

Newcomer Community Wellness Project

Report

*Im/migrants' Perspective of their
Mental Health and Wellness*

OCTOBER 22, 2014

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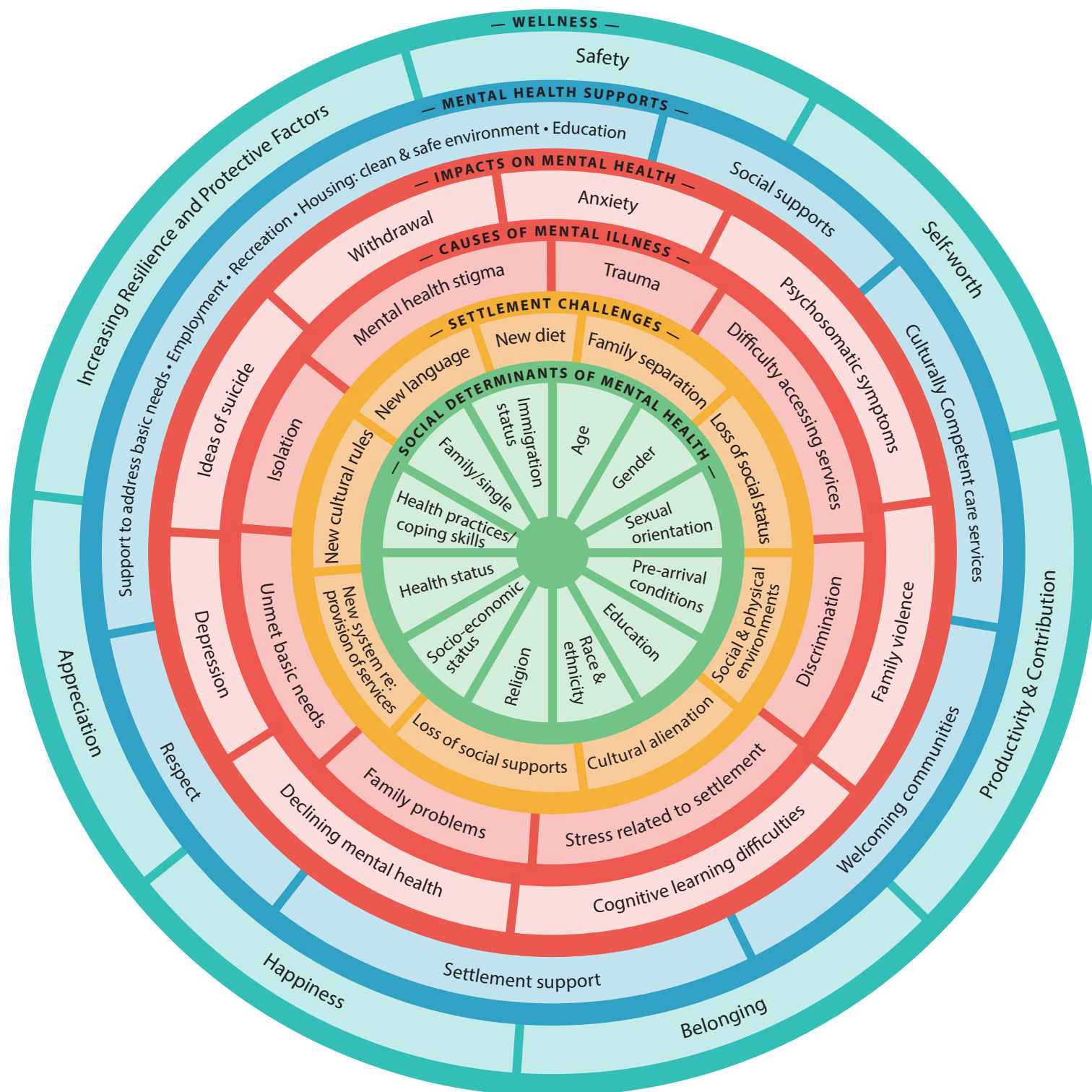
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Im/migrants' Mental Health and Wellness Wheel



The wheel summarizes the findings of the im/migrant community consultations on mental health and wellness

SOCIAL DETERMINANTS OF HEALTH

Factors that influence im/migrants' mental health

SETTLEMENT CHALLENGES

Challenges experienced during the initial stages of the settlement process that might affect im/migrants' mental health

CAUSES OF MENTAL ILLNESS

Root causes of mental illness

IMPACT ON MENTAL HEALTH

Mental health problems and illnesses experienced more frequently by im/migrants

MENTAL HEALTH SUPPORTS

Supports needed to promote mental health and wellness

WELLNESS

Im/migrants' definition of mental health and wellness

Mental health is good wisdom: it is treating yourself well and having good heart toward others. Good wisdom means that you are your own god and good wisdom is like a nail that holds the wood, it helps you to remain stable. This is based on the Hindu religion; there are many things in life, like hurricanes that put us down, but the good wisdom keeps us stable in spite of the difficulties. ~ Nepalese man

BACKGROUND

The **Newcomer Community Wellness Project** is a three-year initiative led by Immigrant Services Association of Nova Scotia (ISANS) and funded by the Nova Scotia Department of Health and Wellness in the framework of the Nova Scotia Mental Health Strategy. The project aims to develop a model to provide equitable and culturally competent mental health services to im/migrants and to help communities increase their ability to respond to issues of mental, health, wellness and addictions.

- **Im/migrant = immigrant/migrant:** this project addresses the needs of immigrant and migrant populations.
- **Immigrants:** people who have moved to live in Canada and have Permanent Resident status such as Government Assisted Refugees, Privately Sponsored Refugees, Economic and Family class immigrants, Provincial Nominees.
- **Migrants:** people who have moved to Canada and do not have permanent status such as Temporary Foreign Workers, Refugee Claimants, International Students and their families. They are eligible for different services. Immigration status is a crucial social determinant of physical and mental health.
- **Im/migrant communities:** when using the term im/migrant community it is important to recognize that we are not talking about a homogeneous group bound together by similar goals, ways of living and worldviews. Very often, rather than approaching a "particular community", we are connecting with different small groups with or without connections among themselves and with very diverse needs and life experiences.

During the first year of its implementation the project built partnerships with settlement and social services providing support to im/migrants, mental health programs and members of the im/migrant communities in Halifax. The first stage of consultation laid the groundwork for the development of the assessment process which was carried out from October 2013 to March 2014.

This report presents the information gathered during ten community consultations with 94 members of diverse im/migrant communities and 14 individual interviews carried out from October 2013 to March 2014 in Halifax. Close to 100 settlement and social services staff were interviewed in groups and individually. This report is a working document/work in progress that will be completed during the different phases of the project implementation.

The report contains a brief narrative summary and illustrates through detailed charts each of the components covered: social determinants of health, mental illness and recommendations. A wellness wheel emerged at the end of the analysis to offer a more holistic and integrative perspective of this complex reality.

THE ASSESSMENT PROCESS

The community mental health assessment identified the strengths and challenges in the area of mental health within im/migrant communities in Halifax. During the assessment, information was gathered and community engagement in the project was promoted. It examined community mental health from a health promotion approach, considering social determinants of mental health, community and individual mental health and wellness and people's ability to exercise control over their lives.

The assessment focused on the following questions formulated by community organizations, mental health care providers and members of im/migrant communities during the first round on consultation:

- What are the im/migrant communities' needs and what are the responses they would like to see from service providers?
- What are the im/migrant communities' concepts and beliefs about mental health, and what are their traditional ways of keeping healthy and ideas about healing?
- Are mental health services accessible to im/migrant communities? What factors are facilitating or preventing immigrants' access to mental health services?
- What is the quality of care offered to meet the needs of the im/migrant population?
- How culturally competent are the organizations providing mental health services? How culturally competent are our programs and services?
- How can we reach out to im/migrant communities and how can we support the capacity-building process to address their needs?

In partnership with other settlement agencies in the city, community organizations and key members of different im/migrant communities, ten community consultations and 14 individual interviews were held from November 2013 to February 2014 in Halifax. Eleven individual interviews and nine consultation meetings were held with staff from settlement agencies and social services.

1. Key Elements in Reaching Out to Im/migrant Communities

The success in reaching participants to collect their voices around this very sensitive topic was possible through the community consultation strategy developed, built on the following elements:

1.1 Partnership with Community Organizations and Members of Various Im/migrant Communities

From the beginning of the project, community organizations and various members of im/migrant populations were involved in the definition of the principles, priorities and outcomes. Assessment objectives were defined together during the initial consultation, engaging partners in the process of allocating resources and facilitating the recruitment of participants.

