services for children, youth and their families who are newcomers, participants highlighted four considerations:

- a framework to support the mental health and well-being for children, youth and their families must be adaptable to accommodate their diverse needs, reflect their heterogeneity (in terms of language, culture, social norms and values and the health- and social-system contexts from which they originate) and incorporate appropriate language and definitions

- immigrant, refugee and asylum seeker children and youth – and the trusted organizations and stakeholders from the communities in which they live that are involved in providing health and social services – should be engaged and enabled to lead the process of co-designing a framework
- those engaged in the process of co-designing a framework should be provided appropriate remuneration for their time
- the development of a framework needs to centre around the establishment of a 'core package' of supports, which should be defined and made available at multiple levels.

As part of discussing the first element, several participants suggested starting with and drawing on the framework established by the World Health Organization's IASC Guidelines for mental health and psychosocial support in emergency settings that illustrates a layered system of complementary supports that should be implemented concurrently to meet the needs of different groups, and focuses on four levels: basic services and security, community and family support, focused non-specialised supports, and specialized services.

Participants raised four main considerations for **adapting promising models of care** and enabling them by strengthening health- and social-system arrangements (element 2):

- models of care need to be attentive to the temporal nature of the health and social needs of children and youth, which can vary widely across age groups into young adulthood, and can be shaped in unique ways depending on language, culture, social norms and values
- a tool or approach is needed to effectively (and ethically) assess the mental health needs of immigrant, refugee and asylum seeker children, youth and their families while they are in different phases of the settlement process:
  - there were differing perspectives on the Needs and Assets Assessment and Referral Services (NAARS) that supports newcomers to Canada with identifying their settlement needs, with some participants emphasizing the importance of such a tool in identifying mental health needs and others stating that the assessment approach used in the tool is not grounded firmly enough in strengths-based approaches
- promising models of care need to be supported by local contextualization and adaptation that incorporates community-based initiatives (e.g. placing social workers in schools with newcomers) that consider the diversity of newcomers' needs and the diversity of settings and contexts across Canada within which they settle (e.g., rural vs. urban)
- there is a need to address myriad challenges associated with settlement agencies, including a lack of an approach for accreditation, funding limitations (particularly for community programs), and challenges in defining and supporting unconventional programs.

