

NEWCOMER MENTAL HEALTH AND WELLNESS THROUGH A SETTLEMENT SECTOR LENS

**A foundation for local solutions
in Peel region**

**Peel Newcomer Strategy Group
& Service Delivery Network**

June 2023



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Land Acknowledgement

Peel Newcomer Strategy Group, a project of United Way of Greater Toronto and based in Peel region, would like to acknowledge that the land on which we work is the Treaty Lands and Territory of the Mississaugas of the Credit. In particular, we acknowledge the territory of the Anishinabek, Wendat, Haudenosaunee and Ojibway/Chippewa peoples; the land that is home to the Metis; and, most recently, the territory of the Mississaugas of the Credit First Nation, who are direct descendants of the Mississaugas of the Credit.

We are grateful to have this report focused on supports within this specific Treaty Land, and we are actively seeking ways to connect and engage with the Indigenous community of this area.

To start, we are considering the First Nations Mental Wellness Continuum Model¹ and how we can contribute to a more holistic view of mental wellness that can include supporting and centering Indigenous leadership.

¹*First Nations Mental Wellness Continuum Framework*. (2015, January 24). Retrieved from https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Summary-EN03_low.pdf

About Peel Newcomer Strategy Group

Peel Newcomer Strategy Group (PNSG) is the local immigration partnership for Peel Region, serving the City of Brampton, the Town of Caledon and the City of Mississauga. As a community collaborative, PNSG engages local service providers and stakeholders to optimize and coordinate services that facilitate newcomer settlement and integration – through partnerships, research, community-based knowledge sharing and strategic planning.

PNSG is a project of United Way Greater Toronto (UWGT) and is funded by:



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada



United Way
Greater Toronto

Its work and activities are informed by three committees – Central Planning Table, Service Delivery Network, and a Resettlement Support Working Group.

About the Service Delivery Network

The Service Delivery Network (SDN) is an incubator of settlement-service innovation and a collaborative convened and supported by PNSG. This working group is comprised of settlement leaders and community partners committed to strengthening service coordination and planning across the region as well as ensuring accessible, client centered services for all newcomers.

SDN was formed in 2012 and was initially comprised of five settlement service-provider organizations, each located in distinct priority neighborhoods. The five founding members and the respective communities they represent include:

- Caledon Community Services in Bolton in Caledon
- Punjabi Community Health Services (PCHS) in Springdale/Brampton
- Peel Multicultural Council (PMC) in Meadowvale/Mississauga
- Malton Neighbourhood Services (MNS) in Malton/Mississauga
- Polycultural Immigrant & Community Services in Sheridan/Mississauga

More recently, Peel Children’s Aid Society (Peel CAS) and Indus Community Services joined the working group as a partner in 2014 and 2021, respectively.

Acknowledgements

PNSG acknowledges the many contributions to this report through consultations, writing contributions and review of this report:

- PNSG staff, including Cassandra Bangay, Sara Cheriyan, Habiba Cooper Diallo, Jessica Kwik, Shriya Seksaria
- Rodel Imbarlina-Ramos, former director of Peel Newcomer Strategy Group
- PNSG Service Delivery Network organization representatives
- Public Good Initiative consultants: Mercedes Abadpour, Adley Ho, Hania Kaoud, Raafia Shahid
- Organization representatives of the IAOP (Information, Awareness & Orientation) Crisis Worker Subcommittee of the Peel-Halton Language and Settlement Partnership, including:
 - Afghan Women's Organization Refugee & Immigrant Services
 - Brampton Multicultural Community Centre
 - Catholic Crosscultural Services (CCS)
 - Centre for Skills Development
 - Dixie Bloor Neighbourhood Centre
 - Halton Catholic District School Board
 - HMC Connections
 - Indus Community Services
 - Malton Neighbourhood Services
 - Newcomer Centre of Peel
 - Peel Multicultural Council
 - Polycultural Immigrant and Community Services
 - Punjabi Community Health Services
- Canadian Centre for Victims of Torture
- United Way Greater Toronto

Purpose of this report

- To outline the role of the immigrant and refugee-serving settlement sector in supporting the mental health of newcomers, particularly in situations of crisis and trauma
- To identify key issues related to settlement service delivery and the mental health needs of newcomers
- To highlight cross-sector initiatives in mental health services pertinent to newcomers
- To recommend strategies to improve access to mental health supports for newcomers

The intended audience includes settlement agencies and related community services, including mainstream mental health providers as well as funding and government policy entities at various levels.

Infographic summary

Newcomer Mental Health and Wellness

A foundation for local solutions in Peel region

Peel has the highest proportion of immigrants in Ontario



Immigrants comprise 51.8% of Peel's population.

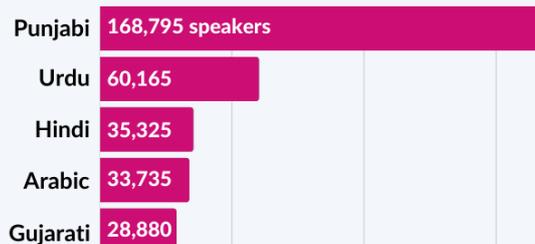


18% of Ontario's immigrant population lives in Peel.



64% of Peel's immigrant population was born in Asia.

Top 5 non-official languages spoken at home in Peel



Peel has historically been underfunded for mental health and addictions services as provincial funding has not kept pace with population growth, leading to less funding per person compared to the Ontario average.

Newcomer Mental Health Needs and Challenges

Mental health of newcomers can be affected by the following:



Cultural Dimensions

Newcomers may express mental health needs through their unique cultural perspectives and face stigma for seeking help.



Language Barriers

Some newcomers may require mental health support in their mother tongue and may have difficulties accessing language-specific mental health services.



Migration Stressors

Challenges related to employment, finances and other pressures cause stress among newcomers.



COVID-19

The pandemic has ongoing repercussions due to increased isolation, loneliness & domestic violence.



Current Pathways to Newcomer Mental Health Support

Some settlement agencies have newcomer mental health supports:



Newcomer arrives at settlement agency or school.



Settlement workers

provide needs assessment & orientation to newcomers.

Case Managers provides 12- 18 month wrap-around support for high needs clients, i.e. Government-assisted refugees, LGBTQ+ individuals, Gender-based Violence (GBV) survivors and disadvantaged youth.

Short-term Counsellors provide short-term IRCC-funded mental health and trauma-informed counselling services for clients needing urgent advice and support.

Other settlement supports such as Language Instruction for Newcomers to Canada (LINC) teachers.

Mainstream mental health providers may deliver more specialized mental health support to referred clients.

Settlement Services in Peel

Peel region has the following settlement services and supports available for newcomers:

28

IRCC-funded settlement agencies with settlement workers.

Short-term counselling is one of the six core support services that service providers can allocate their funding from their federal contribution agreement with IRCC.

9

settlement agencies in Peel have short-term counsellors.

Recommendations to Enhance Mental Health Support to Newcomers

1

Increase collaboration between Ontario Health Teams, mental health service providers and settlement providers to create culturally-responsive programs and services.

2

Clearly delineate the short-term counsellor role in relation to other adjacent positions across IRCC-funded agencies to ensure role consistency and provide tailored training.

3

Improve staff mental health by providing staff with adequate supports for their own self-care needs to prevent and mitigate burnout, compassion fatigue and stress.

4

Detect mental health challenges early in the settlement process to ensure faster referrals to appropriate services.

5

Create and adequately resource more emergency mental health services for immigrants and refugees needing urgent care.

6

Foster partnerships with local faith groups to promote mental health, support referrals and reduce stigma.

7

Explore a family-centred approach to mental health care, with particular attention to newcomer children, youth and seniors.



All data collected from

Peel Newcomer Strategy Group. (2023). Newcomer Mental Health and Wellness through a Settlement Service Lens: A foundation for local solutions in Peel region.