The long term relationship between Immigrant Services Association of Nova Scotia (ISANS), partner agencies and key members of different immigrant communities helped to overcome the fear marginalized communities often have about assessment. This fear stems from lack of control over the assessment process and the assessment results. Being engaged and included from the beginning of the project laid the foundation for

collaboration.

1.2 Culturally Sensitive Tools

In collaboration with volunteers from diverse im/migrant communities, assessment tools were developed and evaluated prior to the consultation. (Appendix 1) These tools were designed to tell stories without disclosing personal information. An abstract silhouette was used to talk about the conditions needed to be mentally healthy during the first years of settlement. Vignettes representing common situations that affect wellbeing were used to facilitate small group conversations about mental illness.

The strategy was discussed with the project advisory committee, partnering organizations and members of the community.

1.3 Trust and Safety

Several meetings and conversations took place before the assessment to ensure trust and safety during the consultation sessions. Various issues were taken into consideration, such as how to invite people, where to hold the conversations, ways to address specific sensitive issues and ethnic considerations around the topic. Being flexible to accommodate to the needs of the community is a key to success in any community outreach program; it is often necessary to change dates and work on weekends and evenings. Food, child care and transportation support facilitated the attendance and a \$10 Sobeys card honorarium was offered as a token of appreciation for taking time to attend a session.

1.4 Visual Graphic Recording

The conversation was recorded using a visual graphic technique. This technique allowed participants to observe how their ideas were unfolding a vision of their realities, which became a very empowering experience. This technique is especially useful for English language learners.

1.5 Focus on Wellness and Community Wellbeing

All community members agreed the invitation to participate in the community consultation needed to be framed positively due to the stigma around mental health. Participants were asked to provide ideas on how to keep their communities healthy, how to facilitate their members' wellbeing and how to access support services. (Appendix 3) At the bottom of the invitation the World Health Organization's definition of mental health was included to dispel any fear that the conversation it would be focused exclusively on mental illness.

2. Participants' Feedback

2.1 Community Consultation

Most groups expressed very positive feedback about their experience sharing their ideas about mental health and wellness. Participants felt they needed space where they could express their concerns where they would be heard.

Many participants felt it was very therapeutic talking about their own experiences of pain and isolation during the settlement process. Friendships were created and some participants initiated the process of reaching out to service providers and community members for help. As a result, some participants came forward to be

I asked permission to leave my class to speak to you. You need you to tell people how difficult it is to be an immigrant. People need to know how overwhelmed we are.
~ Women's group participant

individually interviewed for the project, and groups received information about support services in the city.

2.2 Settlement Staff and Social Services

Overall, staff responded positively to the invitation to explore this topic. Many of them felt this was an opportunity to address a topic that is often overlooked and unaddressed because of stigma and lack of education. Upon reflection, some groups were able to look at their clients' mental health in a new way, which helped them to reassess their interventions and visualize new ways of responding. For some, it was the first time considering the role of mental health in the provision of their services.

3. Limitations

It took longer than expected to coordinate the community consultation for two main reasons.

The first is the lack of organized immigrant community networks. With the exception of the Bhutanese community there are very few ethnic populations that have community networks established. They are fragmented and in order to reach out to members of the im/migrant populations one needs to contact different individuals who hold specific key roles in their communities.

The second is that key members of diverse populations are often overwhelmed by responsibilities, as most of them volunteer their time to support faith groups or ethno-cultural associations. They juggle their personal and professional lives and community responsibilities. Many of these groups don't have secure funding and survival becomes the main goal. Taking on new responsibilities like engaging their members in an assessment process is the last priority in their agenda.

For these reasons, immigrants participating in the community consultations don't represent the complexity and diversity of the im/migrant communities in Halifax. Some groups will be over-represented in this assessment (refugees and refugee claimants) when compared with the actual number of these categories in the city. This is due to an effort made to capture the situation of the most vulnerable im/migrants, and the closeness created with these groups by the settlement agencies partnering to develop the assessment. Building new partnerships will be required to include new groups in the report at the end of the project.

DATA ANALYSIS

There were several ways that data was collected and analyzed:

1. Immigrant community consultations:
 - Story boards were created from the discussion on social determinants of health, plus the transcription of the audio recording. There was no audio recording during the youth group conversation.
 - Flip charts collected the conversations in small groups - vignettes were used to explore mental illness beliefs, support practices and perspectives on mental health services.
2. Interviews with immigrants - note taking during individual interviews
3. Settlement and social services staff consultations - note taking during the individual and group meetings.

Data analysis was conducted in collaboration with a member of the Project Advisory Committee from the Nova Scotia Department of Health & Wellness. After exploring the themes that emerged from each group, commonalities and differences were identified. These themes created the different categories of analysis. Information obtained from individual data was brought in at this stage.

Information provided by settlement staff and social services was then reviewed after this stage and used mainly to formulate the recommendations. It is important to note that most of the settlement staff consulted were immigrants themselves who brought to light many of the issues considered by the immigrant communities.

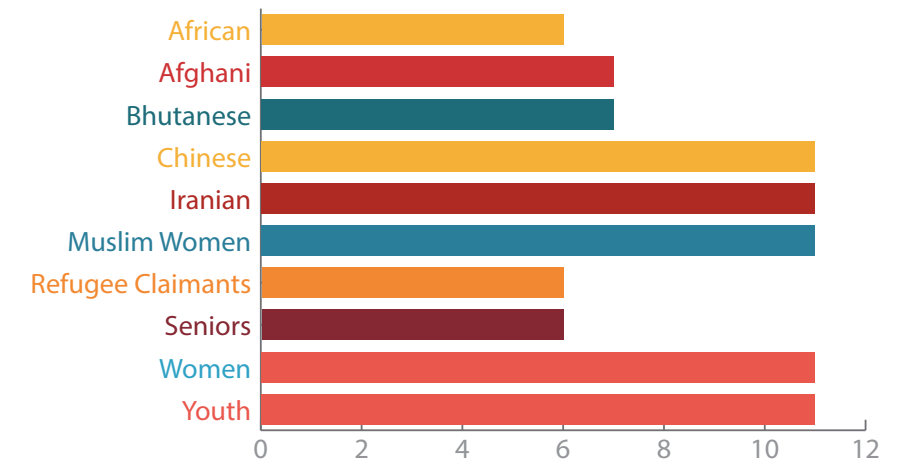
IM/MIGRANT COMMUNITY CONSULTATION PARTICIPANTS' PROFILE

94 individuals participated during the community consultation.

80 attended the group sessions and 14 were individually interviewed.

Group conversations were facilitated with different groups by age, gender, immigration status and languages.

African (6), Afghani (7), Bhutanese (7), Iranian (7), Chinese (11), Muslim Women (11), Youth (11), Women (11), Seniors (6) and Refugee Claimants (6).



65% were women, 35% were men.

23% were between 21 and 30 years, 20% between 31 and 40

50% have been living in Canada between 1 and 5 years, 35% have lived here between 5 and 10 years.

45% of participants considered that they experience difficulties communicating in English, and 37% feel comfortable with the language.

18 languages were spoken by the participants. Persian and Nepali were the most spoken, followed by Chinese and Arabic.

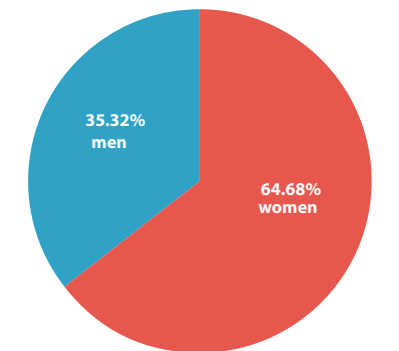
25% of the participants speak more than two languages.

76% identified themselves by their country or origin, and 52% by their religion. 40% identified themselves with their ethnic and racial groups. 3% identified as others.

43% of participants came to Canada as refugees, 22% by the economic category.

52% see themselves as students and 15% are unemployed.

40% of participants live with their partners and children, and 23% are single.



RESULTS

1. Immigrant Perceptions of the Social Determinants of Mental Health

Without exception all groups consulted had a very good understanding of what contributes to and hinders their mental health during their first years of settlement after leaving their countries of origin.

