BRITISH COLUMBIA | Ministry of Mental Health and Addictions

What We Heard

Refugees, Newcomers, and Immigrants Roundtable Dialogue

Vancouver, September 19, 2018

On September 19, 2018 Neilane Mayhew, Deputy Minister, Mental Health and Addictions, and staff met with 18 service providers from a variety of organizations representing the new immigrant and refugee community in the Lower Mainland.

This dialogue was part of the Ministry of Mental Health and Addictions' engagement process to develop a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include listening and learning from a broad spectrum of individuals, communities and Indigenous people from across the province. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

We recognize that our mental health and addictions system needs reform despite the passion and dedication of service providers who are working hard every day to care for others. The roundtable provided an opportunity to listen and learn from the experiences of immigrants, refugees, as well as settlement workers, counsellors and people who provide community-based supports in schools and community organizations — so we can build from the strengths and approaches that are already successful.

Participants met in small groups supported by a facilitator and were invited to discuss what people, programs and/or services have supported newcomers to Canada. Participants then identified specific challenges they've experienced or observed, and what would have made a difference and what changes and improvements to the system of care they would like to see. Finally, participants were asked to identify priorities for Ministry action that would be the most impactful in supporting the journey to recovery and wellness for newcomers to Canada.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] This report summarizes participants' input and suggestions by themes, illustrated with selected individual responses transcribed in their own words.

Most frequently, participants called for better integration and collaboration among services that cover the entire continuum of mental health and addictions treatments, specifically with regards to communication and cooperation between all levels of government entities. Funding and training were identified as high needs areas, particularly with regards to settlement-informed and trauma-informed practices. Many of the participants' spoke of frontline workers having to deliver services that they are

[1] The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

not currently trained to provide due to a lack of funding and support. An absence of multilingual and culturally appropriate services was identified as a large barrier for newcomers to Canada, even more so for those that are outside of city centres and are therefore isolated from existing services.

The full list of themes includes:

- **Funding**
    - Less restrictions on how it can be used

- **Culturally appropriate multilingual services**
    - More non-traditional approaches (non-Western)
    - Cultural competency in service providers

- **Training and support for frontline workers**
    - Settlement-informed practice
    - Trauma-informed practice
    - Wraparound services
    - Case management approaches

- **Better access to services for:**
    - People living in rural areas
    - Those without official immigration status
    - Families as a whole (as well as individually: children, youth, women, men, seniors)
    - Youth transitioning to adulthood
    - Domestic and family violence supports

- **Improved cross-government communication and approach (between ministries and between different levels of government)**

- **Trauma-informed and settlement-informed services**

1. What has worked/is working in the system of care?

'Informal' Programs and Services

- there is at least one source that they can go to"
- Using cultural competency: "Having a sensitive understanding of religious issues, respecting norms of refugees"
- Community organizations offering non-traditional services "More than just language, understanding the culture, the way of looking at the world…cultural connection"
- Group sessions facilitated by someone from the same cultural background
- Community organizations talking about mental health in a non-Western way "asking [questions] in different ways, don't use language such as 'anxiety' or 'depression'"
- Community-based programs: people who work on the ground being able to identify needs and support individuals that otherwise may not come forward to access resources (due to fear or other barriers)
- Working with families as a whole "to help support the family structure, focused on kids…group counselling to the whole family unit"
- Creative supports are a good way to communicate especially with language barriers. Expressive Art: "run by a facilitator…we help them to do the thinking and drawing together in the form of an art project…to help the family work together to solve a problem or create something artistic together"
- Using art therapy with children
- Using a case management approach
- "The wraparound approach is very effective"
- Acknowledging the "intersecting impacts of being a refugee and being queer"
- Using trauma-informed and settlement-informed practice
- "Parenting programs on the ground level are doing good work in Surrey"
- There are a lot of 'informal' programs and services available, e.g..: "we have been running a group for refugee claimants…who are at a variety of stages in the process, from just arrived or just passed (or not passed) the claimancy process. It helps with the gruesome wait times…it helps them find others that are going through the same thing and to access resources."