Region of Peel. (2022). Immigration, Citizenship and Mobility. <https://census-regionofpeel.hub.arcgis.com/pages/immigration-citizenship-and-mobility-2021>

Region of Peel (2022). Languages: Linguistic Diversity in Peel 2021. <https://census-regionofpeel.hub.arcgis.com/pages/languages-2021>

Statistics Canada (2022). Census Profile - 2021 Census Divisions. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/download-telecharger.cfm?Lang=E>

Background

A variety of sources were examined to inform a review of available literature, including academic research, government-sponsored reports and presentations, regional mental health presentations, settlement-focused consultation reports and advisory committee minutes. Collectively, these underscore the need to prioritize newcomers' mental health services and to better understand systemic and cultural dynamics that may be contributing to newcomer mental health challenges.

Key themes from the literature related to the mental health needs of newcomers and service considerations are summarized under three broad categories:

1. **Dimensions of culture and identity**
2. **Language access**
3. **Specific stressors associated with migration**

Dimensions of Culture

An individual's cultural background relates to one's life experiences, perspectives and expectations of being a part of various social communities including family, friends, social circles, race, ethnicity and religion.

How can mental health service give explicit attention to cultural dimensions?

A 2010 article² in the Canadian Medical Association Journal (CMAJ) suggests how culture and mental health service needs may intersect. It asserts that, "treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement, as well as the effect of cultural shaping of symptoms and illness behavior on diagnosis" (p. 1).

² Kirmayer et al. (2011, September 6). CMAJ. *Common mental health problems in immigrants and refugees: general approach in primary care*. Retrieved from <https://www.cmaj.ca/content/cmaj/183/12/E959.full.pdf>

It is important to give “explicit attention to cultural dimensions of the illness experience” (p. 5), such as:

- Interpretations and reactions to symptoms and explanations
- Coping and support-seeking patterns
- Styles of emotional expression and communications
- Relationships with family and healthcare providers

Cultural relevance may be important to access services and highlights the opportunity for service integration to build a coordinated mental health system. Organizations trusted by newcomers (such as faith organizations, settlement agencies and schools) can support access to other providers. All providers, including mental health service providers and primary care health providers, could consider approaches to ongoing reflection on service orientation, knowledge and skills to serve an increasingly ethnoculturally diverse population most effectively.

Language Access

Service accessibility should include the preferred language and culture of clients as newcomers may be “limited in their ability to express their concerns, describe symptoms and social predicaments and negotiate treatment” (p. 5). A 2009³ report from the Centre for Addiction & Mental Health (CAMH) and the Mental Health Commission of Canada (2010) agrees that, “language is a barrier to good care” (p. 36).

In addition to these systemic barriers, another challenge is that comparable terminology for specific mental health disorders does not exist in each language spoken by newcomers. Much of this terminology originated in the Western world, and does not always take into account more collectivist experiences of mental health and well-being, or the terminology used to describe these experiences.

³ Hansson E, Tuck A, Lurie S and McKenzie K, for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). *Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups: Issues and options for service improvement*. Retrieved from https://www.mentalhealthcommission.ca/sites/default/files/Diversity_Issues_Options_Report_ENG_0_1.pdf

Specific Stressors Associated with Migration

A 2012 IRCC report⁴ citing a longitudinal study of self-reported mental wellness among newcomers attempts to describe the nature of emotional problems and high stress they face within the first four months after landing in Canada. The IRCC report notes that while there is a lack of Canadian research on the mental health of recent immigrants, a longitudinal survey highlights important insights when designing mental health supports for newcomers:

- “As time spent in Canada increases, health decreases” (p. 8). The percentage of immigrants reporting emotional problems (defined in the report as persistent feelings of sadness, depression, loneliness, etc.) increases from 5 percent at the six-month mark post-arrival to 30 percent by the two-year mark. This level is maintained (at 29 percent) by the four-year mark.

Time passed since arrival in Canada	Newcomers reporting high stress	Immigrants reporting emotional challenges	Refugees reporting emotional challenges
6 months		5%	
2 years	13%	30%	36%
4 years	16%	29%	38%

- These percentages increase substantially for refugees – to 36 percent by the two-year mark and 38 percent by the four-year mark.
- Only 12 percent of newcomers reporting emotional problems at the two-year mark reported seeking professional help.
- When asked about the prevalence of high stress (defined as whether most days were very or extremely stressful), 13 percent reported high stress at the two-year mark, and this increased to 16 percent by the four-year mark.
- When asked about the main sources of stress, employment, finances and time pressures were ranked highest and this ranking even increased from the two-year mark to the four-year mark.

⁴ Robert, A.-M., & Gilkinson, T. (2016, April 5). *Mental health and well-being of recent immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada (LSIC)*. Canada.ca. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/research/mental-health-well-being-recent-immigrants-canada-evidence-longitudinal-survey-immigrants-canada-lsic.html>

In the same report, the specific groups of immigrants listed below were cited as having a higher likelihood of experiencing emotional problems and high stress:

- Refugees compared to other immigrants from other admission classes
- Women compared to men
- Immigrants from South & Central America
- Lower income immigrants
- Newcomers who experienced problems accessing health care services

On a positive note, the same study noted that newcomer “participation in organizations and/or groups [aimed at supporting those experiencing mental health challenges] is associated with a decreased likelihood of experiencing emotional problems” (p. 25).

Gap in Mental Health Consultation Service Use

Newcomer access to settlement services

By April 2021, close to half (46.3%) of adult immigrants admitted from 2016 to 2020 accessed at least one type of settlement services. Refugees, who came to Canada in order to escape war, violence, conflict or persecution in their home countries, accessed settlement services the most among all immigrants. The vast majority of refugees (89.4%) accessed settlement services. By comparison, dependents of economic immigrants (51.0%), family sponsored immigrants (40.4%), and economic principal applicants (35.2%) relied less on those services.⁵

Immigrants are less likely than their Canadian born peers to report using mental health consultation services (MHCs), according to a Statistics Canada 2021 cohort study⁶ linking Canadian Community Health Survey data with the Longitudinal Immigrant Database.

Key findings of this study included:

- Overall, immigrants were less likely to report using MHCs compared with their Canadian-born counterparts, regardless of their age, sex, official language proficiency, education, income and employment, sense of belonging to the local community, and self-reported mental health level.
 - Among immigrants, established immigrants had higher levels of using MHCs compared with those who arrived more recently, as did those from the United States compared with immigrants from other countries.
- MHCs increased with decreasing household income among Canadian-born respondents (19% of Canadian-born respondents in the lowest-income households reported an MHC, compared with 12% in the highest-income households). By contrast, the proportion of immigrants who reported MHCs varied little with household income, (7.3% to 8.4% for different income groups).

⁵ Settlement services provided to immigrants to Canada, 2020. Statistics Canada. (2022, June 2). Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/220602/dq220602e-eng.htm>

⁶ Ng, E., & Zhang, H. (2021, June 16). Access to mental health consultations by immigrants and refugees in Canada. Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2021006/article/00001-eng.htm>

The study, which compared the records of 10,130 immigrants and 128,655 Canadian born respondents across five provinces over a four-year period from 2011 to 2014, was representative of a total population of 21 million residents of Canada.

More research needs to be done to understand the mental health needs of newcomers, and to better understand if this trend in lower MHC service use is indicative of lower need, or lower awareness of, and access to services.

