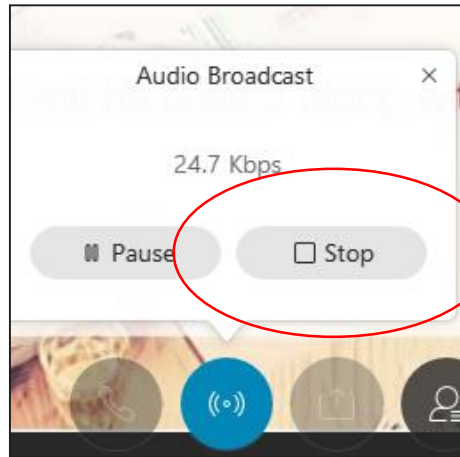


# Reducing barriers to accessing virtual mental health care for recent refugees and other newcomers

March 16, 2021



# Housekeeping

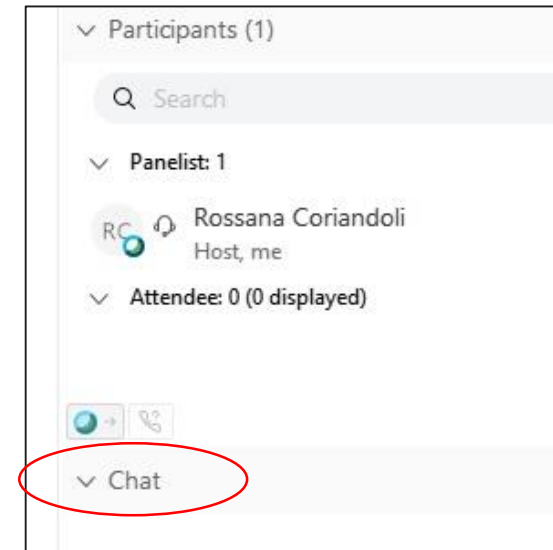


## Your audio

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



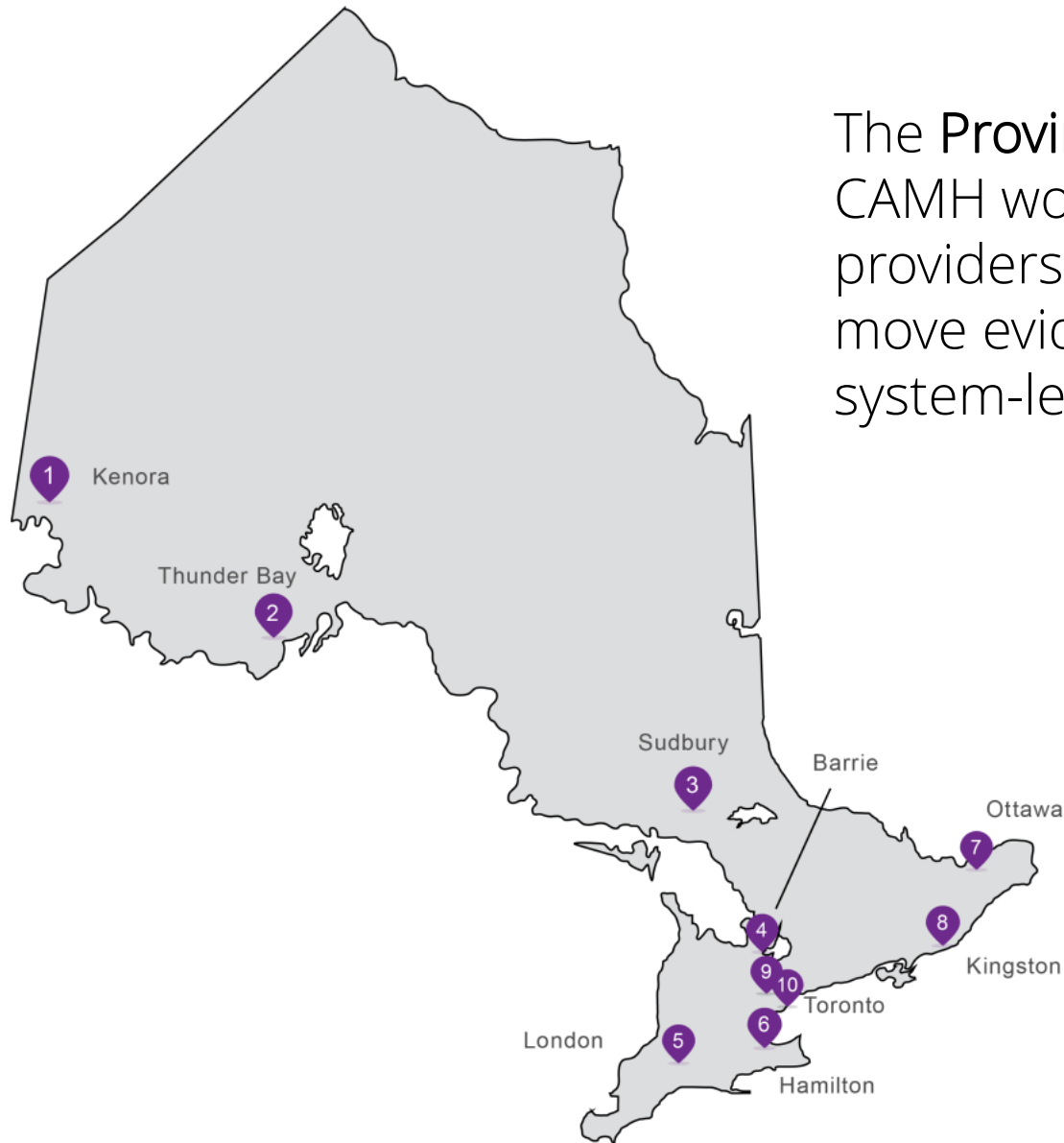
# Land acknowledgement

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.



Reference: <https://www.camh.ca/en/driving-change/building-the-mental-health-facility-of-the-future>



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](https://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

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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