'Formal' Programs and Services

- Vancouver Coastal Health community mental health teams
- Vancouver General Hospital (VGH) cross-cultural psychiatry program
- VGH has new residential facilities
- The provincial line – the refugee support line – which serves as a consultation line for frontline workers
- A two-year pilot project through private sector funding which is "testing a new model providing refugees with 10 pre-paid registered clinical counselling interventions (in their first language), the findings from year one have been extremely encouraging."

"Good work happens when folks with lived experience are the connection to the refugees and newcomers."

"Having that intersection of [cultural, lingual and spiritual] knowledge is important...look at the complexities the person is going through."

- A partnership with Ministry of Children and Family Development (MCFD) (in Burnaby) that works through schools and allows youth to be referred when they are having issues.
- Pacific Spiritual Clinic (Vancouver Coastal Health)
- Adverse childhood experiences (ACEs) are negative, stressful and traumatizing events that occur in childhood and may impact later health. Use of the measurement tool, used with over 20,000 children so far helps identify people with high ACEs scores who may be vulnerable, so earlier intervention can be offered.
- Fresh Voices – funded through Vancouver Foundation has a good report on working with immigrant and refugee youth.

2. Challenges that you have experienced or observed:

- **More youth recovery** "I haven't come across any that work well."

  In-school supports: "Settlement services in schools is important."

  "Helping staff in schools understand adverse childhood events and how these affect behaviour and life-long impacts etc. What can school districts do to help support progress happening on this?"

  "Fast judgement of family when they go to school. There is trauma, etc. for lots of Syrian families – teachers etc. don't realize that these children didn't see that much; they weren't in refugee camps etc. but children saying they've seen horrible things, but they see it on Facebook and on TV etc. They're seeing this violence of where they came from and indirectly experiencing the trauma."

  Need cultural support to transition kids from war-torn countries into the school system, it's very difficult for them to adapt: "when they came they couldn't get used to the school system, so they end up on the streets, gangs, drugs, prostitution."

- **More child-specific supports:** "…we are missing services for children, we are trying to bring music therapy and art therapy, without funding, children lack access to services, they are under constant pressure from what their parents are going through."

  "Early childhood education: having it available at services/programs so that parents and children are all together. Client-driven services."

- **Better support for youth as they become adults** "They are no longer viewed as a child as of 18 years old. Big mental health issues start at 14 and are not always diagnosed until 18+. As a 19-year-old, accessing services is hard."

- **Supports for men:** "It is difficult to involve men in these discussions, every time I call clinics on behalf of a man, I can't get them into the services, I can call BC Women's Hospital and Health Centre …but men, I cannot get them into the services"

- **Better approaches for keeping families together** "When we start to get MCFD involved, children go into foster care, and we see very problematic cycles starting, multi-generational cycles…they are arriving as traumatized individuals, if we support the families and communities appropriately, we can keep families together"

- **Accessing services when family violence is occurring:** "The law says domestic violence is wrong, you encourage the woman to leave the situation and after that, the resources are zero. They don't have housing, they don't have legal aid, and if they do, it is minimal. If they go to the

"[being a newcomer to Canada] increases your vulnerability and risk for mental health and addictions [issues]. We're all sharing examples of increased factors for onset of symptoms, inability to cope with symptoms, and then ending up with addictions."

"A lot of refugees may be 26 [years old] but they have to do school again, so they are youth again…or sometimes at 12 or 13 [years old] you have to support the whole family and friends with adult responsibilities because you can speak English. We need to better understand the intricacies of age [groups]…and programming offered to these groups."

police, they can get a (restraining order) – the police are wondering why no reports are being made."

"We get all the immigration, no status, they come as a refugee claimant and the refugee claimant is on the husband, the domestic violence takes place, and then the women leaves and she loses her status. Lawyers are telling them to stay in the relationships so that they can keep their status, then something happens, and the police are saying why did you stay in a violent relationship. Language and understanding and how to access services is so important, how to access legal aid. We didn't want to compartmentalize immigrants as new and old, we have seen domestic violence happen after 20 years because of shame, stigma, isolation…."