COVID-19 Pandemic and Mental Health

The pandemic has affected the mental health and well-being of many in society and this has been especially concerning for refugees and newcomers. Many have migrated from war torn or unstable countries, already traumatized or psychologically affected by what they have endured and by their dislocation experiences. Living under the mandated isolations because of the pandemic restrictions added yet another very trying encumbrance to their lives⁷ (See Appendix A). It also created a perfect storm for the prevalence of domestic abuse, which had increased significantly over this time.⁸

The isolation made it particularly difficult for newcomers with limited language proficiency and means to access community supports as needed. United Way Greater Toronto compiled [case studies of various social service innovations](#) highlighting key practices and enablers that helped catalyze the non-profit sector's remarkable capacity for agility, adaptation, and leadership during the COVID-19 pandemic. Read more about these initiatives like the High Priority Communities Strategy (HPCS) in the [Cross-sectoral Initiatives section](#).

⁷ Evra, R., & Mongrain, E. (2020, July 14). *Mental Health Status of Canadian Immigrants During the COVID-19 Pandemic*. Statistics Canada. Retrieved from <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00050-eng.htm>

⁸ *Many shelters for victims of abuse see increases in crisis calls and demand for external supports in the first year of the COVID-19 pandemic*. Statistics Canada. (2022, April 12). Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/220412/dq220412b-eng.htm>

Other Key Barriers for Newcomers

- A lack of mental health and other support service awareness;
- Socio-economic barriers since “poor income decreases access to, and utilization of healthcare services” (p. 24)⁹;
- Discrimination such that the “system of care works to offer poorer access and treatment” to new immigrant, refugee, underrepresented ethnocultural and racialized groups (p. 25);
- Mental health stigma; and
- Challenges navigating pathways to care – including the lack of service accessibility where newcomers are engaging in community, such as faith institutions and schools.

⁹See footnote 3

Context in Peel

Mental health is well-recognized in Peel as a persistent and urgent newcomer priority.

Mental health features frequently and prominently in Peel settlement service-provider literature and stakeholder documentation from 2016 to 2022.

In 2016, settlement service providers across Peel and Halton participated in an IRCC Planning Day, a collective opportunity to identify newcomer priorities and potential system solutions. Crisis intervention and mental health was the first of six key issues identified in the resulting 2017 report on the consultation.¹⁰ Specifically, the consultation report identified the “need to advocate for improved mental health capacity within the settlement system” with respect to crisis intervention and “to develop a community-wide standard and strategy ensuring that all partners have a common vision and practice” (p. 14). Schools were identified as an important stakeholder group as they often represent “the first point of contact for mental health support and intervention” for children and youth (p. 14). As well, the report advocated for greater partnership with health-funded organizations to help build capacity (through collective impact models) and leverage their expertise.

A subsequent IRCC Planning Day was organized in 2018. Again, mental health and trauma supports were cited strongly¹¹ in community planning discussions, including:

- More effective early identification of mental health challenges at the beginning of settlement service provision to facilitate faster referrals to appropriate supports;
- The need to address newcomers in rural communities who face transportation challenges in accessing mental health supports; and
- Working with faith-based groups to address stigma in immigrant communities, as well as providing training to settlement workers to reduce stigma from a service-provider perspective

¹⁰ Available online at the Peel-Halton-Dufferin Language & Settlement Partnerships portal (password protected) at <https://www.languagepeelhalton.ca/partnerships.html> under Executive Council.

¹¹ The 2018 IRCC Planning Day report is also available at <https://www.languagepeelhalton.ca/partnerships.html> from the Executive Council page.

At an IRCC Planning Day held in February 2022, stakeholders cited the need for mental health promotion among Afghan refugees who are arriving in Peel-Halton. The federal government is committed to welcoming 40,000 Afghan refugees who may need mental health counselling and other supports. In addition, at the time this report was completed Canada has welcomed over 132,000 displaced Ukrainians and received more than 735,000 applications. Ukrainians have also needed mental health supports, and increased demand for these services in Peel region.

The following section explores the top mental health challenges newcomers faced based on a survey to settlement workers in 2020.

Settlement worker perspectives on newcomer mental health – Peel-based data

In February 2020, PNSG surveyed about 90 settlement professionals from Peel region. Mental health featured as the top priority for settlement-worker training along with capacity-building. Three additional questions specifically about newcomers' mental health, were asked:

Estimate the percentage of clients presenting with or reporting the following symptoms:

- Anxiety, worry (64%)
- Stress, inability to cope (53%)
- Depression, sadness (51%)
- Lack of energy/sleep, tiredness (44%)
- Mood changes (43%)
- Changes in eating habits (36%)
- Suicidal thinking (11%)

Estimate the percentage of clients citing the following factors that influence their mental wellness:

- Unemployment/under-employment (73%)
- Financial struggles (73%)
- Stress associated with settling into a new community (62%)
- Feeling isolated, lack of social connections (55%)
- Trauma experienced before arrival to Canada (54%)
- Trauma experienced after arrival to Canada (39%)
- Addiction (18%)

Settlement workers ranked ideas from PNSG's Service Delivery Network for newcomer mental health interventions.

What urgency do you assign to the following ideas to support newcomer clients with their mental wellness (rank-ordered list):

1. Improve training and resources for crisis workers (now referred to as short-term counsellors) at settlement agencies
2. Help settlement workers better identify mental health challenges and facilitate referrals to relevant supports
3. Create intermediary supports (e.g. peer support networks) for clients waiting months for more intensive mental health counselling from mainstream agencies
4. Design and promote culturally-appropriate, language-specific mental health supports
5. Help mainstream service providers specializing in mental health to build their capacity to serve culturally diverse clients
6. Conduct a campaign to reduce stigma associated with seeking mental health supports

Mental health system in Peel: Initial considerations for serving newcomers

The mental health challenges newcomers face are further complicated by the complexity of the system at-large, intended to address these needs.

A [February 2020 presentation](#) to the Region of Peel's Health System Integration Committee cited a [PNSG 2019 Report on Peel Newcomers](#) finding from the 2018 IRCC Planning Day describing the lack of supports for culturally diverse populations:

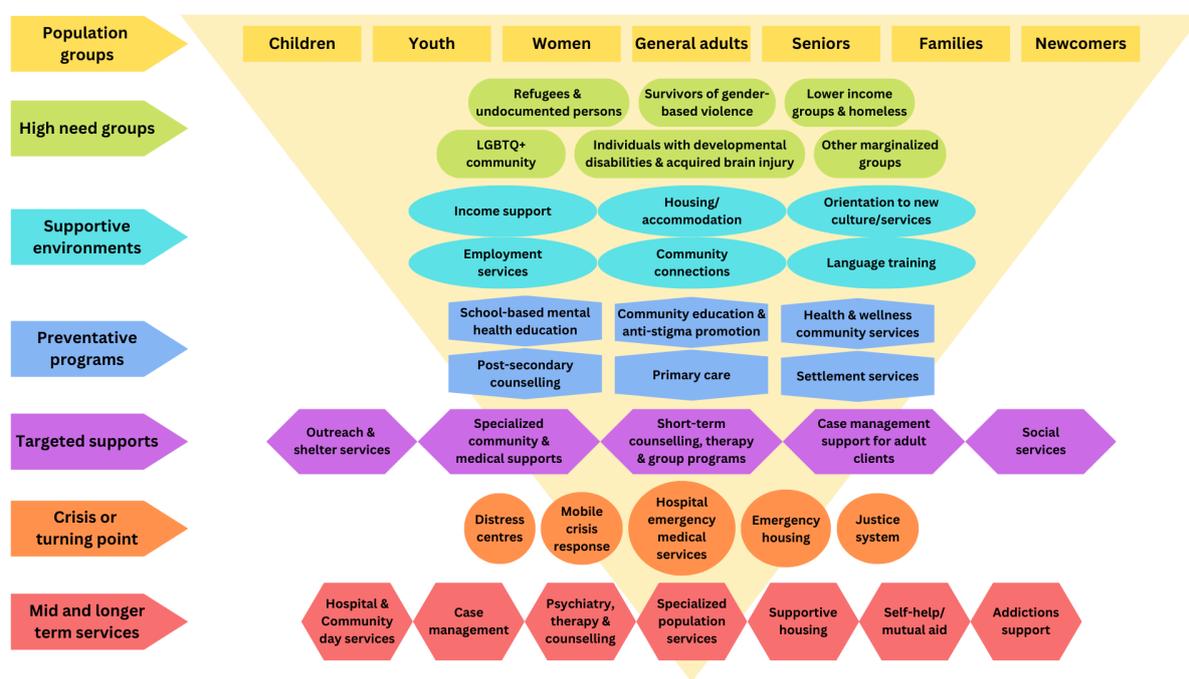
"both clients and service providers/settlement workers report a lack of culturally sensitive supports and services as a barrier for Peel newcomers as well as staff having a lack of knowledge to provide the right supports and services"

The United Way Peel Region (now [United Way Greater Toronto](#)) had produced a 2014 report¹² that was aimed to more precisely map mental health services across the region. It identified various community subgroups and client needs and differentiated the levels of urgency in the supports or services they receive.

