Reducing barriers to accessing virtual mental health care for recent refugees and other newcomers

March 16, 2021
Housekeeping

Your audio
Sound is being transmitted through your computer speakers. If you wish to listen through the phone, click “Stop”

Find the chat
Click on the comment icon at the bottom right side of your screen to see the “Chat” panel

Ask questions & comment
Use the “Chat” panel to the right of your screen
Land acknowledgement

CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology and extensive trade routes throughout the Americas. The site of CAMH appears in colonial records as the council grounds of the Mississaugas of the Credit First Nation. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city.

CAMH is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors, and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis – share the land and protect it for future generations.

The Provincial System Support Program (PSSP) at CAMH works with communities, service providers and other partners across Ontario to move evidence to action to create sustainable, system-level change.

PSSP provides capacity and expertise in a number of areas, including implementation, knowledge exchange, evaluation and data management.

PSSP supports the implementation of OPOC and SS&A, and is a partner in EQIP.
We connect people with evidence.

Evidence Exchange Network is helping to create a more collaborative and evidence-informed mental health, addictions, and substance use system that meets the needs of all Ontarians.

Join the Network

Visit us at eenet.ca
The presenters

Michaela Hynie
Professor, Centre for Refugee Studies
York University

Kathy Sherrell
Associate Director, Settlement Services
Immigrant Services Society of British Columbia

Marcela Diaz
Manager, Settlement and Integration
Multicultural Council of Windsor and Essex County
AGENDA

1. How can we improve virtual mental health care accessibility for immigrant populations?

2. Digital literacy and access: Understanding client needs in a changed work environment

3. Facilitating Access to Virtual Services for Government Assisted Refugees

4. Q&A
Michaela Hynie
How can we improve virtual mental health care accessibility for immigrant populations?
York University acknowledges its presence on the traditional territory of many Indigenous Nations. The area known as Tkaronto has been care taken by the Anishinabek Nation, the Haudenosaunee Confederacy, and the Huron-Wendat. It is now home to many First Nation, Inuit and Métis communities. We acknowledge the current treaty holders, the Mississaugas of the Credit First Nation. This territory is subject of the Dish With One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region.
Promising Practices in Accessing Virtual Mental Health: Supporting Refugees during COVID-19

• Goal:
  • To identify factors that affect accessibility and appropriateness of virtual mental health care
In the year since COVID was recognized as a pandemic...

- Physical distancing
- Stay at home orders
- Transitioning to virtual services
  - Including mental health
What have we learned?

How will we plan for the future?
• Virtual mental health is not appropriate or accessible for everyone
  • New technologies tend to widen health inequities
• Not much known about access for immigrants
  • Existing barriers for culturally/linguistically appropriate care likely exacerbated
• Challenges for refugee newcomers may be greater

Byrow et al., 2020; Harst et al., 2019; Mohr et al., 2017; Latulippe et al., 2017; Liem et al., 2020; Zelmer et al., 2018
Model of access to virtual mental health services for refugee clients

Modified from the Client Centered Framework (Levesque, Harris & Russell, 2013)
Scoping review...

Primary research examining the efficacy and viability of virtual mental health service delivery to populations or individuals not residing in their country of birth?

1029 non-duplicated abstracts
Each abstract screened independently by 2 researchers

Arksey & O’Malley, 2005
Process

Criteria

- Peer-reviewed primary study
- Migrant or refugee population
- Psychiatric or psychological intervention or assessment
- Use of technological devices and/or media to deliver/conduct services
- Intervention outcomes, provider and/or client reports
Records identified through database searching (n = 7198) 
Records identified through other sources (n = 30) 
Records after duplicates removed (n = 1029) 
Records screened (n = 1029) 
Records excluded (n = 934) 
Full-text articles assessed for eligibility (n = 95) 
Full-text articles excluded with reasons (n = 63)
- No Immigrant or Refugee Population (n = 12)
- Not a peer-reviewed primary study (n = 31)
- No virtual intervention (n = 10)
- No formal evaluation or provider/client perspective (n = 3)
- No full-text English copy available (n = 7) 
Studies included (n = 32)
Modality of delivery