"The challenge that we face, is that the ability to access mental health services in languages other than English…"

- **More culturally appropriate services for addressing domestic violence:** "It's better that we have a family intact, educate the husband and wife through counselling, anger management, psychiatrists and community supports."

- **Lack of multilingual programs and services: "**Trying to find services in their own language – especially counsellors for adults. Hard to build relationships with a translator; it also takes double the time."

  "Highly trained new immigrants but lacking the language – is there a way to utilize their valuable experiences."

  "…there are services, but how do we communicate to the community the services available to them? There are technology and language barriers."

"[Precarious immigration status] this is usually what is missing, they are never included in the services; they are never mentioned; this conversation needs to come to the table; there are 1000s, sometimes more than refugees, migrant workers, Filipino, Mexican…who are coming throughout the year. Status and non-status need to be included, we don't provide early support for them"

- **More understanding and use of both settlement-informed practices and trauma-informed practices** "Doctors need training to avoid using words that are stigmatizing."

- **More use of cultural brokers** who understand the context and nuances that exist for newcomers to Canada. "Many of the new Canadian clients don't want to access counselling – they feel it is stigmatizing."

  "Having a cultural understanding and the background is very crucial - one client was tortured – after years of therapy still nothing was working – when they talked in a poetic way in their native language in Arabic, describing something within his first language, a cultural understanding is crucial and a big role – she was able to help this client and communicate and connect."

  Different populations have different needs, there needs to be more services to address these issues separately.

- **Importance of understanding the cultural context:** "There was a mother observed…she was in the transition house and they offered clothes for the mother and child, and the mother refused. They said this mother is negligent and unhygienic. Our worker went to the mother and spoke to her in her language and culture, and the mother said "how do I know these clothes are not from a child that passed away?"

- **Importance of language:** "[anxiety/depression/mental health terms] …it is seen as a western disease, [you need to get your] immigration status or [they will] remove children from the home. People are at risk if they admit mental health issues (that is their fear). There is so much stigma regarding "mental health" as it could impact their status."

  "Families – denial is a big issue when it comes to mental health. Coming from different cultures – e.g. the child having attention difficulties and hyperactivity, but the family will call this an active child. Everyone wants the child to have an assessment for ADHD, but family doesn't want it – they think nothing is wrong."

  "They (clients) don't see mental health as an issue they don't relate to western terms. What works is using different terms and language" "Translator having to articulate pain etc. ultimately subjectifying the person … Having a translator equipped to flesh out actual experience is key."

- **Frontline workers need more support** "…we're not in the business of providing formal mental health support. We provide informal (peer support, intervention, language supports) and so the challenge for frontline staff is that without access to [formal services] then there is a tendency for our immigrant or refugee clients to come back to our staff looking for help that they shouldn't be providing, they aren't trained to provide." "Workers are looking after the mental health of newcomers – how can we look after those workers' mental health? A lot of these workers are refugees themselves, so they're getting retriggered. How do we help those who help others?"

  "Support and capacity-building. We are very short psych[iatric] nurses. They have a special place for social issues…To add to that capacity-building for families, communities and cultural groups, both in the short and long term, recognizing that we need to create a pipeline from connected cultural groups to become registered nurses, psych nurses, social workers, and doctors to support their communities, because that's the most effective."

  "Health care brokers – can support people and help connect people to services, through the lens of lived experience (they have lived experience)" "Group sessions are effective when connected together in a group, facilitated by someone from the same cultural background and then a facilitator within the group – avoid the "mental health" sadness, so when you hear mental health they think it means mad or crazy."

  "Need more frontline workers. Changing to current frontline workers – shifting cultural understanding and having training for existing workers. Need transition times. Priority for education of transition." "Capacity of existing resources and adding new people to be able to effectively serve diverse backgrounds."

"We have been deprived from funding. Funding usually goes to huge organizations…the government has been absent for a long time. There is a historical thing that services have been denied for these communities…it needs to be long term and sustainable…Other languages available, recognizing that there needs to be access, without fear of not being served because of their status."