¹² Newberry, J. (2014, January). *Mapping the Mental Health System in Peel Region: Challenges and Opportunities*. United Way of Greater Toronto. Retrieved from https://www.unitedwaygt.org/wp-content/uploads/2021/10/Mapping_the_Mental_Health_System_in_Peel_Region_challenges_opportunities_2014-01-20.pdf

The following is an adaptation of the diagram from the report showing a mapping of a possible continuum of mental health support services in the community. It offers some considerations for a family-centred and newcomer-sensitive approach for serving the mental health needs of newcomers.

Figure A: Mental Health Continuum of Supports

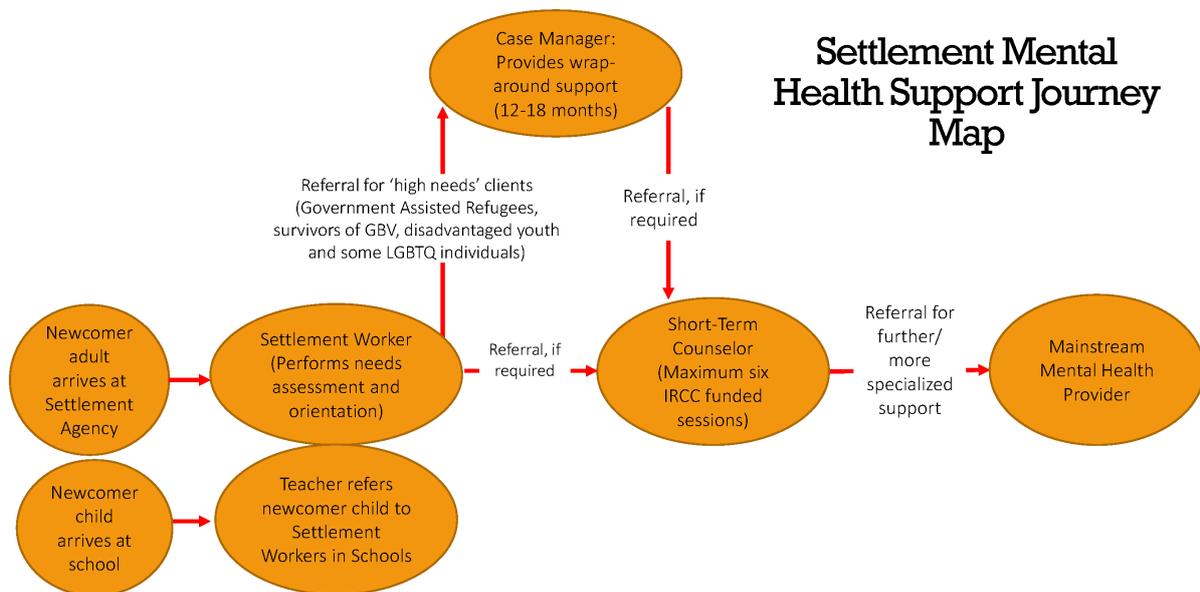


(Adapted from a diagram titled: *The Main Features of Peel Region’s Mental Health and Addictions System*, P16 of “*Mapping the Mental Health System in Peel Region: Challenges and Opportunities*”, 2014 report, 2014-01-20)

A future PNSG report is being planned for 2023-2024 which will focus on system gaps and advocacy needed to ensure that the continuum of supports is available and accessible to newcomers in Peel region.

Examining Settlement Service Roles

Some of the federally-funded (IRCC) agencies have roles for short-term support for newcomers as they settle in Peel. The following section outlines (i) **settlement workers**, (ii) **case managers**, and (iii) **short-term mental health counsellors**, as each of these roles can be involved in supporting newcomers with mental health needs, or making referrals for additional supports.



I. Settlement Worker Role

Settlement workers are based at 28 IRCC-funded settlement agencies in Peel region, with some staff working with local service providing organizations including airports, schools, libraries and clinics. Positions are typically funded by the federal government through two Immigration, Refugees, and Citizenship Canada (IRCC) streams:

1. Needs assessment and referrals (NARS)
2. Information, orientation and awareness¹³

¹³ *Resettlement Assistance Program and Case Management Services for Government-Assisted Refugees and other Vulnerable Newcomers: Funding guidelines*. Canada.ca. (2021, July 19). Retrieved December 22, 2022, from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/partners-service-providers/funding/rap-gov-assisted-vulnerable-newcomers-funding-guidelines.html>

Settlement workers provide services such as:

- Welcome support at ports of entry
- Dissemination of information products
- Orientation sessions, promotion and outreach
- Information referral
- They also connect directly with newcomer families to offer orientations on topics such as: housing, safety, well-being, health, transportation, education, employment, living in Peel region, and finances/budgeting.¹⁴

In the case of government assisted refugees, they also provide individual and family consultations or counselling, language support, and help eligible newcomers with processes such as registration for a Social Insurance Number, the Ontario Health Insurance Plan, school enrollment, and the Canada Child Benefit.

All permanent residents, convention refugees, and some temporary residents are eligible for these IRCC-funded services. When a newcomer accessing services is in crisis, a referral is made to a short-term counsellor.

II. Case Management Role

Only some agencies have a case manager role, and fewer clients are eligible. For clients that typically have higher needs such as government-assisted refugees, survivors of gender-based violence, disadvantaged youth and some LGBTQ+ individuals, a case manager may be assigned for 12-18 months. The case management approach generally involves the following activities:

- A comprehensive needs and assets assessment and settlement plan with follow-up referrals
- Regular monitoring of progress and check-ins at set intervals (typically every 3 months)
- As well as the provision of personalized and intensive supports, based on client needs¹⁵

Case managers address client needs that are more ongoing and confidential (e.g. healthcare, disability, and mental health service referrals).

¹⁴ *Settlement Program*. Canada.ca. (2022, December 20). Retrieved December 22, 2022, from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/program-terms-conditions/settlement.html>

¹⁵ See footnote 13, section 2.1

III. Short-term Counsellor Role

Mental health supports in the settlement sector are typically delivered by workers trained to address trauma and mental health needs unique to newcomers. These workers were previously classified generically as crisis workers when the role was initiated in late 2017 to help respond to the needs of Syrian refugees arriving to Canada, but recently this position has been renamed by IRCC as a short-term counsellor role.

Short-term Counselling is defined by Immigration, Refugees and Citizenship Canada (IRCC) in its iCARE Policy and Functional Guide:

‘as an intervention for clients experiencing an urgent need for advice and support which cannot be addressed by referrals to other core or customized programming to assist the client in the resolution of these difficulties so that they may resume their settlement pathway. All settlement workers help newcomers address feelings related to migration stress, however not all are able, or have the training required to deliver mental health or trauma informed short-term counselling supports. There is a difference between general settlement counselling and short-term counselling support services.’