Regardless of the way people have come to Canada they expressed the need to be supported to reestablish the balance shaken by the immigration process. People want to regain a sense of belonging, self worth, productivity,

Immigrants come here, and after 5 years their health declines. Because of the change of environment, when you come and you don't have employment, you think a lot, in this country, everything is money. From where we come from if you are jobless you get family support, but here all things pile up and your mental health suffers. ~ African man

appreciation and respect for who they are by joining a caring and welcoming community. They want to share their knowledge, expertise and the richness inherent in their cultures with their new community.

Participants' mental health and wellbeing during their settlement experience were shaped by the different social determinants of mental health affecting the larger population, such as age, gender,

education, religion, race and ethnicity and socio-economic status. However, immigrants are affected by unique challenges associated with the immigrant experience such as immigration status, and pre-arrival and settlement conditions.¹ Participants attending the community consultations stated very clearly that any system promoting the wellbeing of immigrants and supporting them in mental health issues should understand the im/migrant experience and incorporate it in the planning and delivery of programs and services.

Most of the im/migrants consulted reported that they experienced a great deal of stress during the first years of their settlement process. Literature shows that im/migrants report few mental health problems at their arrival, but when they don't have the support to establish themselves in the new country, their mental health tends to decline.²

Most immigrants succeed in their settlement process because of their resilience built on their religions, support networks and caring and responsive services.

Mental wellness was associated with the possibility of being productive and having meaning and purpose in their lives.

All participants acknowledged that the normal stress experienced during the settlement process can be addressed easily when they find a welcoming and supportive community. When this support system is in place, im/migrants feel that they become more resilient, build self esteem and continue personal growth.

1.1 Settlement Support

Shortly after arriving, newcomers experience the fear and confusion that comes from addressing basic needs in a new environment. The new language, system of provision of services, cultural rules and physical and social environment among other changes present different challenges for which many immigrants are unprepared. This is aggravated by their high expectations about their future in Canada.

Im/migrants said they need emotional and practical support - to navigate the system and address all the elements involved in starting their new lives in Halifax. They want support from their ethnic communities and from professionals who can help them to develop settlement plans and define goals. Setting goals is important to gain a sense of progression, which helps to maintain hope and gives them confidence in their own inner resources.

1.2 Social Support

Without social support immigrants find it difficult to navigate the new system, especially when policies and systemic barriers deny them access to proper and adequate services. Such is the case for refugee claimants and immigrants coming into Canada under the refugee resettlement programs.

Im/migrants said they need to create new networks of support in Halifax by getting together with people similar to them - people that can provide emotional support and opportunities to connect with the larger community. They need community gatherings to share experiences of settlement and celebrate their culture. Shared commonalities provide a sense of cultural identity that can support someone shaken by the alienation and discontinuity felt while settling in the new land. Youth and seniors expressed very clearly the need to have opportunities to preserve and celebrate their cultural and religious identities.

Some of us have family back home, every single day you think about them, here you are alone, you can't reunite with your family. I'm going to my place alone and I start thinking about my family ... and you add to this feeling that the only thing you hear is "No you can't do...you can't...you can't." All of these things make life difficult. ~ African refugee claimant

1.3 Satisfying Basic Needs

Satisfying basic needs is affected by the challenge of securing a source of income upon arrival. Lack of access to health care, appropriate housing, recreation and food were some of the basic unmet needs that affect their wellbeing. Apart from the challenges of immigration, most of the participants expressed that they have experienced a great deal of stress due to unemployment and the subsequent inability to address their basic

1. Khanlou, N. Migrant Mental Health in Canada. Canadian Issues, Immigrant Mental Health, summer 2010 p. 10

2. McKenzie K, Hansson E, Tuck A, et al Improving Mental Health Services for Immigrant, Refugee, Ethnocultural and Racialized Groups Canadian Issues, Immigrant Mental Health, summer 2010 p.65

I came here because of my kids, and since they came, the children were upside down, things were difficult at the school, I didn't know what to do. I just learned about support programs after 2 years, we almost lost 2 years, it affected two beautiful years of his life, when he was 7 years old, when he developed his character. I don't know what the impact will be. If I knew this before, I would have accessed those services if I knew they were there. ~ Iranian woman

needs. Many were struggling to understand the reasons for their inability to get a job when they have good qualifications and very often are ready to accept any kind of work. Along with long and expensive processes to acquire Canadian accreditations, racism and discrimination were considered major challenges to securing a job that provided a sense of dignity and a secure income.

Participants were very vocal about the impact of racism in their difficulties of getting a job, and its impact on their mental health. "Discrimination also assaults the psyche directly: for example, the perception of discrimination can damage self-esteem and diminish feelings of efficacy, thereby creating elevated risk for physical and mental health problems".³

Women were particularly vocal about the impact of unemployment on their families. They felt they were carrying all the emotional costs of their husbands' depression due to unemployment, as well as their children's frustration at not being able to access recreational and extracurricular activities. YMCA School Settlement Workers have witnessed the impact of the economical instability and unemployment in the well-being of children and youth.

Im/migrants said they need a system that facilitates and promotes their integration into the workforce, acknowledging and recognizing their knowledge and skills. They want subsidies to facilitate access to services that support their families' establishment in this new environment.

My blood pressure was very high last week. I have anxiety; with four children I have to work, to study. I'm trying to make myself relax but I can't. My eldest child understands, but the little ones don't. I'm always saying to them, "No, no," to everything they ask, I don't even have money to pay for my summer classes. My children say "Stop studying, go to work." I say I don't need to study, I'm a lawyer, I'm a science teacher, I'm now a EAL student to see if maybe I can find a job. ~ Libyan woman

1.4 Respect

In addition to the layer of stress caused by financial instability, im/migrants feel alienated from the new social environment in which they are living. Every group told stories about a lack of understanding and appreciation from other cultures, which created attitudes and behaviors towards immigrants that affected their sense of belonging and self esteem. Refugee claimants felt they were treated as criminals, Muslims felt misunderstood and stigmatized, visible minorities mentioned being treated permanently as foreigners, seniors feel devalued and ignored, African communities experience racism for the first time in their lives and feel criticized because of their parenting practices.

You have to depend on the government, you don't want that, you want to have your own job, you want to earn your own living, although you want to work you don't get hired ... you can't answer the question, it is because you are not from here, because you are a refugee claimant. Because you are black? If you knew who I was, you probably won't treat me in this way ... this makes you to miss home more. For you to be comfortable you need to feel part of the community, you must feel welcome. ~ Refugee claimant

3. Morton Beiser, Resettling Refugees and Safeguarding their Mental Health: Lessons Learned from the Canadian Refugee Resettlement project. *Transcultural Psychiatry* 2009; 46: 558. The online version of this article can be found at: <http://tps.sagepub.com/cgi/content/abstract/46/4/539>

Im/migrants said they need to be valued and treated as unique individuals; they should have the same rights and opportunities as other Canadians and they need to be informed about their rights and responsibilities. Policies should be reviewed to identify the impact they might have on different groups that perpetuates inequalities. Im/migrants want the host communities (school, workplace, neighborhoods, services and programs) to learn about immigrants' values, cultures and religions and accept and embrace the differences. Host and im/migrant communities should be willing to learn and share stories across cultures.

1.5 Welcoming Community

Participant is describing the silhouette that is representing her: She is silent, she is crying. She is a lonely person. She doesn't know the language, she can't bring out what she has inside. She is Muslim, she needs respect from people. But she doesn't feel respected here. Is it possible that the hijab brings hatred? The girl is looking for an answer to this question. She is confused because in her country she is respected because she uses hijab. ~ Afghani woman

Behaviours like discrimination and stereotyping lead im/migrants to feel unwelcome in the community; they feel the community is not prepared to receive them. Im/migrants said they want to integrate and share their lives with their Canadian-born counterparts but feel that the burden of the integration lies with them. Participants stressed the importance of building bonds with Canadians with whom they would like to share and exchange the richness of their cultures. They are very proud of their own values and feel they have a lot to contribute to this society. Youth consulted in this assessment process showed their pride in their culture they are bringing and want space to connect with others.

The need to integrate with the larger society is considered by some researchers to be one of the most important protective factors to support well-being. Initially, having ethnic support is very important in creating a sense of belonging which supports them when trying to extend their social contacts to establish friendships with Canadian-born people in their neighborhoods, workplaces and schools.⁴

Im/migrants said they need opportunities to make friends with Canadian-born neighbours, colleagues and classmates. They want to be part of the different support networks. They want to feel they are part of the community and that it cares for them.