"…the interpreter has to do formal interpretations; the *cultural* interpreter helps to tell the patient what the physician wants and what is happening for the patient…so they can do culturally appropriate work."

Need more first responders with crisis intervention training "One family had to call the police – the police responded by following the rules – but now the family is separated. The police don't have enough understanding of the family's culture…[but] employers can't ask for crisis intervention experience or you won't get enough qualified [applicants]."

"Settlement workers need to advocate for the client, but that doesn't always work as the settlement worker is in the middle between the police, the school, and the family."

- **Funding** shouldn't have such strict parameters, "it's boxed into things, this is all you [can] do, there needs to be a coordinated way…some flexibility for the funding. We have people with the capacity, but they can't provide [the service] because it doesn't fall under that funding."
  Need more sustainable funding options.

  "How do you capture those that are not at the table – or those who come once or don't stay? Continue to fund as many different kinds of programs and look at who's missing at the table. LGBTQ groups, young people those in transition (children of newcomers etc.)."

  "The funding won't allow for counselling or mental health services – not allowed to support, refugee claimants can't be eligible for these mental health and substance use supports."

  "Government is creating more gaps - "this is not my mandate" whatever is not sexy doesn't get funding, Prevention and promotion doesn't get funding."

  "Operations are huge issues – no funding for rent – how do we keep ourselves open etc. Small organizations are a struggle."

  "Funders do not want to invest in administrative expenses."

  "Contract out to newcomer/settlement organizations: what that does is because we have the experience of newcomers and refugees we can practice cultural, lingual and spiritual brokerage. Adapt a program's best practice."

  "Enhanced settlement workers on the ground providing counselling help - funding for these how to support people on the ground."

  "Not enough funding for people without status or with precarious status."

  "There are lots of informal mental health services people are doing off the sides of their desks. How can these programs be properly resourced, be scaled, etc.? Federal government has made it a competitive environment for funding, instead of supporting each other."

  "Take a look at pre-existing funding given to organizations ask for best practices so they can be scaled. Scatter funding outside of hospitals and clinics, more community based."

"The role of the interpreter needs to be more than just direct translation. I get red flags when there is a direct interpretation over the phone, they need to be cross-cultural brokers, trauma informed…there is training."

"…the stigma, if we had women or domestic violence in our title then we wouldn't have people come to us, naming is important, when she comes for family services, she is more likely to come."

"Long term funding needs to be incorporated into programs - rethink how multiple agencies work together as it's a challenge."

- **Access to services and funding for services should not be dependent on immigration status** (temporary workers, seasonal worker, in the claimancy process): **"**Limbo people – challenges faced for those who are in between, they are not accessible – even children can't go to school."

  "Eliminate the need to report people's permanent residence (PR) number when they access services: "As soon as we help someone we have to tell them we have to report this to PR and eventually your information will get to the government, and that will influence their cases."

  "Understanding culture for service providers – dividing services into cultures rather than status (refugees, immigrants etc.)."

- **Inter- and cross- government coordination and collaboration:** Ministries need to have a more coordinated approach, too many people give up and fall through the cracks because each ministry can only focus on what falls under their mandate "MCFD [Ministry of Children and Family Development] doesn't care about the context [they have] a narrow focus on children only" "the cross-government silos are very troubling."

  "The need for a province- wide approach, there are initiatives and promising practices under different health authorities, but we are missing a provincial approach to refugee and immigrant mental health and addictions. We know, for those that are in different jurisdictions in the province it is not as good, (rural)."

  "There is so much fragmentation, People have to tell their story over and over. It should be "one place, one time, tell the story and work with one person for managing all the needs."

  Lack of coordination between the federal government and the Province "there is a blanket understanding that all comes from the province. Feds take care of immigration and settlement needs but not mental health support." "With thousands of refugees who are chosen because of [their] high needs, but there are no services [to support them], so they are being retraumatized with the lack of support. Clients attempted suicide because of substance abuse and violence."

  "Government contracts (RFPs) have a lot of barriers to access; the funding models are designed to support the larger organizations vs the smaller organizations – how do we scale up and lift up the smaller organizations?" "Fiscal yearend programing and health authority fiscal decisions impact all the time... [it leads to us] competing against each other – we should support each other – at the end of the day the community competes, then the client suffers."