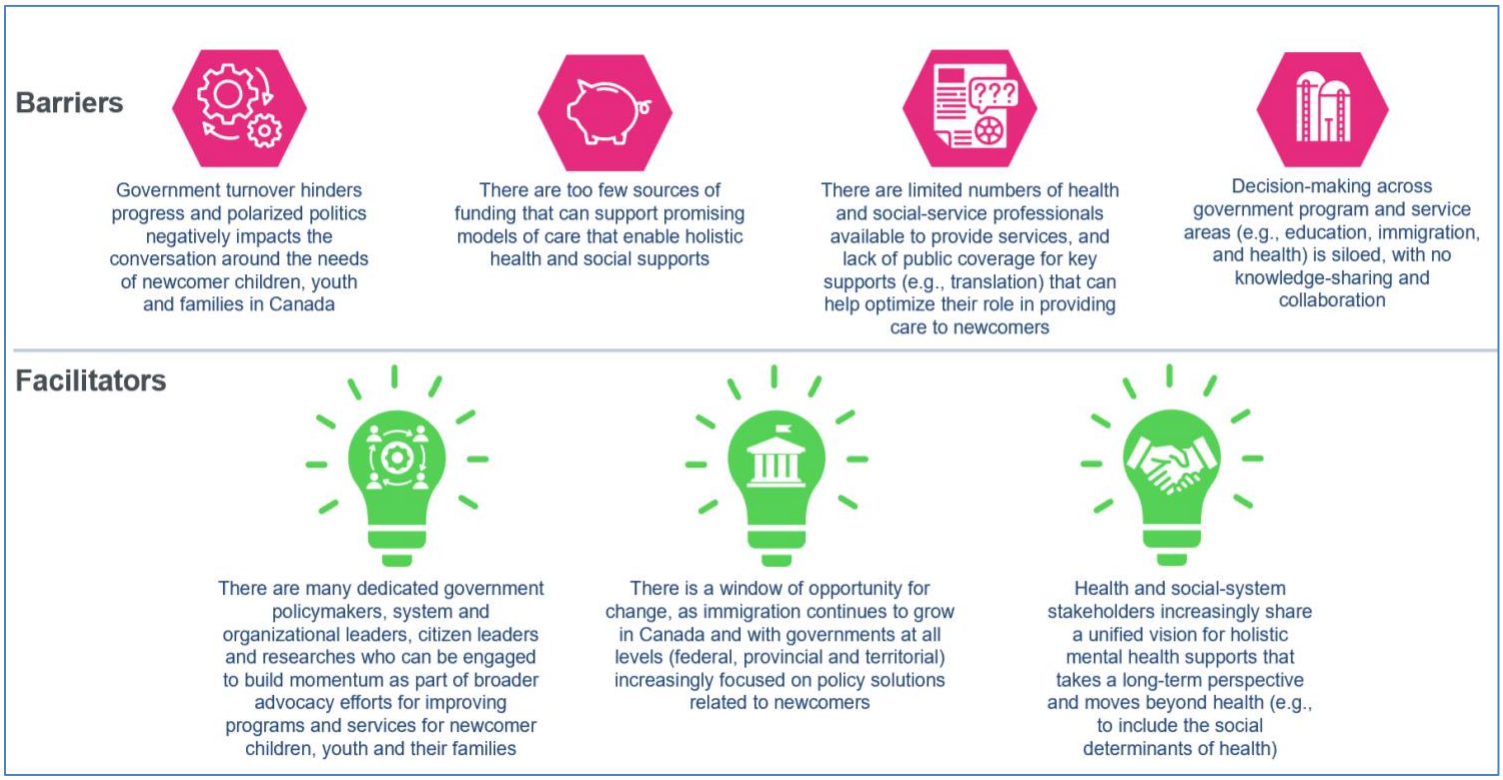
Participants suggested three main efforts can be considered to enable **rapid-learning and improvement cycles** in the context of supporting health and social care for children, youth and their families who are newcomers to Canada (element 3 in the evidence brief), which include:

- building capacity for learning and improvement by leveraging existing approaches that can help foster connections among resettlement workers (e.g., a community of practice where multiple stakeholders are engaged to continuously share experiences with promising models of care)
  - some participants pointed to Project ECHO (Extension for Community Healthcare Outcomes), as an example of a model that creates knowledge-sharing networks between healthcare professionals using videoconferencing
- ensuring that all forms of 'best evidence' are valued and leveraged to inform changes and improvements to how health and social care are delivered to newcomers in Canada, including:
  - moving beyond quantitative forms of evidence (e.g., data analytics) to include qualitative insights that capture the lived experiences of immigrants, refugees and asylum seekers (e.g., including stories, focus groups)
  - learning lessons from other jurisdictions with similar immigration profiles as Canada to get ideas about their successes and challenges (e.g., Australia, United Kingdom), ideally by leveraging evaluations that have been conducted in these jurisdictions

    - consulting global evidence – particularly evidence synthesis – to support the identification of promising models of care, and engaging decision-makers to advance efforts related to rapid learning and improvement
- addressing the tension that exists between funders' reporting requirements (which centre on quantitative outcomes as measures of impact) and the opportunities that qualitative insights provide for understanding impact in more holistic ways.