"I felt at home when I got Canadian friends" was a phrase we heard several times during the consultation.

Speaking about work place... you see people chatting but you are not invited to join them. I'm not invited because I'm yellow or black? You feel this segregation, and then you feel that you are the one who has to do the effort to reach out, what about them? Are they asking themselves: what I can do to reach out this person who is new here? It makes you feel that you want to resign; I'm not making part of this community. ~ African woman

4. Morton Beiser, Resettling Refugees and Safeguarding their Mental Health: Lessons Learned from the Canadian Refugee Resettlement project. *Transcultural Psychiatry* 2009; 46: 556. The online version of this article can be found at: <http://tps.sagepub.com/cgi/content/abstract/46/4/539>

I personally, I'm physically different; I have a different skin color. If I see someone walking in the street with a Mohawk style, I want to ask...tell me your story. Why you dye your hair pink. I'm inquisitive. And because I'm different I expect others to be curious about me. I dress differently, and expect people asking me questions, but in a respectful way. You have an accent; you dress differently, what is your story. But I started minding it when September 11 happened and people started calling me Osama Bin Laden go home. I mind that. When it becomes condescending or aggressive, I mind it. I know I'm Canadian; I don't need anybody to tell me. ~ Muslim woman

1.6 Culturally Competent Care and Services

Providing access to services that are culturally competent is part of creating a welcoming community that is prepared to receive newcomers. Many participants have faced challenges accessing services that respond to their unique experiences and needs. Refugee claimants can't access most of the settlement services accessed by other immigrant under different categories. They and other refugees are discriminated against by family physicians, who reject them because of the administrative process required for billing. Seniors can't see their family doctors because their family members are not available to take them to visit the doctor during office hours. Many im/migrants haven't received interpretation support when accessing services, and many family doctors are reluctant to utilize the phone interpretation line services.

Many of the participants mistrust services because of the perception of being judged and criticized because of their cultural practices. This is particularly true for Muslim and African communities who feel that service providers act based on stereotypes and false assumptions about who they are.

Regardless of immigration status all im/migrants said they need culturally competent care and services. Service providers need to understand the immigrant experience to develop empathy and compassion.

2. Im/migrant Perception of Mental Illness

2.1 Mental Wellness

When discussing what mental wellness meant to them, most im/migrants addressed the concept of resilience, emphasizing taking strength from their religion, support networks and caring and responsive services. Mental wellness was also associated with being productive and having meaning and purpose in their lives. Subsequently, creating settlement goals and having support to achieve those goals was considered for many participants a very important element to staying healthy.

All participants acknowledged that the normal stress experienced during the settlement process can be easily

When the question about "where are you from" comes from the idea that you are different, pulls you out of the group. The question "tell me about your story" brings closeness between two people, builds friendship.
~ Muslim woman

addressed when they find a welcoming and supportive community. When this support system is in place, im/migrants feel that they become more resilient, build self esteem and continue personal growth.

Normal stress can transform into major mental health problems when im/migrants face the challenges of settling down in a new country in isolation and structural obstacles are in the way of guaranteeing their safety. Discrimination, isolation, family problems, unmet basic needs, physical illness and mental health stigma, along with stress related to the settlement process and trauma that many im/migrants experienced prior to and during resettlement will contribute to the development of major mental health problems.

Some group participants said their mental health declined as a result of the challenges faced and the inadequacy of the supports to address those challenges. In the first two to five years they suffered from depression which affected the normal functioning of their lives. Feelings of isolation resulting from the lack of social support are compounded by language difficulties. Being unable to communicate with others and solve basic problems creates a feeling of powerlessness and frustration that in many cases results in withdrawing from all social contact.

Refugee youth who have not had regular schooling before moving to Canada find it very difficult to adjust to school because of academic gaps and dramatically different life experiences from those of their classmates.

War, constant moves, resettlement and long periods in refugee camps have prevented them from accessing regular schooling and have forced them into adult roles. Some of them drop out of school, finding themselves isolated and without skills to integrate in this new society. Parents struggle to support their children who show signs of depression, addictions and difficulties in controlling their aggression.

Mental health is when ... the person gets up in the morning and has a goal, a purpose...
~ Young Iranian man

Some im/migrants have spoken about the anxiety and fear that come as a result of constant rejection and discrimination. Refugee claimants and refugees said their immigration status makes them unable to meet their basic needs and leads to mental suffering.

Policies like the language requirement to acquire citizenship are affecting both the sense of belonging and hope for a better future for immigrants who have learning difficulties. This is especially true for Palestinians and Bhutanese who, because of their age, and social and economic status, were not able to access formal education in their country of origin. Men and women who have been stateless and treated as second class

Life here is very lonely, very lonely. At home you have people who are knocking at the door. We are staying indoors, especially for seniors. My mum says this is an intelligent prison you have brought me to, all day you are watching TV and you stay very lonely. Once you are lonely and you don't have people to talk to, you get crazy. ~ African woman

The importance is whatever you situation are in, maybe you are in a good or bad position, but in the difficult time you can think, "It will pass. I can think of the future, the bad time is not all the time, I can do things like, for example, talk to others, do things that would help us."
~ Chinese participant

citizens were expecting that Canada would secure their rights which had been denied by authoritarian and anti-democratic regimes.

Bhutanese participants when talking about this limitation spoke about ideas of suicide emerging in the community. We have received reports that members of this group in USA and Australia have committed suicide after three or four years of their resettlement.

Many refugees and refugee claimants have suffered trauma prior to and/or during the resettlement process. Those who were persecuted in their country of origin and suffered human rights violations add to their trauma the normal stress related to the settlement process. For refugee claimants this process is aggravated by the state of limbo that is created by the government policies that prevents them from accessing basic support services. Many of them have left behind family who are still facing the suffering that forced them to leave, creating feelings of guilt in those who are here. Some of them suffer the fear of not being able ever to reunite with their families. This fear overshadows people's entire lives, becoming the constant and sole preoccupation affecting their overall functioning.

Because of language difficulties, obstacles to getting a job and lack of support networks many immigrants experience too much time at home, isolated and without any occupation to fill their hours. People who have experienced trauma find this inactivity sickening and debilitating. Seniors become depressed because of their isolation and lack of daily activities.

We had the citizenship of Bhutan but it was confiscated by the government. After that we had to go to live to other country, to Nepal, and since then we have the pain of not having citizenship. Now we are back to where we were, we are neglected by the community and society and the international society that brought us here, and although we were brought here, we feel still that we are refugees. This is the importance of being a citizen. We were in Nepal in restricted areas, we couldn't go out, if they found somebody going out without the citizenship they could be detained. ~ Nepalese man

2.2 Mental Health Stigma

Mental health stigma prevents im/migrants from reaching out for help. Most participants said people in their communities won't speak about emotional suffering because of the stigma associated with it. Although they have a good understanding of the conditions that affect their mental health, they consider major mental illnesses to be inexplicable. Most groups recognized that shame and silence are obstacles to supporting others suffering from mental illness and reaching out for help.

Many parents deny and hide children's mental illness upon arrival to Canada for fear of being blamed, or because they believe there is no cure. This stress is aggravated by the fear that Child Protection Services can take their children away if there is something wrong with them.

Mental health stigma is associated in many cases with the idea of being cursed because of bad behavior. This curse can run through different generations. Participants acknowledge that cultural practices that isolate people suffering from mental illness are wrong and appreciate the fact that there is acceptance and respectful responses to those struggling with mental health problems in Canada.

And I feel that their policy is to create stress by going over the story again and again ... because you try to forget what you lived before, but they ask again the story, everyday they are asking what happened. At the hospital when you got sick, at the food bank, the income assistance worker ... you end up telling the story every day. At the end you don't see anything that allows you forget your story. For example being busy or having someone who cares about you...but you go back to sit at your room to think again, it makes the wound very fresh.
~ Refugee claimant

2.3 Getting Support

Im/migrants, like everybody else, rely on their social networks for support when experiencing emotional distress. Family and friends play a vital role in normalizing people's experience and teaching others how to cope. Even those who have experienced trauma build their resilience and sense of well being by having support from their families and friends.^{5,6} Most of this support emerges during informal gatherings around cultural, religious and recreational events. It's around a plate of food that people build friendships and learn to trust others.