  "A more coordinated hub, an idea of community-based and inter-ministerial service, so the mandate blurs, focusing on youth, women and children."

"Recognizing that a gender-based approach to working with people is needed. Men will have trouble accessing regular services…because of safety issues we don't generally think of safety issues with men, but they are there. They won't share as needed if they don't feel safe."

"Mental health services have been relying heavily on front line workers, we are super tired."

"Train or create programs that makes it appealing for people to become counsellors who have the background and cultural understanding and language"

"There is nobody to refer to especially for refugees with no status."

"The notion of being able to refer a refugee to free counselling services. It needs to be free because they have no money. We are seeing a need for a pan-Canadian approach, because the feds are increasing the number of refugees arriving in Canada. In conjunction with UNHCR (UN Refugee High Commissioner for Refugees) we are expecting more refugees in BC, and they will need early intervention. With privacy."

"A few of us have been advocating for many years, the jurisdictional responsibility to provide support to refugees should be the feds. In BC we have this ministry but what about everyone else? We need to develop pan-Canadian practices, so that there is a level of comparable services nationally when we are providing support to refugees. That speaks to the notion of assessment tools, reporting, logic models, all of these pieces that ensure that whether a refugee lands in Ontario or BC they would be able to find he support that they need in a timely way. Refugees are invited to come to Canada. They need to be supported."

"Barriers to accessing services – government always asking for stats – more human approach from government."

"Feds need to acknowledge that some real work needs to be done and have dialogue with the province to understand what is needed and to be unique and responsive."

- **More support outside of city centres**: "Migrants, refugees are not just in the cities, there are 10,000 people that come to BC from all of these countries, last night we were up until midnight at a farm, where a woman hasn't been paid for three weeks, there is a lot of anger and depression because they need to support a family at home."

- **Involving community leaders and organizations:** There needs to be more support, training and inclusion for community leaders that provide informal counselling "Imams provide counselling, they are not trained counsellors, they are religious. How can they treat them? We should build their capacity."

  "Pay attention to small community organizations – their work is crucial with vulnerable populations - It's impact can be assessed – provide unique support - We are guided by the community needs."

- **Practical challenges** such as transportation costs and financial barriers "Seniors who are facing financial barriers, are brought here to help look after the grandchildren and are isolated."

  There is a three-month delay in being able to access insurance which is a huge gap for people facing trauma.

  It's very difficult for highly trained newcomers whose qualifications aren't accepted, it can quickly lead to depression and loss of identity.

"I know an emergency doctor working in a bakery because he cannot preform surgery in Canada. Causes deep depression due to losing their identity. The longer a family lays in wait for paperwork or learning English etc. that window of wellness starts to close…due to lack of engagement with the outside world after a year. Can potentially cycle into violence, addictions, depression, anxiety. Social isolation of not being recognized for their education. …they feel like they have no value in this country…it takes so much time for accreditation. Systemic issue (many have to support themselves so study at night etc.)."

Main Themes:

Thoughtful Approach

- Trauma-informed
- Settlement-informed
- Case management
- Wrap around services
- Family-focused treatment
- Facilitated cultural group sessions

Intersectionality:

- Age demographic
- Gender identity
- Sexual identity
- Cultural background
- Language
- Religion
- Trauma
- Reason for migration

Families

- Domestic violence
- Keeping families together
- Work with families as a whole
- Creative supports
- Fear that accessing services will result in children being removed

Multi-lingual services

- Need more services in diverse languages
- Need more counsellors with diverse language abilities that understand the cultural context

Hiring, Training and Support

- Train doctors, medical service providers, police, first responders and service providers in trauma and settlement-informed practices
- Cultural sensitivity training for anyone that works with immigrants and/or refugees
- Need funded support for frontline workers to prevent burnout, compassion fatigue and vicarious trauma
- Capacity building of those in the community that can help others because of their lived-experience (peer support) and as a way of providing work for those whose credentials don't transfer
- More health care brokers to help people navigate the system
- Need more frontline workers

Immigration Status

- Fear that accessing services will impact their immigration status
- Services unavailable to those who don't have official immigration status
- Status is tied to a specific family member making it impossible to leave in the case of family violence

"Support – educate the family head (male) – the head of the family/ the man, support your children and support your wife which can be effective. This depends on the community."