<table>
<thead>
<tr>
<th>Modality</th>
<th>Telephone (5)</th>
<th>Videoconference (7)</th>
<th>SMS/text/email (3)</th>
<th>Self-paced web/phone application (11)</th>
<th>Tablet/touch screen (3)</th>
<th>Other (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction counseling</td>
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<td>Video game intervention (1)</td>
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<tr>
<td>Peer support</td>
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<td>Avatar based text therapy (1)</td>
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<tr>
<td>Assessment</td>
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<td></td>
<td></td>
<td>Self-paced digital relaxation (1)</td>
</tr>
<tr>
<td>Therapy</td>
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</tr>
</tbody>
</table>

Therapy
- Counseling/support Mixed
- CBT
- CBT
- Survey
- Mixed

Clients
- I/R
- I/R/A
- I
- I/R
- I/R
- R

I: immigrant
R: refugee
A: asylum seeker
**Examples....**

<table>
<thead>
<tr>
<th>Telephone</th>
<th>Video-conference</th>
<th>SMS/text/e-mail</th>
<th>Self-paced web/phone application</th>
<th>Tablet/touch screen</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghan, Burmese &amp; Sudanese refugee women in Australia. Peer support &amp; face to face training</td>
<td>Mixed sample in Denmark. Therapy/assessment with bi-cultural therapist in Denmark or Sweden.</td>
<td>Immigrant women in Spain provided bi-psychosocial therapy for depression via 4 SMS daily for 3 weeks. But also phoned and in person.</td>
<td>Turkish migrants in Netherlands. 5-part web-based problem solving program for depression.</td>
<td>Refugee &amp; Immigrant women in Australia. Screened for perinatal depression, while waiting for medical appointment</td>
<td>Refugee claimants in Germany. Offered self-guided relaxation for depression and trauma. Digital phone downloads. In person training and 2 calls</td>
</tr>
</tbody>
</table>
## Cultural adaptation

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Language appropriate</td>
<td>Bicultural bilingual therapist (7)</td>
<td>Language appropriate (3)</td>
<td>Language &amp; culture (5)</td>
<td>Translated text &amp;/or interpretation (3)</td>
<td>Video game: language adapted (1)</td>
</tr>
<tr>
<td>Culturally &amp; language adapted (1)</td>
<td>Same culture peer/ org (2)</td>
<td>Individually adapted messages (2)</td>
<td>Language only (1)</td>
<td>Avatar: no adaptation (1)</td>
<td></td>
</tr>
<tr>
<td>None or unclear (2)</td>
<td>Culturally sensitive (1)</td>
<td>None (3)</td>
<td>Culture only (2)</td>
<td>Relaxation: language adaptation (1)</td>
<td></td>
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</tbody>
</table>

**Notes:**
- (1) Indicates one instance.
- (2) Indicates two instances.
- (3) Indicates three instances.
- (5) Indicates five instances.
Benefits of virtual approaches

- Fewer qualified staff
- Less intensive intervention
- Avoid stigma from community
- Anonymous to provider
- Less travel time
- Access to other providers
- Brief message based interventions
- Less childcare
- Fewer qualified staff
- Less intensive intervention
What facilitates access?

- **Language & Culture**
  - Support is culturally relevant
  - Available in preferred language

- **Nature of available space**
  - Privacy
  - Comfort & space
  - Technology provided
  - Convenience Support

- **Familiarity**
  - Using familiar technology
  - Using familiar platforms

- **Multiple modalities**
  - Audio components
  - Automated reading programs

Multiple modalities and familiarity seem to be key factors in facilitating access, as they align with the use of familiar technology and platforms. The nature of available space, with its comfort and privacy, also contributes to accessibility. Privacy and convenience are additional aspects that enhance the overall experience.
Barriers to access

- Need smartphone
- Need computer/tablet
- Corrupt downloaded files
- Troubleshooting challenges with phone connection
- Concerns about security on platforms
Barriers to access

- Familiarity with technology
  - Device familiarity
    - Have internet access
  - Remembering website location
  - Forgetting passwords
- E-mail address
Acceptability and satisfaction

Phone & SMS
- Satisfaction of call-based not formally assessed
- Regular texts deemed useful especially when personalized