As many participants said, their friends are their counselors; the last resource is consulting outside their natural social circle. However, im/migrants feel this resource is often non-existent - people are busy and there is a lack of community gatherings and spaces to develop trust and rapport with others.

Participants said they would like to receive support to build their capacity to support each other, not just by strengthening their social fabric but also by learning how to help others. Because of the stigma, many im/migrants feel that they don't know how to speak to others when witnessing emotional suffering. There is recognition that people suffer in silence and mental illness is a very sensitive topic to deal with.

Participants said they need help to differentiate emotional suffering that has emerged from the settlement process from major mental health illnesses. Because of the stigma, some families don't disclose mental health

Culturally, mental health is something very negative and not talked about. When people come here, they can live with a mental illness for a long time without the care or medication needed because they just don't talk about it. It's more difficult when it is not a clinical mental health issue. When school is involved, for example, if children are not doing well, sometimes it can be a long time before a mental health issue is addressed because of their position of being a newcomer. And they say "Oh, this is a normal part of being a newcomer, it is just adjusting". Later the school sees the problem and talks to the parents and they can be in denial. It is shameful to accept that someone in the family is "crazy" and if the sick person is a child, it is worse because they are the ones to blame. It is difficult, the first year for newcomers; they will go untreated for a long period of time. ~ African man

5. Morton Beiser, Resettling Refugees and Safeguarding their Mental Health: Lessons Learned from the Canadian Refugee Resettlement project. *Transcultural Psychiatry* 2009; 46: 560. The online version of this article can be found at: <http://tps.sagepub.com/cgi/content/abstract/46/4/539>

6. Copeland WE, Keeler G, Angol, et al. Traumatic events and posttraumatic stress in childhood. *Arch Gen Psychiatry* 2007; 64:577-84; in Canadian Collaboration for Immigrant and Refugee Health (CCIRH) Canadian Guidelines for Immigrant Health: Evaluation of evidence-based literature and formulation of recommendations for the clinical preventive guidelines for immigrants and refugees in Canada, 211, p 53

When we come, we experience stress, even though we are here, and there are services, but we don't access them. Back to information, speaking about mental health, for some of us mental health means craziness, if I'm not crazy and I'm not spinning around I don't have a mental health problem, so, where to go. We need help to deal with stress of being in a place that is new to us. I think it comes back with the language we are communicating, mental health means we are chasing people, you can't use this word, the definition, we need to look for a word that would speak to me that won't stigmatize me. We need mental health services, because from the moment you arrive here you are under stress. ~ African woman

illnesses among their family members. Friends and front line workers find it difficult to support these families who reach out for help because of the difficulties they have talking openly about these problems.

Sometimes the only service providers immigrants are in contact with are their family doctors. Because of difficulties accessing health care services, limited time, lack of trust, rapport and cultural competency, many immigrants don't disclose their mental health problems with their family physicians. They see their family doctors presenting a myriad of psychosomatic symptoms that remain neglected due to lack of communication. Some women said they feel their family physicians don't listen to them - when they disclose emotional suffering the only solution the doctor offers is to provide antidepressants. This is particularly true in cases of depression caused by family violence.

Very few immigrants consulted during this process have accessed mental health services. This finding is in alignment with research done in Canada about mental health care access. "Barriers to care such as stigma, awareness of services, language difficulties, transportation costs, socio-economic factors and differences in illness models between services and clients as factors that delay treatment."⁷

During the consultation process participants gave several reasons for their reluctance to access mental health care.

2.4 Barriers to Accessing Mental Health Care

Im/migrants:

1. Don't know where to go, how to access the system or how it operates - people fill the vacuum of knowledge of the system with assumptions associated with negative past experiences in their countries.
2. Struggle with English - language barriers create severe limitations in accessing the system on their own; many people don't know that they have the right to receive interpretation services, some feel uncomfortable working with interpreters and fear disclosing private information.
3. Mistrust of the system - they feel clinicians, family physicians and psychiatrists don't understand the im/migrant experience and are unable to connect with them because of their religious, racial and ethnic backgrounds.
4. Fear they will lose control over their situation and their problems will become bigger.
5. Believe western strategies of addressing mental health are based on western patterns of behavior that pathologize behaviours from other cultures; many believe that verbal therapies don't work.

7. McKenzie K, Hansson E, Tuck A, et al Improving Mental Health Services for Immigrant, Refugee, Ethnocultural and Racialized Groups, Canadian Issues, Immigrant Mental Health, summer 2010 p.66

6. Feel the system is too complicated, fragmented and uncoordinated - they feel lost, without control to make the right decisions in their process of healing. This is especially true for parents with children dealing with mental health issues.
7. Trauma-related mental health illness goes untreated - conditions do not create trust and rapport to assess mental health illness related to trauma. Refugee claimants and refugees suffer the impact of trauma in their lives for long periods of time without being diagnosed or receiving subsequent referral and treatment.
8. Refugee claimants are limited in accessing health care due the cutbacks in the Interim Federal Health Plan. Few family physicians accept them as new patients because of the billing process.

Those few who have accessed mental health services have been supported by well-informed front line workers and friends who have addressed their fears and have offered information and practical support to access the services. Front line workers have been able to navigate the system and support the coordination of services.

When accessing services, lack of cultural competency has created serious limitations in the provision of services. Lack of understanding of immigrant challenges and the way social determinants of health impact their access to services have led some practitioners to deny services. Some im/migrants have been denied the service because they miss appointments, have difficulties in following medication plans or/and because they don't reach therapeutic goals according to the practitioners' time frame. Some of them expressed discomfort when their culture was constantly challenged and they felt the need to defend their traditions. Finally, those few who accessed services because of trauma felt that the practitioner was unable to understand their situation so they were unable to get the help they needed.

There is particular concern about assessing mental health illness related to trauma. Refugee claimants and refugees suffer the impact of trauma in their lives for long periods of time without being diagnosed and receiving the necessary referral and treatment. Besides the limitations to accessing health care because of the billing process, refugee claimants are afraid of disclosing information about their mental health because of the fear that this information would jeopardize their legal process. Family members of people experiencing mental illnesses expressed difficulties understanding the system and often felt powerless in the midst of different services. They felt confused and lacking the right information to make decisions on how to support their loved ones. Parents expressed frustration because of communication difficulties with their children's clinicians when looking for support on how to handle the children's difficult behavior at home. Overall, families feel disconnected from the therapeutic process.

Those few who felt benefit from receiving mental health support appreciated the empathy shown by the practitioner when expressing interest in their culture and including it in their healing process.

Learning practical skills to cope with their problems was the most desirable outcome for all immigrants consulted and the most positive aspect of receiving mental health support for those who accessed mental health services.

There were several cases when coordination among service providers and community members facilitated not just access to the system but also the recovery process.

The doctor asked me about my country and how was I doing here every time a met him. It didn't matter the reason I went to see him. He learned to know me and I felt that he cared for me. So, I felt that I could tell him that I was feeling constantly sad and without energy. He prescribed medication that helped me a lot. I started going to school and felt much better after. ~ Iranian woman

RECOMMENDATIONS

1. Develop a Preventive Approach

Three elements are necessary to develop a preventive approach:

- Address the social determinants of health. This requires provincial and municipal coordination to promote policies and programs addressing health inequalities like housing, employment, recreation, education and access to health care.
- Build community capacity. Support ethno-cultural communities to build leadership to support others, address mental health stigma and to find the resources to develop culturally specific strategies to promote well being.
- Strengthen the process of transforming Nova Scotia and Halifax to become a more welcoming community for im/migrants. This involves addressing all sources of discrimination that limit access to community resources and fostering opportunities for integration among Canadian-born people and im/migrants.

Suggestions similar to those in the guidelines to promote refugees mental health developed by the Centre for Addiction and Mental Health (2012) were mentioned by community participants, and settlement and social staff consulted during this assessment. Among those mentioned were the need to address and modify protective and risk factors (including determinants of health), address mental health stigma within im/migrant communities and focus on individual resilience, skill building, self-advocacy and community capacity building for refugees.⁹

2. Develop a Coordinated and Collaborative Model of Culturally Competent Settlement and Mental Health Services

- Explore and adopt holistic approaches to mental health that create accessible and culturally competent services. Explore different models of clinical intervention, work with families and communities, include cultural practices of healing and build networks of support for practitioners. Provide training on trauma informed treatment.
- Implement outreach strategies to build trust and rapport and to foster the process of building cultural competency.
- Coordinate and work in collaboration. Settlement and mental health service providers exchange knowledge and communicate to support clients; engage together in advocacy processes to advocate for the changes in policies that create health inequities.