"We are hiring a clinical supervisor to supervise the staff because of the vicarious trauma, and the compassion fatigue, to fund a position like that is an important recommendation. Support for staff is critical. Clinical supervision where every counsellor has the opportunity to go through clinical supervision. Most of the services do not include clinical supervision."

Cultural Services (Cultural Competency)

- Use of non-traditional services (not Western-centric)
- Intersectionality of issues facing new immigrants to Canada
- Understanding the cultural context of the client
- Don't use 'mental health language': depression, anxiety, etc. It carries a lot of fear and cultural stigma
- Translators need to be able to communicate the cultural experience not just translate verbatim

Addressing inequity between rural and urban services

- Need an increase in services in rural communities (lack of cultural or multi-lingual services outside of city centres)
- Need to increase capacity of health care teams at the community level especially in rural and remote areas
- Increased vulnerability due to isolation
- Little information available on services they can access and how

Increased funding

- Need long-term sustainable funding
- Funding doesn't cover overhead, which is expensive
- There should be an emphasis on contracting to more community organizations as they have very unique on the ground experience (cultural, lingual, lived-experience)
- Small organizations need better access to government funding
- Funding shouldn't be tied to immigration status as it limits access for those who have precarious or no status)
- Funding creates competition between organizations instead of helping organizations collaborate and work together

Cross-government and collaborative approach

- Improve how organizations, agencies and government work together
- Too many silos within and across ministries, which duplicates work
- Need a coordinated approach between the provinces and the federal government
- Need a national approach so that newcomers receive the same services regardless of which province they land in

Improve access to services

- Reduce wait-times
- Reduce cost for clients
- Have one number that directs clients to services at the onset of mental illness and addiction
- Help and advocate for people who can't make calls on their own behalf.
- Eliminate barriers to services created by requiring people to re-tell their stories
- Need to address language, technology and geographic barriers

"Informal mental health support like settlement organizations don't have mental health funding under federal funding. For example, Healthy Self Healthy Families. They become enhanced settlement workers who work with clinical councillors to provide groups help. They provide stress and family support in an indirect way."