E-mail Based
- Found intervention helpful
- E-mail allowed self expression
- May be unable to address some therapeutic relationship issues

Screening tools
- Accept screening tools and had confidence in them
- Audio component a welcome addition
Acceptability and satisfaction

Video-conference based therapy

- Technical issues affect quality of the therapeutic interaction
- Difficulty for hearing impaired
- High completion
- Variability across studies in satisfaction & comfort
- Linguistic and cultural appropriateness of bicultural therapists seen as compensation for technology
Acceptability and satisfaction

- Moderate to high satisfaction
- Agreed it reduces financial and physical barriers to care
- Agreed reduces stigma
- Agreed it teaches new techniques
- Most would recommend it
- Digital audio files: acceptable but no substitute for face to face

Self-paced asynchronous (mobile phone/computer)
Appropriateness and Intersectionality

Age

Mental health condition

Group differences

Education

Migration status
Additional support

Material Support

- Location
  - Office in centre
- Cost
  - Prepaid phones
  - Mobile phone vouchers
- Technology
  - Inexpensive webcams
  - Refurbished computers

Information/Treatment Support

- Facilitator
  - For technology
  - For therapy follow up
- In person sessions
- Initial session
- Training session
Concerns

**Inclusion criteria**
- Those with limited language, digital/device access, or severe problems often excluded

**Lack of systematic cultural adaptation**
- Cultural appropriateness assumed

**Limited client satisfaction reporting**
- Drop out or lack of take up not explained

**Choice of technology not justified**
- Not clear if and why this is the best approach

Di Carlo et al., 2020
How should we build virtual mental health services in the future?

Don’t let technology be the barrier
- Technical and financial support
- Diversity of technologies
- Provide individual facilitation and follow up

Technology can be offered in clinic spaces
- Reduce distance
- Increase privacy
- Reduce technology barriers
- Increase access to scarce resources

Consider mixed approaches
- Training, assessment or initial session can be face to face
Co-applicants

Principal Investigators & Co-applicants

- Michaela Hynie, Branka Agic, Kwame McKenzie
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- Bozana Sljuka (CCIS)
- Cindy Starnino/Mélanie M. Gagnon (CERDA)
- Dan Vandebelt (Waterloo Region Local Immigration Partnership)
- Enrico Del Castello (IRCC)
- Jillian Premachuk (Carlington Community Health Centre)
- Manoli Ekra (OCASI)
- Meb Rashid/Ellen Tang (Crossroads)
- Mei-ling Wiedmeyer (Centre for Gender & Sexual Health Equity)
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- Delal Hagos, Toronto
- Essam Obeid, Ottawa
- Hanen Nanaa, Toronto
- Latif Behroz, Toronto
- Sara Omar, Kitchener
- Washington Martin, London
Kathy Sherrell
Digital literacy and access:
Understanding client needs in a changed work environment
We would like to begin by acknowledging that the land from which I am presenting in BC is unceded Traditional territories of the səl̓ilw̓ətaɁ̱, kʷikʷəƛ̓əm, Skwxwú7mesh Úxwumixw and xʷməθkʷəy̓əm Nations.
COVID-19
Lack of advance planning and immediate need to stabilize staff to provide remote services, with emphasis on vulnerable populations

Shifting focus
Shift from immediate needs to better understanding digital access and familiarity, as well as varying needs of different cohorts of clients

A new reality
Planning for hybrid service delivery among diverse populations

CONTEXT AND APPROACH
ASSESSING CLIENT NEEDS

NEEDS ASSESSMENT

RAP ARRIVALS

420 family units
Mar 25 – May 28
Telephone
First language

Focus:
- Identify immediate needs
- Access to technology
- Social media
COVID-19 awareness

1007 respondents
Jul 18 – Aug 5
Online and targeted Phone
14 languages

Focus:
- Digital literacy and access to technology
- Service Delivery Format preferences

30 respondents
July 13 – 31
Online
English

Focus:
- Digital literacy and access to technology
- Information needs
- Service Delivery Preference