Short-term counsellors are funded to offer a maximum of six sessions with an individual client before a referral to a mainstream mental health service provider. Due to long waitlists for mainstream services, clients look to their short-term counsellors for continued support. This is a challenging situation for counsellors who have set limits as defined by their role.

Systemic challenges contribute to long waitlists with mainstream service providers, including increased demand within the context of funding constraints of the mental health system, specifically in Peel region.

Further, immigrants who entered Canada in the economic or family class lack access to ongoing case-management for those who need support.

Organizations in Peel and Halton with short-term counsellors (as of Oct 2022)

- Afghan Women's Organization
- Brampton Multicultural Community Centre
- Catholic Cross-Cultural Services
- Centre for Skills Development and Training
- Dixie Bloor Neighbourhood Centre
- Halton Catholic District School Board
- HMC Connections
- Indus Community Services
- Newcomer Centre of Peel
- Peel Multicultural Council
- Polycultural Immigrants and Community Services
- Punjabi Community Health Services

Key Service Delivery Issues from Short-term Counsellor Perspectives

Key issues faced by short-term counsellors in settlement agencies are outlined in a 2018 Peel-Halton report by a working group representing short-term counsellors and their managers of IRCC-funded agencies in Peel-Halton: This working group is locally referred to as the “IAOP (Information, Awareness & Orientation Partnership) Crisis Worker Subcommittee” of the Peel-Halton Language and Settlement Partnership. The IAOP subcommittee held forums with crisis workers (now short-term counsellors) in November 2017 and January 2018. The findings are substantiated in 2020 through discussions with short-term counsellors based in member organizations from PNSG’s Service Delivery Network table. This multi-agency sharing of experiences and insights¹⁶ revealed:

¹⁶ This report is also available on the [PHD Language & Settlement Partnerships portal](#), but behind password-protection to the IAOP (Information, Awareness and Orientation Partnerships) section.

Role-specific issues

(i) Role clarity and standardization

- A strong distinction was made between crisis counselling (a supportive counselling approach) and mental health counselling (a clinical and therapeutic approach requiring specialized education and professional affiliation). Settlement-based counselling can only offer supportive counselling. In other words, clinical approaches – such as full cognitive behavioural therapy – should not occur in settlement agency environments.
- A need to more formally define the scope of the role, professional boundaries, and responsibilities of short-term counsellors in settlement agencies.
- Crisis workers (now called short-term counsellors) facilitate needs assessments and establish counselling goals. However, funding and service limitations were often cited as barriers to serving clients beyond these initial steps.
- A lack of standardization over key aspects of the work, such as risk assessments, documentation and reporting – to minimize client burden to re-tell experiences.
- Crisis support roles tend to report to managers of settlement programming, not necessarily to managers with mental health expertise.
- Crisis counselling supports and professional development opportunities were provided when the roles were initially established several years ago. However, these opportunities have since diminished. Crisis workers would benefit from training in areas such as:
 1. What constitutes a situational settlement induced mental health challenge vs. a diagnosable ongoing mental health condition;
 2. Counselling skills
 3. Principles of cognitive behavioural therapy (CBT)
 4. Evidence-based approaches to supportive counselling
 5. Crisis workers can also benefit from increased access to mental health-informed translators and interpreters
 6. Knowledge about how to navigate the healthcare system at-large
 7. More supports for refugee claimants are required since this segment currently cannot be reported on in existing reporting systems
- To improve referral to a short-term counsellor within a settlement organization: settlement workers may need training in identifying common mental health conditions (e.g. difference between self-harm and suicide).
- The need to address settlement worker self-care, burnout potential and vicarious traumatization, especially given that clients wish their crisis and/or settlement workers to be their primary service provider for all issues faced by the client

(ii) Reporting and measurement

- Core work of crisis workers (now called short-term counsellors) is recommended to be measured by time spent with clients, as opposed to new clients served.
- Client interventions are recommended to be considered as appropriate reporting indicators, as opposed to new-client measures given the recurring nature of supportive counselling as well as the work required to establish crisis worker/client trust.
- Multiple reporting systems (OCMS, an internal database used to bulk upload information into iCARE for IRCC funded agencies, and iCARE, a settlement-based reporting system that measures performance indicators against each of IRCC's core funded programs) limit agencies' ability to provide comprehensive client data and report on client progress.
- Acknowledgment of organizational liability issues while conducting this work

(iii) Client-centred delivery

- The need for greater awareness in community that crisis counselling is offered at settlement agencies
- Home-visits, which are currently not funded by IRCC (except for government-assisted refugees and an Ontario Health-funded program at one agency), would help increase mental health accessibility, particularly to help clients manage aspects of stigma and confidentiality. Such visits would potentially also add to the wrap-around supports and holistic care of clients as family members would be included in the circle of care. Alternatives, such as meeting in public and community spaces, are already being explored. As this is an IRCC limitation, funding from a non-IRCC source to increase capacity for home-visits could be explored.

Cultural dimensions for short-term counselling

- Language: The need to employ culturally sensitive and positive language (e.g. wellness, not illness) due to the stigma attached to or lack of awareness of mental health challenges among newcomers. More language-specific crisis supports are required to meet the needs of clients, particularly Arabic-speaking counsellors. The need for accessible, culturally representative translation and interpretation services is required to help those clients with significant language barriers.
- An emphasis on newcomer men and their unique mental health needs, as they appear to be especially vulnerable given employment and language challenges attached to being a 'provider' and authority figure for the family.

- Population group considerations:
 1. As noted above, gender expectations can be a driving force of stress for men, who feel it is their role to provide for family, secure employment and earn income – all of which are challenging for many newcomers. Further, many programs appear designed for women and families; however, men require customized supports. Peer-based supports may be effective.
 2. While the needs to help newcomers are persistently high, there are some newcomer communities that require special attention due to low client engagement, particularly with respect to youth, seniors and LGBTQ+ communities.
 3. Priority populations with acute barriers to service were also identified, including:
 - Clients with both developmental disabilities and mental health challenges
 - Clients with degenerative mental health challenges such as Dementia and Alzheimer's
 - Youth and children with complex mental health challenges
 - LGBTQ+ individuals: there are minimal LGBTQ+ newcomer mental health supports in Peel.
 - Clients who live in isolated or remote communities.

Bridging/referrals to non-settlement agencies

- Short-term counsellors struggle with how to work with clients who become dependent on their settlement-based supports for their mental health, in part because of trust built over the course of the engagement, but also due to the lack of available supports once the clients exhausts their limited engagement with a crisis or settlement worker.
- Crisis workers/Short-term counsellors are generally being hired either from within the settlement sector or from the mental health service environment. However, inconsistency in how the services are delivered impacts services standards across the sector. As such, there is a need to establish a client-centered and formal crisis management framework informed by guiding principles and best practices on operational standards and referrals. This would include defining where the role of a crisis worker ends and when a referral to a non-settlement service provider should be made. The decision should be made based on if it is in the client's best interest to have their needs met by another service provider.