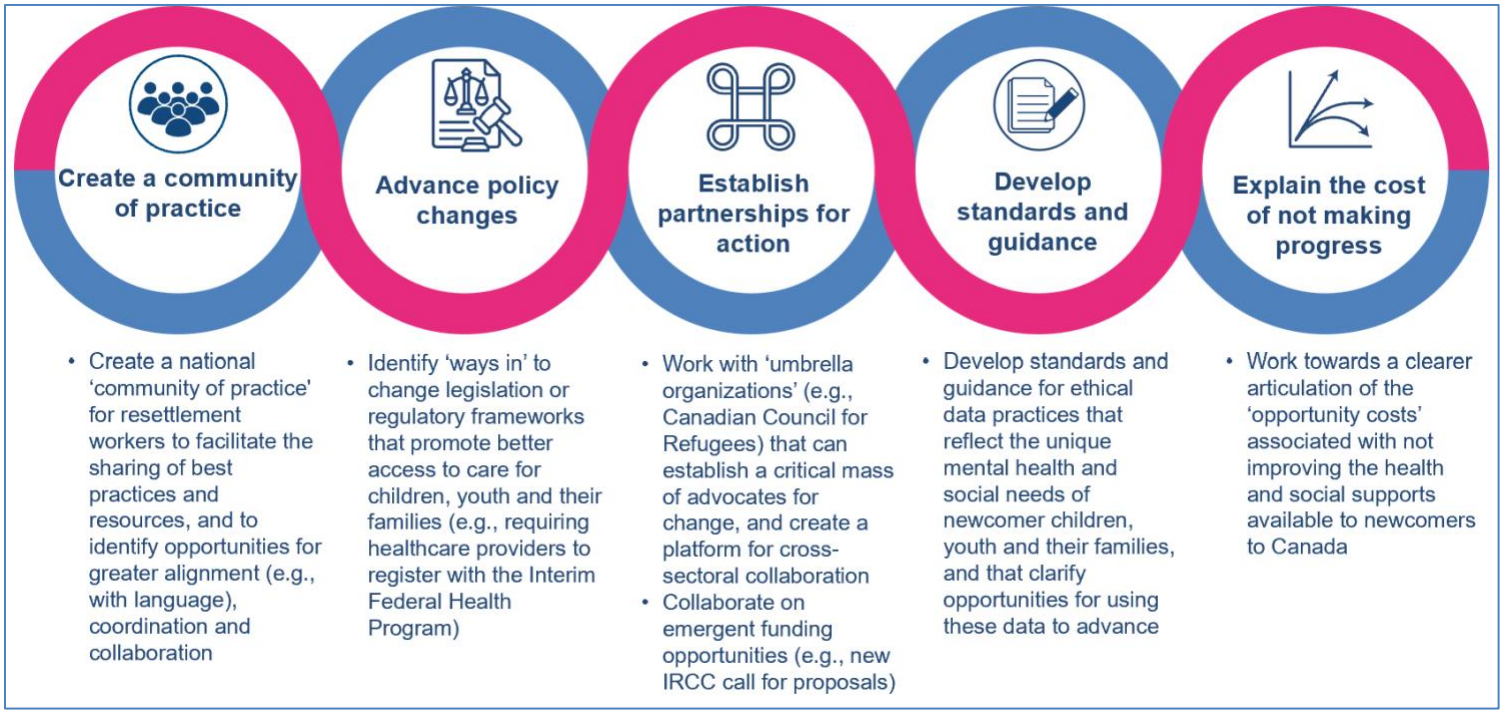
Summary of the deliberation about implementation considerations

While discussing implementation considerations, participants identified four additional barriers beyond those outlined in the evidence brief that could pose challenges to implementing the described actions. They also identified three additional facilitators (see the figure below). The barriers tended to emphasize challenges inherent in policy decision-making processes alongside resource constraints, while the facilitators primarily emphasized the promotion of collaboration, resource-sharing and the establishment of supportive frameworks, guidelines and networks to strengthen mental health services for newcomers.



Summary of the deliberation about next steps

Participants identified five next steps that can be pursued by participants of the stakeholder dialogue or the groups with which they are involved.



Ali A, Bain T, Moat KA, Gauvin FP, Lavis JN. Dialogue summary: Improving access to mental health services for immigrant, refugee, and asylum seeker children, youth and their families in Canada. Hamilton: McMaster Health Forum, 12 December 2023.

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