3. Report out: What did you find useful and how will you use it in your work?

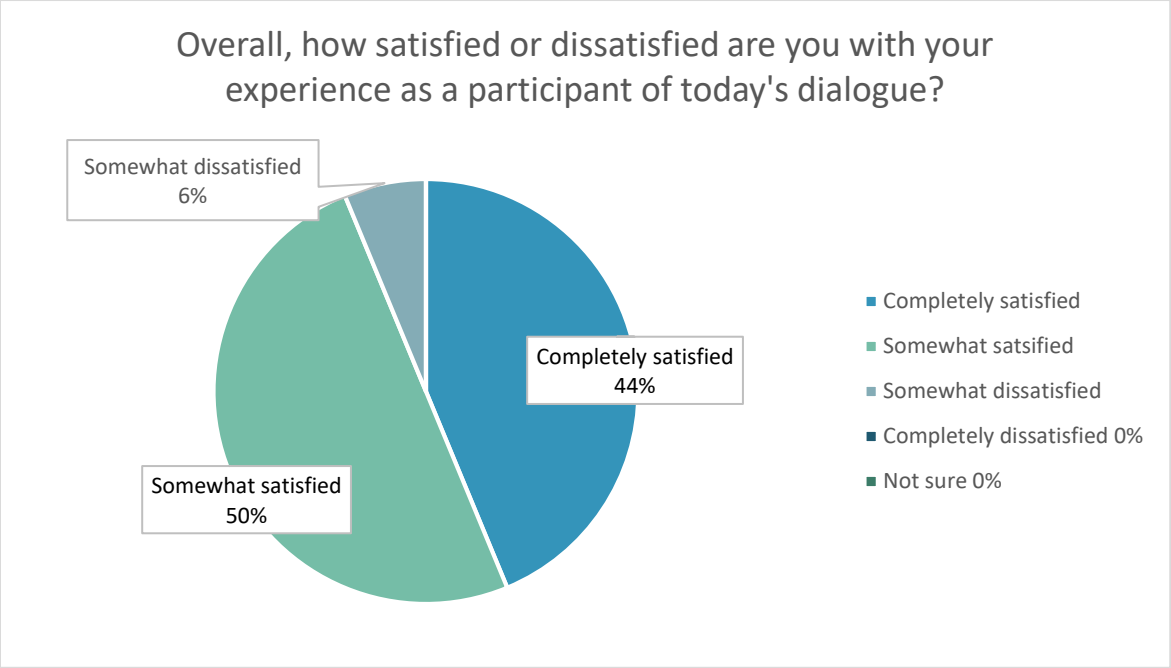
- "I learned that the Ministry has been created and is going to address some huge challenges."
- "Culturally appropriate services and need for supportive programs."
- "An understanding on what is mental health and wellness – the definition, understanding at the ground level how diverse these populations are."
- "Support for all newcomer youth – critical ages of getting support; the definition of age needs to be addressed, graduating out of school is a vulnerable time."
- "Trauma and Settlement informed practice and blurring mandates so that cross-government work going on."
- "[Addressing] fear and stigma in families and connecting mental health resources."
- "Good to hear different perspectives from people who work in the community."
- "Talking about it [mental health and addictions] more and what does it mean for refugees and newcomers and how they can be supported and helped."