- Linguistically and culturally appropriate clinical and therapeutic professionals (psychiatrists, psychologists, psychotherapists and social workers) are required as these are sorely lacking to bridge language and cultural differences with clients.
- Health funding supports service integration: Punjabi Community Health Services, funded as a health service organization, connects with a larger healthcare landscape that enables the organization to triage complex cases directly with mainstream mental health providers and healthcare institutions, which is not the case for other settlement organizations.
- Acknowledgment that wrap-around supports – such as housing, healthcare, employment, training, recreation – should be provided in conjunction with mental health and wellness care. It was also noted that a diverse array of service-providing organizations also require training on the nuances of serving newcomers (e.g. anti-oppression, cultural sensitivity, etc.)
 - Based on a 2018 survey of short-term counsellors in Peel region: Respondents reported facilitating an average of 11 referrals per month to external agencies. Some recurring external referrals include:
 - A community mental health agency (e.g. [CMHA Peel Dufferin](#), Peel Children’s Centre (now [EveryMind](#)))
 - Hospital emergency wards
 - Private counselling or mental health practitioners (social worker, psychologist, etc.)
 - One-Link, a single point of access for referrals to local addiction and mental health service providers
 - There was high awareness of CMHA Ontario’s [BounceBack](#) program, a free telephone-coaching and online video program based on Cognitive Behavioural Therapy principles and offered in multiple languages.
- Government-assisted refugees require an address to qualify for OHIP-covered services; however, the only agencies that can assist refugees without a permanent place of residence are located in Toronto. And, those covered by Interim Federal Health Program (IFHP) coverage should be able to get access to mental health professionals. However, finding doctors who accept IFHP coverage is a challenge in Peel, forcing clients to also seek these supports in Toronto. Clients are working around this challenge by using the services of Blue Cross, an agency that identifies IFHC-accepting doctors.

Building Capacity for Staff Mental Health

Discussions with short-term counsellors identified important areas for consideration when developing mental health capacity building trainings. These include:

- Managing their own emotions and stress levels while providing counselling services to clients going through the stress of settlement
- Developing awareness of their cultural and personal biases along with use of appropriate terminology
- Building and sustaining peer support groups amongst themselves
- Deepening their understanding of post-traumatic stress disorder training
- Conflict mediation training
- Training on cognitive behaviour therapy (CBT) and other types of counselling/therapies
- Practicing various types of meditation and their applications

Punjabi Community Health Services (PCHS) started an IRCC funded project in June 2020, covering nine regions in Ontario including Kingston, Peterborough, Durham, York, Simcoe, Halton, Peel, Hamilton and Brantford. The project employs a “Train the Trainer” model. A lead from PCHS trained trainers from various agencies to deliver workshops – the first of which is focused on compassion fatigue. Since the start of the project, several training sessions have been conducted which have created a snowball effect from training trainers, who in turn have trained their teams. The trainings have been well received and have shown positive impacts on the mental health wellbeing of their staff during the ongoing pandemic.

Compassion fatigue training within the organizations trained by PCHS continue to have positive impacts on staff mental health and wellness. Small activities like individual check-ins before starting a virtual meeting, for instance, help team members to connect on a personal level, and foster healthy relationships. These check-ins give everyone an opportunity to share their personal and work- life celebrations and pressure points further helping find solutions together. Team members also get a chance to share their pandemic coping strategies and, have the in-person lunchroom conversations that are missed when working from home. Managers have an added responsibility to prevent their own burnout along with supporting their team members, thus incorporating best practices for mental health and wellbeing of the staff into workplace routines has become vital.

Cross-Sectoral Initiatives for Newcomer Mental Health

The following section will highlight initiatives innovations involving multiple sectors for mental health support: from settlement service provider agencies, as well as mainstream mental health service providers and law enforcement. This section could inspire ways to build on these initiatives and approaches to implement recommendations in the subsequent section.

High Priority Community Strategy (HPCS)

The provincial government announced the “[High Priority Communities Strategy](#)” funding in 2020 to provide community outreach, increased COVID-19 testing and wraparound supports to racially diverse, newcomer and low-income communities who were disproportionality affected by COVID-19.

In the Region of Peel, six lead agencies have been supporting HPCS since 2021 addressing the various social determinants of health:

1. [Canadian Mental Health Association, Peel Dufferin](#)
2. [Dixie Bloor Neighborhood Centre](#)
3. [Indus Community Services](#)
4. [Punjabi Community Health Services](#)
5. [Roots Community Services](#)
6. [WellFort Community Health Services](#)

To incorporate cultural sensitivity to the outreach activities, Community Health Ambassadors (CHA) were hired as a part of a HPCS team, who are representative of the targeted communities and speak their language. Resources and educational material offered in various languages have helped overcome the language barriers with better understanding and positive reinforcement of messages to the target populations.

Canadian Mental Health Association (Peel Dufferin), Dixie Bloor Neighborhood Centre (DBNC), and Punjabi Community Health Services (PCHS) have been supporting Peel residents with mental health services irrespective of their status in Canada including international students and refugees. Through approaches like in-person wellness clinics, mindful Mondays, art and yoga therapy, mental health events and workshops, DBNC was able to build trust within the community. The participants felt included and believed that they are supported by each other, thus building stronger and more progressive communities. Mental health and addiction counseling services offered by PCHS have not only supported the mental well-being of the participants but also affected other social determinations of health in a positive way which indirectly has a positive impact on client mental health.

Ontario Structured Psychotherapy (OSP) Program

With the goal to build a connected, comprehensive mental health and addictions system that ensures Ontarians across the province can access the high-quality supports in their community, Ontario Structured Psychotherapy (OSP) Program was launched in 2017 as a pilot (until 2020). In 2021, the [program](#) expanded to include more regions across Ontario focusing on providing access to publicly funded, evidence-based, short-term, cognitive behavioural therapy (CBT) and related approaches to clients with depression, anxiety, and anxiety-related conditions closer to their homes.

OSP services in Brampton, Halton and Mississauga (OSP-BHM) are delivered through a network of organizations led by [CarePoint Health](#), but referrals are also taken for individuals who may live outside of this region. CarePoint Health has also partnered with Waypoint Centre for Mental Health Care for intake services.

The key features of the program include:

- Clients do not require an OHIP card for a referral
- Clients do not need to have a primary care practitioner or family doctor to be referred to receive OSP services
- Option for self-referral for some programs
- Free in-person or virtual services
- Self-led resources guided by a coach or clinician
- One-on-one or group cognitive-behavioural therapy sessions

The diversity data (optional for the client) collected from the clients helps the trained mental health professional to assess each client's needs in effort to offer equitable and right support.

The program also includes *BounceBack*, a free telephone-based skill-building program offered by the Canadian Mental Health Association that is designed to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry.

Holistic Crisis Planning Tool

With provincial funding support to the [Centre for Addictions and Mental Health \(CAMH\)](#), the [Peel Service Collaborative \(PSC\)](#), formed in 2014 as a cluster of system planners and service providers, representing multiple organizations who work together to improve urgent care pathways for youth in Peel. According to Peel Service Collaborative, racialized youth were overrepresented in hospital emergency departments, as well as in the justice and child welfare systems while they were not accessing the mainstream services.

Through the various surveys and focus groups conducted with diverse youth and their supports by PSC, it was recognized that mainstream services needed to better serve through more culturally appropriate, inclusive, and client centered delivery. The participants also mentioned that when they experience crisis they often rely on informal supports, such as faith leaders. To bridge this gap between the formal and informal supports PSC, along with the Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH), designed and implemented an intervention to better serve the needs of the diverse population of the region.

Holistic Crisis Planning is one part of the interventions. The approach encourages service providers to engage the individuals they serve, and with their families, to develop a crisis plan that reflects their voices and choices.

Training of service providers to use the HCP Tool has led to use of this tool in a variety of settings like schools, emergency departments, day hospitals, mental health and addiction agencies, and other community service agencies. Service providers reported to have better awareness of their biases and worldviews along with developing better relationships with their clients and families. A mobile app¹⁷ by youth and for youth was subsequently created.