This person should have a place to go to ask questions, meeting people like him, people who have gone through the same experience. Sharing stories, you feel better if you meet people who have gone through the same experiences, people have to find a place and the government has to provide funding to support this informal place of gathering.

~ African man

Some of the recommendations are beyond the scope of this project but they are in alignment with broader efforts that are currently taking place in the province, such as the Local Immigration Partnership (LIP) in Halifax and the diversity bodies established in the different mental health care services.

Many of the recommendations are being implemented by mental health and settlement services while others require a revision of the services to create new ways of intervention. The Province has a strong foundation to support a process of transformation in the provision of services established in the cultural competency guidelines developed by the Department of Health, the Nova Scotia Mental Health Strategy and the strategic planning of Capital Health and the IWK Health Centre Mental Health and Addictions Programs.

The first phase of this project has identified some needs of im/migrants in dealing with their mental health. Going forward the project will continue to explore these needs and resources that will address barriers and promote well-being throughout newcomer communities.

If prior to the mental illness issue I made friends, my assumption is that my friends will know when I'm happy, when I need some attention, they can say something or maybe they feel that can't say anything more but maybe they need to bring attention to a professional. My first support will guide me to the second support. If I don't have someone close to me previous to the occurrence of the condition I wouldn't know where to go. ~ African woman

9. Centre for Addiction and Mental Health, Dalla Lana School of Public Health, University of Toronto and Toronto Public Health, Best practice guidelines for mental health promotion programs; Refugees, 2012 p. 37

RECOMMENDATIONS

A model of change to meet the mental health & wellness needs of im/migrant communities

This chart summarizes recommendations made by members of the diverse immigrant and migrant communities in Halifax and settlement and social services staff consulted for this project. They were asked how to address the mental health needs of immigrants/migrants, and to provide examples of things that are working well. They also gathered examples from literature reviews of good mental health practices in small centres.

This chart is a working document that will be refined throughout the

project implementation to produce a model for change for the provision of equitable and culturally competent mental health services to immigrants and to increase the communities' capacity to respond to issues of mental health, wellness and addiction.

Some of the recommendations are being implemented by mental health and settlement services while others require a revision of the services to create new ways of intervention.

Mental Health Services

Collaboration & Integration

Recommendation: Coordinate efforts to increase the provision of holistic services for im/migrants

Health Care Professionals (HCP) and settlement workers work in an integrated collaborative manner to coordinate:

- plans to support clients
- efforts with different services to address multiple needs of clients (housing, social assistance, schools)
- mental health assessment for im/migrants with high risk of mental illness, such as refugee claimant and refugees
- support work with family and community members

Provide mental health services in centres that offer multiple health care services.

Provide support, under the current government sexual violence strategy, to victims who have suffered rape in the context of war.

Work with key entities within the primary care and professional health bodies to address discrimination in providing services to refugee claimants and government assisted refugees.

Advocate for changes to the Interim Federal Health Program and find ways of addressing unmet needs due to its cuts

Assess the impact of social policies and changes in services and programs on the mental health of im/migrants and their access to services

Create a peer support group for Health Care Professionals to share knowledge and experiences of working with im/migrants.

Community Outreach

Recommendation: Coordinate efforts to increase trust and rapport with im/migrant communities

Health Care Professionals:

- Partner with settlement, social services and community organizations to offer educational sessions about mental health and wellness to im/migrant communities.
- Participate in community events such as school multicultural events, SupperNova, Immigrants Health Fair, Newcomers Welcoming BBQ and different ethno-cultural events.
- Be flexible to see clients in their homes, schools and /or community organizations.
- Reach out to different communities to learn about their countries, history, political situation, current conflicts.
- Participate in training programs in partnership with settlement agencies for:
 - Cultural interpreters working in mental health services
 - Community navigators that help clients to connect and access mental health services and facilitate coordination of services
 - Settlement staff to tailor services according to mental health conditions

Professional associations, whose members work in mental health services, work in collaboration with settlement agencies to gain understanding of the im/migrant experience and volunteer their time to see clients.

Cultural Competence

Recommendation: Coordinate efforts to increase Health Care Professionals' cultural competence in the provision of services that lead to equitable and competent care for im/migrants

Understanding, empathy and compassion by Health Care Professionals toward challenges experienced by im/migrants.

Health Care Professionals increase their:

- familiarity with different im/migrants categories
- understanding of trauma related to war and displacement
- understanding of the multiple layers of conditions affecting im/migrants mental health
- recognition of the impact of racism on mental health
- understanding of how different religious or spiritual beliefs support mental wellness
- ability to work with interpreters - interpretation services are needed throughout the services continuum and proper protocols and resources require evaluation
- cultural competence skills to build trust

Conduct evaluation of current content and methodology used in educational mental health programs in the community to include im/migrant experience; facilitate im/migrants' access to these programs by providing interpretation, child care, different locations and schedules.

Use alternative names for mental health services and programs, such as *wellness centres/services, wellness promotion, and wellness worker*. Use a positive outlook rather than words related to illness or suffering.

Explore alternate therapeutic models and facilitate access to complementary models of treatment such as mindfulness, acupuncture, art and music therapy.

Increase the diversity of Health Care Professional staff.

RECOMMENDATIONS

A model of change to meet the mental health & wellness needs of im/migrant communities

Community Capacity Building

Welcoming Communities

Recommendation: Coordinate efforts to support Canadian born residents and service providers to provide a welcoming and caring community for im/migrants

Educate Host Communities about im/migrants' needs and experiences and about addressing stigma against refugee claimants, refugees and different religious and ethnic groups.

Address racism, ethnic and/or religious harassment in organizations.

Make public spaces owned by the municipality available for recreation and community gatherings for underprivileged im/migrant communities.

Partner with cultural organizations and agencies to facilitate free access to cultural events in Nova Scotia: theatre, concerts, festival.

Promote and facilitate meaningful volunteer opportunities among im/migrants in mainstream organizations.

Coordinate im/migrants and Canadian born families to work together to support schools to promote multicultural events.

Support libraries and community recreation centres to increase their understanding. Assess im/migrant needs and facilitate access to their services by providing:

- Subsidies and free programming
- Interpreter services
- Free child care.

Make Halifax a "sanctuary" - a place where undocumented im/migrants have access to services regardless of their immigration status.

Child Protection Services to acknowledge im/migrant families' struggles during their settlement process and work in collaboration with settlement agencies to offer support to the entire family when concerns are raised.

Im/migrant Communities

Recommendation: Coordinate efforts to support im/migrant communities to increase their capacity to support their members.

Provide support and training opportunities to develop leadership skills to established members of the im/migrant populations who can support new arrivals in the initial stages of their settlement process. Established members include elders, spiritual leaders, im/migrants trained in health related areas.

Encourage im/migrants to participate on different community health boards.

Make mental health information available in plain English and different languages on websites, and in libraries, family doctors' offices, ethnic grocery stores etc.

Make help lines available in different languages.

Give communities support and resources to build their social fabric: sports, cultural and recreational activities.

Create educational programs and support for community members to address:

- mental health stigma
- stress related to settlement
- challenges and issues faced by men
- racism and its impact on mental health

Create educational programs and support for community members to learn about:

- rights and responsibilities regarding health care in Canada
- how to support others
- children's normal development and pathological behavior
- how to support teenagers and manage behavior problems

Settlement Agencies

Recommendation: Coordinate efforts to increase settlement services' capacities to respond to im/migrants' mental health and wellness.

Offer Settlement Services to all im/migrants regardless of their immigration status.

Increase staff knowledge and understanding of how mental illness affects im/migrants' normal functioning and tailor their services to support those clients.

Train staff to identify early signs of mental illness and to identify and connect im/migrant clients with appropriate health services.

Develop staff skills to address mental illness with clients and to hold conversations about it with them.

Prepare clients for the referral process explaining provider roles, procedures and clarifying clients' expectations and fears. Explore cultural overview of mental health care practices and connect clients with those used in the system.

Acknowledge and address culture shock, and provide private spaces for people to express themselves within the provision of their services. Learn techniques to support im/migrants to turn anger and frustration from the settlement process into a driving force to work toward their goals.

Provide in partnership with Health Care Professionals and trained community members individual and/or group orientation sessions to im/migrants, to normalize, understand and work with stress from the settlement process.