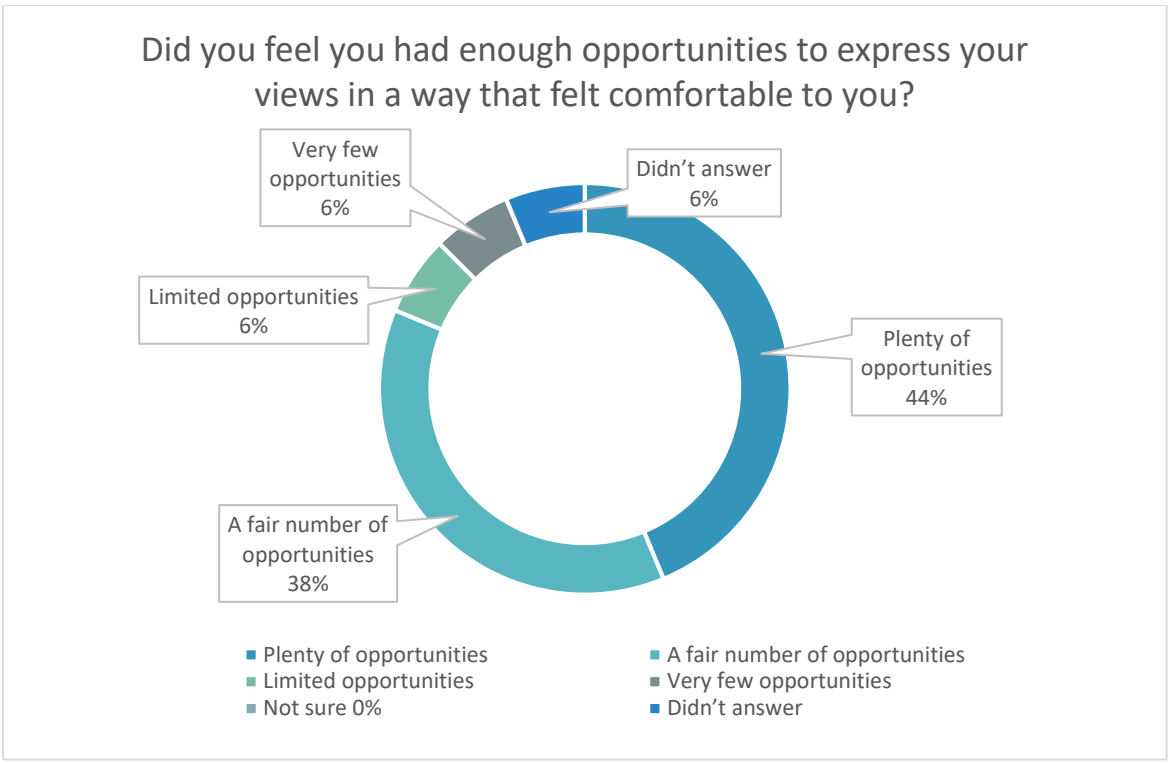
4. Participant feedback on the session

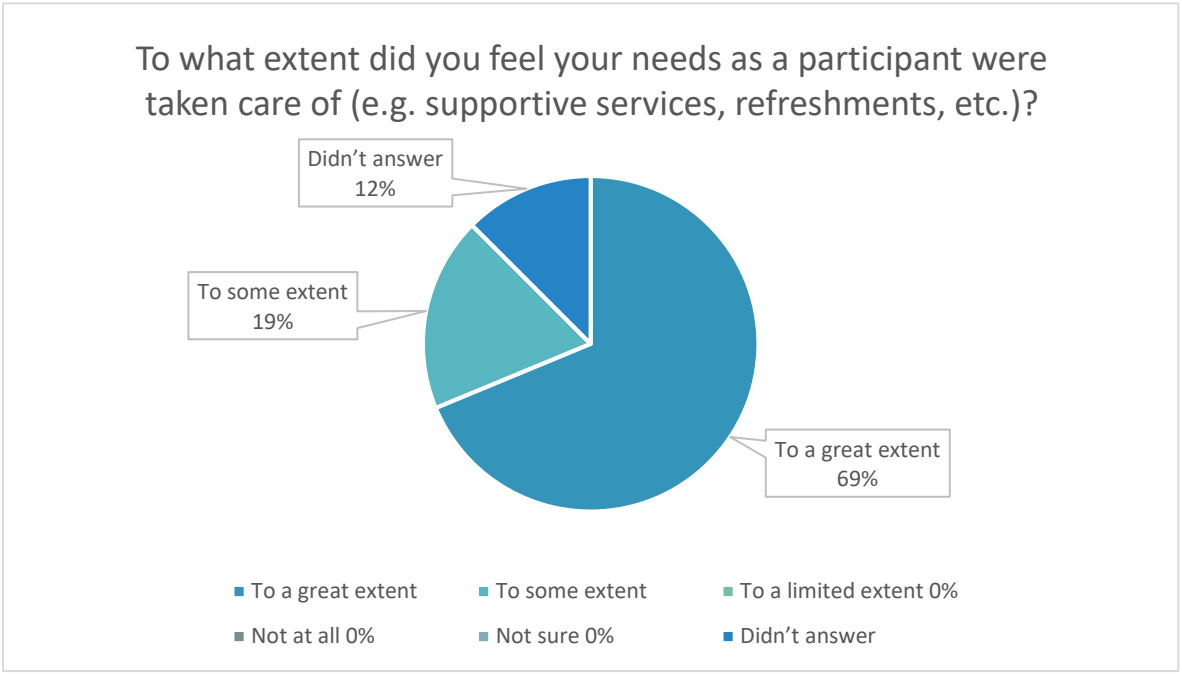
"NOT ENOUGH TIME!"

"Created hope to move forward in mental health resources."

"The Ministry is taking this seriously and making things hopeful."




Did you feel you had enough opportunities to express your views in a way that felt comfortable to you?
Very few opportunities 6%
Didn't answer 6%
Limited opportunities 6%
Plenty of opportunities 44%
A fair number of opportunities 38%
Plenty of opportunities
A fair number of opportunities
Limited opportunities
Very few opportunities
Not sure 0%
Didn't answer


To what extent did you feel your needs as a participant were taken care of (e.g. supportive services, refreshments, etc.)?
Didn't answer 12%
To some extent 19%
To a great extent 69%
To a great extent
To some extent
To a limited extent 0%
Not at all 0%
Not sure 0%
Didn't answer