¹⁷ Elise Hodson, Nastaran Dadashi, Ramon Delgado, Connie Chisholm, Robert Sgrignoli & Ronald Swaine (2019) Co-design in mental health; Mellow: a self-help holistic crisis planning mobile application by youth, for youth, *The Design Journal*, 22:sup1, 1529-1542, DOI: [10.1080/14606925.2019.1594975](https://doi.org/10.1080/14606925.2019.1594975)

Immigrant and Refugee Mental Health Project

The Immigrant and Refugee Mental Health Project (IRMHP) was founded by the Centre for Addiction and Mental Health (CAMH) in 2012, after a need was identified to support settlement, social services, and healthcare professionals with mental health related resources and trainings. In 2015, with the arrival of thousands of Syrian refugees in Canada, the project became a national initiative. The 2020 coronavirus pandemic led to the creation of an additional roster of courses was added to support frontline staff who were dealing with newcomer mental health concerns during lockdowns, and while social distancing measures were in effect.

The core functions of the project are to:

1. Enhance the knowledge of frontline workers by offering courses that cover mental health problems and disorders in different groups of immigrants and refugees, as well as evidence-based services, supports and treatments.
2. Develop skills of frontline workers by exploring promising practices through a toolkit of resources.
3. Build networks between staff across agencies through a community of practice, webinars, and online courses.

The courses also centre health equity by striving to reduce disparities between equity seeking groups and the general population. Improving access to mental health services, and training staff to identify population specific risks are core goals of the project. IRMPH is funded by Immigration Refugees and Citizenship Canada. To learn more visit: [***The Immigrant and Refugee Mental Health Project.***](#)

Other Notable Initiatives

Indus Community Services and Peel Children's Aid Society

Five years ago, the Peel Children's Aid Society and Indus Community Services began developing a framework to co-provide certain services that would lead to better outcomes for Peel's diverse children and their families. From this work the *Saath* program was born to serve the large Peel-based South Asian population. *Saath* means Together and along with *Akoma*, which focuses on the Black communities, these programs were co-designed and implemented solely with internal funding from the Peel CAS. The *Saath* and *Akoma* programs have now been formally funded by the Ministry of Children, Community and Social Services and turned into evaluated prototypes for potential use across the province's child welfare system. This partnership demonstrates that the provision of culturally appropriate services, even in a constrained fiscal environment, can be accomplished if the established mainstream agencies actually wish to try to reach Peel's diverse populations. Indus Community Services stands ready to partner should the mindset evolve at these large organizations or the various bodies that fund them.

CMHA Peel Dufferin receives funding from the Central West LHIN, Mississauga Halton LHIN and United Way Greater Toronto to support the Peel Dufferin community including newcomers, immigrants, and refugees. The organization provides equitable trauma-informed services and offers cultural competence training supported by its health equity committee.

The CMHA Peel Dufferin staff speaks 31 languages and support the community through interprofessional care teams. The top five languages most often spoken at home in Peel region as per the 2021 Census are Punjabi, Urdu, Hindi, Arabic and Gujarati. The CMHA Peel Dufferin Crisis Team, and all of the agency's interprofessional programs use language translation and interpretation regularly to support the delivery of services, and use the 24/7 Crisis Support line for Peel Dufferin.

Kids Help Phone is a Canadian charity that offers mental health support services to youth across the country. Their main services include mental health information web resources, crisis support, and professional counselling. They recently expanded their 24/7, confidential mental health phone support line, which was made possible by a two-million-dollar partnership between Kids Help Phone and the Canadian federal government. In response to significant mental health needs among refugee youth arriving in Canada in 2022 and 2023 from Afghanistan and Ukraine, the Help Phone has begun offering counselling in Dari, Pashto, Ukrainian and Russian. The partnership will continue to expand the phone service so that counselling can be accessed in over 100 languages by 2025. The federal government will continue its collaboration with Kids Help Phone, in addition to over 500 service delivery agencies, to bolster settlement services for permanent residents, including resettled refugees.

One Stop Talk is a virtual, counselling program that was established by the Ontario government in an effort to facilitate access to mental health care for children, youth and their families. The government will invest 4.75 million dollars to expand the program, which was piloted in November 2022. At present, “One Stop Talk” is available to only six mental health organizations and will soon be rolled-out in additional mental health organizations. Once fully implemented, the program will be available to all children and youth requiring mental health counselling. Furthermore, the government is working to increase the number of Youth Wellness Hubs across the province. There are currently 14 hubs, which were established in 2020. The Malton hub also covers Peel region and Mississauga. 8 more hubs will be created to offer youth support in accessing mental health and addictions services, as well as primary care, and social services among others. “One Stop Talk,” will positively impact newcomer youth mental health, as it will serve as an additional pathway to accessing needed mental health care services.

Crisis Response with Police

In January 2020, Peel Regional Police in collaboration with Canadian Mental Health Association (CMHA) Peel Dufferin launched the Mobile Crisis Rapid-Response Team (MCRRT). The team is made up of one crisis worker (a registered nurse, registered social worker, or occupational therapist), and one police officer trained in mental health crisis response.¹⁸ PCHS is a partner with CMHA Peel Dufferin and Peel Regional Police in this program to provide culturally sensitive response to mental health crisis call.

The primary goals of the MCRRT are to:

- Make an immediate on-site clinical assessment of the person in crisis
- Attempt to stabilize and defuse the crisis
- Assist in removing the individual from serious harm to themselves or others
- Provide supportive counselling, as needed
- Arrange appropriate mental health treatment through referrals to an appropriate agency or apprehension under the Mental Health Act
- Coordinate and facilitate transportation to the hospital emergency department if further psychiatric or medical assessment is required¹⁹

In the first month that the project was implemented, a reported 70% of mental health related 911 calls were diverted from hospitals to other mental health service providing agencies.²⁰ An additional benefit of the model is that the number of apprehensions under the Canadian Mental Health Act have been reduced.

¹⁸ Peel regional police launches the Mobile Crisis Rapid Response Team (MCRRT). CMHA Peel Dufferin. (2020, January 13). Retrieved December 15, 2022, from <https://cmhapeeldufferin.ca/peel-regional-police-launches-the-mobile-crisis-rapid-response-team-mcrrt/>

¹⁹ ibid

²⁰ ibid

Recommendations

Newcomer's mental health challenges can be detected during the settlement intake process, or while other support services are being received. This can result in internal referrals to IRCC-funded short-term counsellors within those same agencies or referrals to external, mainstream mental health providers.

The following recommendations are proposed based on the evidence shared in this report and consultations with immigrant and refugee-serving settlement organizations and other community service providers.

1. Increase collaboration between Ontario Health Teams, mental health service providers and settlement providers to create culturally-responsive programs and services.

As Ontario Health Teams explore their role in mental health, addictions and health equity, mainstream providers of mental health services can augment their ability to serve Peel's culturally-diverse residents. Local settlement agencies serving newcomers can play a supportive role by sharing their newcomer-focused expertise, leading to more culturally-responsive programs and services. Culturally appropriate and language-specific mental health supports are established by service providers to maximize effectiveness of current investments in mental health related programs, including the creation of new peer support networks that provide incremental supports.

2. Clearly delineate the short-term counsellor role in relation to other adjacent positions across IRCC-funded agencies to ensure role consistency and provide tailored training.

Settlement-sector consultations (such as the [2017-2018 IAOP Crisis Support Sub-Committee Report](#)) and a 2020 short-term counsellor focus group have uncovered variation in the work of short-term counsellors across different agencies, as well as opportunities to enhance the contributions of this key settlement role.

3. Improve staff mental health by providing staff with adequate supports for their own self-care needs to prevent and mitigate burnout, compassion fatigue and stress.

Staff mental health continues to be a key issue raised for professional development needs: Staff mental health training was ranked as the top identified topic and client mental health was ranked seventh, based on a sector-wide survey on professional development needs of newcomer-serving staff in November 2022.

4. Detect mental health challenges early in the settlement process to ensure faster referrals to appropriate services.

Findings from community planning discussions, as well as surveys from short-term counsellors, point to a strong need for the early identification of mental health challenges among newcomers arriving in Canada. Many settlement staff believe that, where possible, mental health challenges should be identified at intake, so that treatment and/or management of mental health conditions could occur concurrently with other services they receive during the settlement process. Early intervention is needed to address pre-existing trauma, meet basic needs, and make appropriate referrals to better support a newcomer's settlement journey.