226 respondents age 55+
Sept 14 – Oct 2
Phone
First language

Focus:
- Digital literacy and familiarity
- Service Delivery Preference
- Information needs
INSIGHTS: DIGITAL LITERACY AND ACCESS TO TECHNOLOGY

- **KEY TOOL – CELL PHONE**
- **KEY SOFTWARE - ZOOM**
- **GARS – DIFFICULTY IN SUPPORTING CHILDREN EVEN WHEN TECHNOLOGY IS PRESENT**
- **LOWER ACCESS TO COMPUTER / LAPTOPS AMONG GARS AND SOME SENIORS**
- **SENIORS: HIGH LEVELS OF ACCESS OFFSET BY LOW LEVELS OF FAMILIARITY**
- **SOCIAL MEDIA: WHATSAPP, MESSENGER AND FACEBOOK**
Clients who prefer in-person services don’t necessarily want them now. Others never want to return to in-person.

In-person service demand highest among refugees with low access to technology, and individuals age 65+.
INCREASING DIGITAL LITERACY IS A KEY NEED FOR CLIENTS AND STAFF

How to accomplish this goal in a remote world?
<table>
<thead>
<tr>
<th>Topic</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hybrid service delivery is here to stay</td>
<td>• What services are best delivered in-person? Through remote delivery?</td>
</tr>
<tr>
<td>Access issues heighten inequality</td>
<td>• How do we increase both access to technology and digital literacy skills?</td>
</tr>
<tr>
<td>Cell phones are most common tool</td>
<td>• How do we increase confidence and skills to meet identified needs using only cell phones?</td>
</tr>
<tr>
<td>Supporting Mental Health</td>
<td>• How do we best support clients with mental health issues?</td>
</tr>
<tr>
<td>Maintaining Confidentiality</td>
<td>• Replacing WhatsApp with Telegram for increased privacy and security</td>
</tr>
</tbody>
</table>

**EMERGING INSIGHTS AND ONGOING CHALLENGES**
For further information please contact:
kathy.sherrell@issbc.org
Facilitating Access to Virtual Services for Government Assisted Refugees

Marcela Diaz, Manager, Settlement & Integration
I am honoured to be presenting from land with a deep Indigenous history that is home to many Indigenous and Métis people today. This is the traditional territory of the Anishnaabeg people of the Three Fires Confederacy of First Nations, comprised of the Odawa, Ojibwe and Potawatomi Peoples.

Miigwech.
Government Assisted Refugees (GARs) destined to Windsor are supported by two specific programs:

The Resettlement Assistance Program (RAP) provides essential and immediate services during their first 4-6 weeks in Canada.

The Client Support Services Program (CSS) provides intensive case management services during their first 12 months and up to 24 months.
English Language Skills
18+ years (2019/20)

- None: 47%
- Minimum: 43%
- Moderate: 9%
- Fluent: 2%

Previous Living Conditions

- Urban: 48%
- Refugee Camp: 27%
- Rural: 25%
EDUCATIONAL LEVELS 18+ years (2019/20)

- **75%** GRADE 11 or less
- **12%** NO FORMAL EDUCATION
- **10%** HIGH SCHOOL/TRADE SCHOOL GRADUATE
- **3%** POST SECONDARY GRADUATE
Support Network – GARs in Windsor

- RAP Case Manager
- RAP Life Skills Worker
- CSS Case Manager
- Settlement Worker and Settlement Staff
- Health Service Providers
- Community Service Providers
- Family and Friends

Client
Virtual Services

- Intake and Needs Assessment
- One on one or family orientation services
- Assisting with SIN online applications
- Daily COVID-19 screening calls and checkups
Connecting to Mental Health Services

Counselling and Psychotherapy for Refugees

• In partnership with Dr. Ben Kuo, Department of Psychology, University of Windsor
• Weekly sessions for up to 6 months with PhD practicum students
Connecting to Group Sessions

Group wellness sessions

Community Building Program led by Dr. Annette Dufresne, C. Psych.

This program is designed specifically for GAR families to help them begin to heal from the effects of trauma through community connections, language, music and art.
THANK YOU
Q&A
Thank You

Please fill out the webinar evaluation!

For more information, see: eenet.ca/initiative/virtual-mental-health-access-refugees