Include in EAL class curriculum material related to stress during the settlement process and ways to work with it.

Social Determinants of Mental Health NEEDS

Settlement Support	<p><i>Im/migrants need:</i> Support from a professional or members of their community to help them make a plan to reach their settlement goals, assess their progress. Understanding of a clear pathway to integrate into the labour market.</p>	<p>Increased access to employment counsellors and programs to gain Canadian experience. Access to information about programs, services and how to navigate system in their own languages, available through different sources: website, brochures at airport, libraries.</p>	<p>Timely access, information to navigate service system. Access to information prior to immigrating. Access to individual professional services or group support to help deal with stress from settlement process.</p>	<p>Resources and skills for ethnic groups to provide settlement support to members of their communities.</p>
Social Supports	<p><i>Im/migrants need:</i> Guidance, emotional support and opportunities for socialization and integration provided within their own communities and by settlement and social services.</p>	<p>Social events, gatherings to celebrate culture with people from the same culture or faith group.</p>	<p>Free Wi-Fi - this is especially important for youth to socialize.</p>	
Basic Needs	<p>RECREATION <i>Immigrants need:</i> Access to free and/or subsidized sport and recreation services. Inclusive programs for senior im/migrants. Libraries and recreational centers to offer programs for seniors in their own languages. Free spaces in the city for im/migrants to practice their sports of preference. Opportunities, resources to leave the city to break the claustrophobic feeling of being limited to their homes.</p>	<p>EMPLOYMENT & INCOME <i>Immigrants need:</i> Opportunities to be considered for jobs they are qualified for, regardless of their immigration status. Support programs for job access to im/migrants with low English levels. Employers to welcome their knowledge and expertise. Work placements to show their skills.</p>	<p>HOUSING, CLEAN & SAFE ENVIRONMENT <i>Immigrants need:</i> Safe and clean neighborhoods free of discrimination, violence. Affordable housing. Housing that can accommodate intergenerational families. Space according to family size. Free, accessible community spaces in their neighborhoods to get together and play. Safe schools and public spaces free of bullying for children and youth. Increase in availability of public housing units. Enough financial support for government assisted refugees to find housing according to their family needs.</p>	<p>EDUCATION <i>Immigrants need:</i> Access to English as an Additional Language (EAL) programs, regardless of their immigration status. Academic, English support for children and youth to excel at school. Parents and schools to work in collaboration to support the learning process. Government agencies to support community leaders to build their skills and provide support to their communities.</p>
Respect	<p><i>Im/migrants need:</i> To be valued, treated as unique individuals. To have their knowledge and experience recognized and welcomed.</p>	<p>To share stories with the host communities to learn across cultures. The host community to learn and accept immigrants' values, cultures and religions.</p>	<p>The same rights, opportunities as other Canadians, and to be informed about their rights, responsibilities.</p>	
Welcoming Community	<p><i>Im/migrants need:</i> The host community to be prepared to help facilitate integration and access to support services. The host community to understand immigrant experience and challenges.</p>	<p>Social assistance workers to treat them with dignity, compassion. To feel part of a community that cares for them. Canadian friends outside of their cultural groups.</p>	<p>Meaningful volunteer opportunities to increase their sense of belonging and self-worth. Support from school for youth to integrate with classmates.</p>	<p>Programs, services to be compassionate, flexible and take into consideration im/migrant settlement challenges.</p>
Culturally Competent Care and Services	<p><i>Im/migrants need:</i> Culturally competent care and services, regardless of their immigration status.</p>	<p>Health Care Professionals (HCP) to understand immigrant challenges and use culturally specific questions and indicators to guide early physical and mental health assessment.</p>	<p>Mental health outreach services to provide support and build trust with im/migrant communities.</p>	

APPENDIX

Social Determinants of Mental Health CHALLENGES

Settlement Support	<p>Lack of settlement support: Government assisted refugees receive one year support - considered not enough to deal with all the challenges of settlement.</p>	<p>With the exception of government assisted refugees, immigrants don't have access to professional or community support to establish themselves in the community. Current services not enough - many independent immigrants learn about settlement agencies late in settlement process.</p>	<p>Refugee claimants, family members of international students don't have access to language services. Language school hours not considered enough; there is lack of programs to support learning after school.</p>	<p>Many immigrants feel hopeless and alienated due to language learning challenges. Due to parents' limited English proficiency, children take adult role by interpreting or working and become main household breadwinners. Family conflict emerges from role reversal.</p>
Social Supports	<p>Isolation: Single immigrants are more isolated. Seniors depend on family members to socialize.</p>	<p>Isolation of Refugee Claimants is aggravated by stress of leaving their families in their country under conditions of risk. Im/migrants spend most of the time alone at home.</p>	<p>Immigrant women raising children are isolated at home, marginalized from learning English.</p>	<p>Immigration status defines access to social services. Refugee claimants, temporary foreign workers, families of international students are cut off from substantial settlement, health care services.</p>
Basic Needs	<p>RECREATION Challenges: Sports and recreation are highly regulated and expensive. Lack of space in community to gather and for kids to play. Seniors have limited access to programs due to transportation, lack of companions. Seniors programs not inclusive of immigrants: fees, lack of interpretation services. Municipality does not support some sports, like soccer and volleyball.</p> <p>EMPLOYMENT & INCOME Challenges: Highly qualified immigrants with Canadian accreditation are</p>	<p>not being employed. Lengthy, expensive process to obtain Canadian accreditation puts people at risk of poverty. Women overwhelmed because children have unmet needs due to parent unemployment, eg: dental care, recreation, extracurricular support due to parents' unemployment. Men are particularly at risk of mental illness because of interpretation services. Refugee Claimants' basic health care needs are unmet due to cuts in the Interim Federal Health Program (IFHP). Getting sick is a source of stress due to financial obstacles to receiving proper care. Parents' employment status</p>	<p>affects children mental wellbeing. Women carry the burden of their husbands' depression due to unemployment. Immigrant families are facing food insecurity. Families affected by family separation when parents need to get a job abroad. SIN number indicating the status of Refugee Claimant is an obstacle to being hired in spite of good resume and interviews.</p> <p>HOUSING, CLEAN & SAFE ENVIRONMENT Challenges: Some immigrant families are</p>	<p>living in crowded apartments due to lack of income. Apartment living is challenging for immigrants used to living in houses. Immigrant families are isolated in their neighborhoods - no opportunities to interact with other families. EDUCATION Challenges: Immigrants without school experience and seniors have difficulties learning English which makes integration and citizenship process difficult under new CIC policy.</p>
Respect	<p>Discrimination: Occurs due to race, religious, ethnic group. Many immigrants can't identify it - blame themselves for difficulty accessing services or/and integrating into the larger community.</p>	<p>Women wearing hijab are discriminated against. Being treated permanently as a foreigner. Wisdom and experience of seniors are not recognized.</p>	<p>Children bullied at school because they are respectful towards teachers. Arabic names, refugee claimant status, race are obstacle to getting a job.</p>	<p>New citizenship policies prevent significant number of immigrants from becoming Canadian citizens.</p>
Welcoming Community	<p>Exclusion: Refugee claimants are treated as criminals. Those in detention are isolated, without support. Rigid rules when providing services are not sensitive to settlement challenges.</p>	<p>In school or workplace im/migrants feel that integration is solely their responsibility.</p>	<p>Parents feel judged, not supported by schools, child protection services. Lack of communication between school and parents.</p>	<p>Lack of spaces for seniors to socialize within their own cultural group and with Canadians. Lack of spaces in community to hold im/migrant gatherings.</p>
Culturally Competent Care and Services	<p>Lack of cultural competence among Health Care Professionals: Health Care Professionals (HCP) ignore im/migrant challenges, dismiss culture shock or explain every illness with it.</p>	<p>Some HCP discontinue service delivery because of challenges experienced by im/migrants when accessing services (interpretation needs, missed appointments, difficulty following prescriptions, "long term process to reach therapeutic outcomes")</p>	<p>Immigrant women feel family doctors don't listen to or take seriously their concerns regarding their children. Seniors are unable to see family physician because family members are busy during business working hours.</p>	<p>Refugee claimants and government assisted refugees frequently rejected by family doctors because of billing process.</p>