5. Create and adequately resource more emergency mental health services for immigrants and refugees needing urgent care.

Local dialogue regarding urgent mental health care has seemingly increased in recent years. For example, stakeholders have noted the increase in emergency-department visits among newcomers, including temporary residents such as international students (a significant percentage of whom become permanent residents). A full continuum of mental health care is not limited to those experiencing mild or moderate symptoms; it must also include care for those in urgent crisis.

6. Foster partnerships with local faith groups to promote mental health, support referrals and reduce stigma.

Feedback from agencies strongly suggests that a collaboration between settlement service providers and religious organizations would yield positive results for the promotion of good mental health and the prevention of mental health challenges. There is a high proportion of Peel residents who connect with places of worship and there may be more trust in faith leaders than in service providers. A collaboration between settlement agencies and faith groups would help in reducing stigma and in creating a pathway for the early identification and referral of clients with mental health challenges.

7. Explore a family-centred approach to mental health care, with particular attention to newcomer children, youth and seniors.

Currently there are distinct systems in place to support children, youth, adults and seniors. Settlement workers in schools are typically the first point of contact for newcomer children or youth experiencing mental health challenges, whereas adults can receive supports from IRCC-funded short-term mental health counsellors if available as described in this report. Peel-based settlement workers have indicated that an integrated approach to mental health care that, where appropriate, incorporates the whole family into the circle of care, would better meet cultural expectations.

Mental Health Resources

1. Canadian Mental Health Association (CMHA) Peel Dufferin's [Quick Guide: Mental Health & Addictions Resources](#) – a service-navigation flyer that can help facilitate cross-sector client referrals.
2. [Connex Ontario](#) – Helps service users across Ontario to connect to mental health, addictions and problem gambling support services.
3. The IAOP Crisis Support Sub-Committee has compiled and updated a crisis-support resource listing crisis support workers by organization as well as tips for recognizing mental health challenges and links to supportive programs for clients experiencing distress, violence and food insecurity.
4. Region of Peel: [Mental Health and Wellbeing Supports](#) (COVID-19 Response in Peel) – a local resource list of mental health, stress and anxiety supports was recently compiled collectively by members of the Region's multi-stakeholder COVID-19 Community Response Table. It updates our regional catalogue of service providers addressing mental wellness during the pandemic.
5. [Wellness Together Canada](#) – a Government of Canada portal connecting Canadians to no-cost mental health and substance use support, including:
 - Wellness self-assessment and tracking
 - Self-guided courses, apps, and other resources
 - Group coaching and community of support
 - Counselling by text or phone
6. [WhereToStart.ca](#) – an online intake portal that facilitates access to local mental health services.
7. [211 Ontario](#) – Connects service users to services in communities across Ontario including settlement supports, mental health, abuse and crisis support, housing resources, and family services.

Abbreviations

CBT	Cognitive Behavioural Therapy, a short-term, goal-oriented psychotherapy treatment aimed at changing patterns of thinking or behavior
CMAJ	Canadian Medical Association Journal, a peer-reviewed general medical journal published by the Canadian Medical Association
IAOP	Information, Awareness & Orientation Partnerships, one of four sub-committees of the Peel-Halton-Dufferin Language & Settlement Partnerships (a network of IRCC-funded agencies and programs) and the one that encompasses the work of crisis support workers in settlement agencies
iCARE	Immigration Contribution Agreement Reporting Environment, an IRCC reporting platform designed to support the delivery of settlement services and the measurement of service activities and outcomes
IRCC	Immigration, Refugees & Citizenship Canada, a federal government department responsible for newcomers to Canada
OHT	Ontario Health Teams – collaborative, hospital-based networks in localized geographies across Ontario that plan around local health care needs
OCASI	Ontario Council of Agencies Serving Immigrants was formed in 1978 to act as a collective voice for immigrant serving agencies and coordinate responses to shared needs and concerns
OCMS	The OCASI Client Management System is a database that can be used by multiservice agencies across Canada to record and retrieve important client information while generating detailed reports on individual and group activities
PNSG	Peel Newcomer Strategy Group, a local immigration partnership
SDN	Service Delivery Network, a Peel Newcomer Strategy Group advisory

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Appendices

Appendix A

Mental Health Status of Canadian Immigrants during the COVID-19 Pandemic

A 2020 Statistics Canada report released in July 2020 using data crowd-sourced from over 46,000 residents of Canada found that recent immigrants reported higher levels anxiety (using Generalized Anxiety Disorder criteria from the diagnostic statistical manual), and poorer mental health overall than the Canadian born and established immigrant populations. In addition, newcomers also reported worsening mental health due to increased isolation. The following are key data points from the research:

'Past studies suggest that immigrants, generally, arrive in Canada with better self-perceived mental health than Canadians, but it declines after spending some time in Canada (Salami, 2017). Results from the crowdsourced survey suggest the opposite: 28% of recent immigrants reported fair or poor self-rated mental health, compared to 20% of established immigrant participants, and 24% of Canadian-born participants.'

Participants were asked how their mental health has changed since the implementation of physical distancing. More than half (52%) of recent immigrant participants indicated that their mental health was either "somewhat worse" or "much worse", compared to 44% of established immigrant participants and 53% of Canadian-born participants. On the other hand, 12% of recent immigrant and established immigrant participants reported "somewhat better" or "much better" mental health since the implementation of social distancing, compared to 9% for Canadian-born persons.

Recent immigrants were more likely to report having experienced at least one symptom of anxiety (91%) in the two weeks prior to completing the survey than established immigrant (82%) and Canadian-born (86%) participants.

Recent immigrant participants reported symptoms consistent with moderate to severe generalized anxiety disorder (GAD) more often (30%) than established immigrant (21%) or Canadian-born participants (26%).

These findings are not conclusive however, because this survey was not conducted using probability based sampling.

Appendix B

Key informant interviews

PNSG conducted key informant interviews with local stakeholders, not exclusively for the purposes of a report, but to increase its understanding Peel's mental health service capacity. The following is a list of organizations and programs consulted:

1. Afghan Women's Organization
2. Arab Community Centre
3. Camilla Road Senior Public School, Peel District School Board
4. Catholic Crosscultural Services
5. Catholic Family Services Peel-Dufferin
6. DEEN (Disability Empowerment Equality Network) Support Services
7. Dufferin-Peel Catholic District School Board
8. Family and Child Health Initiative, Trillium Health Partners
9. ICNA Relief Canada
10. Medical One Centre for Family Practice and Walk-In Clinic
11. Nisa Homes, National Zakat Foundation
12. Peel District School Board
13. South Asian Canadians Health & Social Services
14. We Welcome The World Centre, Peel District School Board

Organizations with short-term counsellors in Peel and Halton (as of Oct 2022)

1. Afghan Women's Organization
2. Brampton Multicultural Community Centre
3. Catholic Cross-Cultural Services
4. Centre for Skills Development & Training
5. Dixie Bloor Neighbourhood Centre
6. Halton Catholic District School Board
7. HMC Connections
8. Indus Community Services
9. Newcomer Centre of Peel
10. Peel Multicultural Council
11. Polycultural Immigrants and Community Services
12. Punjabi Community Health Services

Service Delivery Network crisis worker focus group (January 2020) participants

Several SDN stakeholders attended a crisis worker focus group hosted by Punjabi Community Health Services in January 2020 to inform this report. A summary of attendees by organization:

Affiliation	Number of participants
Malton Neighbourhood Services	1
Peel Multicultural Council	1
Polycultural Immigrant & Community Services	1
Punjabi Community Health Services	4
Peel Newcomer Strategy Group	3



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