Mental Health Problems - An Im/migrant Perspective

CAUSES

Discrimination	Family	Isolation	Unmet Basic Needs
<p>Limited access to services, constant rejection by system due to the immigration status (Refugee Claimants, Temporary Residents)</p> <p>Living in a state of limbo because of overall inequality (Refugee Claimants, Temporary Residents)</p> <p>Treated as a criminal (Refugee Claimants)</p> <p>Criticized because of appearance, language, behaviours, dress code guided by religious values</p> <p>Unemployed despite having good resumes and Canadian credentials</p> <p>Facing obstacles to become Canadian Citizens imposed by changes in CIC policies (Bhutanese, Seniors)</p>	<p>Spousal abuse and child abuse</p> <p>Family separation</p> <p>Parenting from distance when family is back in country of origin (Refugee Claimants)</p> <p>Parents' sense of powerlessness, perception of being constantly criticized because of cultural parenting (African Immigrants)</p> <p>Parents' high academic expectations of children</p> <p>Guilt for bringing children to suffer hardships and discrimination in new country</p> <p>Guilt from displacement, lack of status and security risks imposed on families after fleeing the country (Refugee Claimants)</p>	<p>Lack of family support</p> <p>Lack of contact with Canadian neighbors, colleagues, school mates</p> <p>Difficulty/inability to communicate due to low English proficiency</p> <p>Lack of community spaces where to connect with others from the same ethnic groups</p> <p>Lack of worship spaces (Seniors)</p> <p>Alienation due to the lack of recognition of religious holidays in regular life at school, work, neighborhoods</p>	<p>Unemployment creates sense of helplessness, low self-esteem</p> <p>Professionally trained immigrants deal with lengthy, expensive and often unclear paths to acquire Canadian credentials</p> <p>Children's mental health impacted by parents' unemployment</p> <p>Men considered highly vulnerable because unemployment affects their social position</p> <p>Women experience stress supporting unemployed husbands and trying to address all family needs with fixed incomes</p> <p>Housing: <i>Lack of affordable housing</i> <i>Crowded apartments</i> <i>Unsafe neighborhoods</i></p> <p>Food insecurity and financial difficulties in accessing ethnic food</p>
Physical Illness	Trauma	Stress Related to Settlement	
<p>Fear of dying when sick because of not having rights to access health care services due to cut backs in the Interim Federal Health Plan (Refugee Claimants)</p> <p>Increased dependence and sense of isolation because accessing health services requires support from family members or relatives (Seniors)</p> <p>Inability to communicate needs to family physician due to time constraints and reluctance by some physicians to utilize the phone interpretation line</p> <p>Post partum depression: lack of social support system, unfamiliarity with the system of giving birth, lack of understanding of post partum depression</p>	<p>Living long periods of time under war conditions (Refugee Claimants, Refugees)</p> <p><i>Witnessing killing of friends and relatives</i></p> <p><i>Losing properties and ways of living</i></p> <p><i>Forced displacement</i></p> <p><i>Family separation</i></p> <p><i>Torture and rape as weapons of war</i></p> <p><i>Frequent moves/resettlement</i></p> <p>Long periods of time in refugee camps (Refugees)</p> <p><i>Insecurity</i></p> <p><i>Inadequate living conditions</i></p> <p><i>Lose of regular routines</i></p> <p><i>Being in state of limbo</i></p> <p><i>Long periods of inactivity</i></p> <p>Threats on life, persecution, jail time, attacks against family members (Refugee Claimants, Refugees)</p>	<p>Intergenerational trauma created by historical discrimination against specific ethnic groups (Bhutanese)</p> <p>Trauma affects trust in others</p> <p>In some cases trauma impact remains dormant until people have overcome initial stages of settlement, have acquired relative level of stability, 10 or 15 years later</p> <p>Reviving trauma when asked constantly by service providers about the reason for being in the country (Refugee Claimants)</p> <p>Teachers' lack of sensitivity when referring to terrorist acts (ie African, Arabic countries) can trigger memories in immigrant children, perpetuate stereotypes</p> <p>Social fabric within communities broken because of trauma</p>	
Mental Health Impact	<p>Frustration, anger, isolation, learning and cognitive difficulties, sleeping and eating problems, depression, anxiety, suicide ideation</p> <p>Mental health declining</p>		

Immigrant/Migrant Community Response to Addressing Mental Illness

Supports & Good Practices	Challenges
<p>IN THE COMMUNITY</p> <p>Traditional Healings</p> <ul style="list-style-type: none"> Guidance from spiritual leaders and Holy Books Herbs Meditation and prayers Ayurveda medicine <p>Support from Social Networks</p> <ul style="list-style-type: none"> Faith groups Gathering with people of similar age from same ethnic group Support from friends is preferred way: encouragement, taking people out, learning from others about their settlement experiences, removing people from stressful situations Elders' support Cultural celebrations Sports and recreation <p>Personal Resilience</p> <ul style="list-style-type: none"> Faith Sense of hope Being able to identify progress in their settlement process Family bonds Being able to identify internal and external resources Positive self talk <p>Support from Community Organizations</p> <ul style="list-style-type: none"> Bayers Westwood Family Resource Centre: emotional, practical support Halifax Refugee Clinic: Practical support, emotional support <p>Learning English</p> <ul style="list-style-type: none"> Attending EAL provides information about resources in the community EAL class becomes a community of support Learning English increases sense of control and confidence <p>Volunteering</p> <ul style="list-style-type: none"> Meaningful volunteer roles that acknowledge their experience and facilitate integration Supporting others in their communities <p>Referrals to mental health services are more likely to be followed up when im/migrants trust the front line worker and their fears and expectations are clarified.</p>	<p>IN THE COMMUNITY</p> <ul style="list-style-type: none"> Lack of trust among members of the same ethnic, language or religious group. Cultural patterns that sustain gender, class and ethnic inequalities. Cultural view of alcohol as a vital component in social celebrations and gatherings in some communities. Lack of traditional healers or spaces to perform traditional healing practices <p>Mental Health Stigma</p> <ul style="list-style-type: none"> Mental illness is caused by bad spirits. Mental illness is caused by the moon cycles. It comes and goes according to the lunar cycle. People with mental illness are unpredictable, aggressive. Parents of children with mental illness are the ones to blame for their disorders. Mental illness brings shame to family. Problems get bigger by seeing a health care professional. People with mental illness are sent to hospitals. People suffering mental health are scolded and others make fun of them People don't take those who suffer mental health problems seriously. Silence about addictions. <p>ACCESSING MENTAL HEALTH SERVICES</p> <ul style="list-style-type: none"> Lack of information about the mental health system. Lack of information about the role of family doctors in addressing mental health issues Many im/migrants don't have access to family doctors Difficulties connecting with services due to language limitations <p>Gender Implications</p> <ul style="list-style-type: none"> Family physicians are unaware of emotional abuse when seeing women in the presence of family members Men are more likely to hide emotional suffering and less likely to access mental health services Men feel uncomfortable speaking to female counsellors Women are so overwhelmed by addressing family needs that taking a new appointment to see a mental health providers seems impossible <p>Challenges of Parents of Children with Mental Health Problems</p> <ul style="list-style-type: none"> Assessments forms provided by health care professionals are very confusing Parents feel lost relating and understanding the roles of different <p>service providers involved in their children's care</p> <ul style="list-style-type: none"> Parents complain about lack of communication with health care professionals and clinicians working with their children, i.e., difficult to communicate their needs Parents find they don't have support from health care professionals to address behavior issues especially with their teenagers Parents very often don't disclose children's mental health problems out of fear of Child Protection Services <p>Lack of Initial Assessment</p> <p>Refugee claimants and government assisted refugees who are more likely to experience trauma are not assessed in their initial stages of settlement and mental health issues go undiagnosed for long periods of time.</p> <p>Discrimination</p> <p>Refugee claimants and government assisted refugees are refused by family doctors because of the administrative process required by the Interim Federal Health Plan.</p>
<p>ACCESSING MENTAL HEALTH SERVICES</p> <p>Building Trust with Communities</p> <ul style="list-style-type: none"> Community Outreach: IWK parent support group at Immigrant Settlement & Integration Services and Mosque Bayers Community Mental Health Clinic: Partnering with Bayers Westwood Family Resource Centre to deliver mental health education programs <p>Mental Health Care Provider Cultural Competence</p> <ul style="list-style-type: none"> Service provider is open-minded Service provider offers practical suggestions to address current challenges Service provider establishes rapport by showing interest in the person's culture and settlement process. 	

Newcomer Community Wellness Project

Report

Im/migrants' Perspective of their Mental Health and Wellness

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