# 1

Michaela Hynie



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

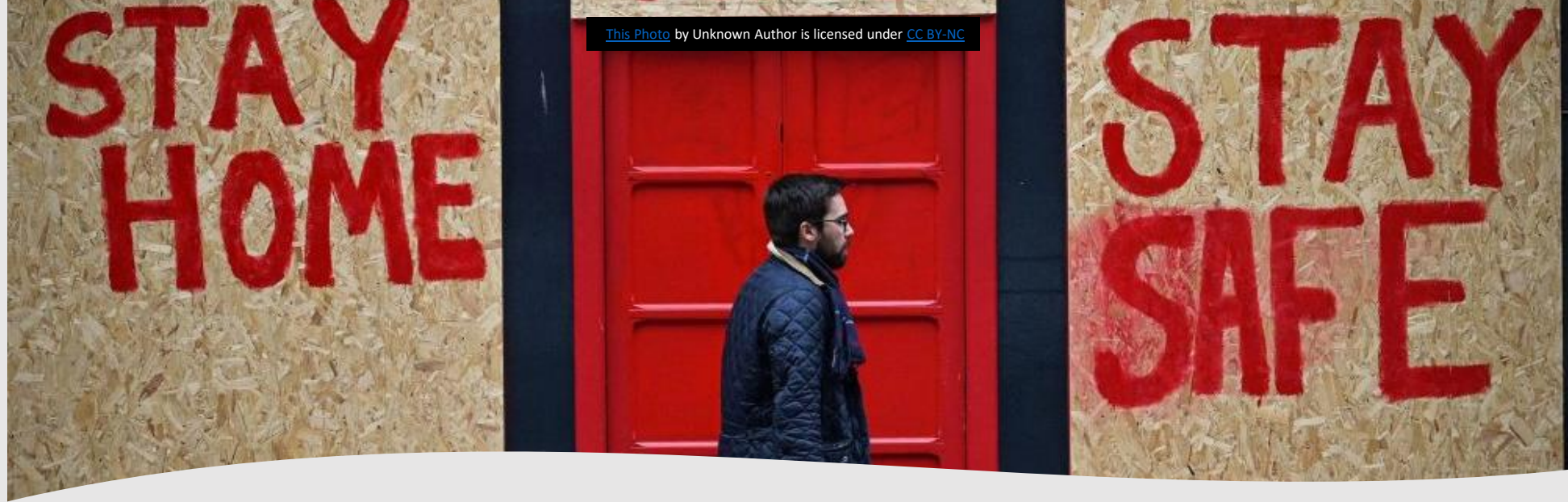
Michaela Hynie, Anna Oda, Rachel Samuel, Michael Calaresu,  
Safwathullah Farooqui, Jenna-Louise Palmer-Dyer

*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

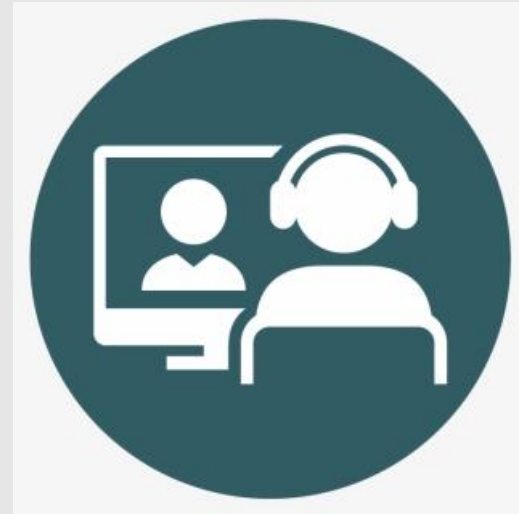


[This Photo](#) by Unknown Author is licensed under [CC BY](#)

What have  
we learned?

How will we  
plan for the  
future?

# Research to Practice Gap



- 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



# Model of access to virtual mental health services for refugee clients



# Scoping review...

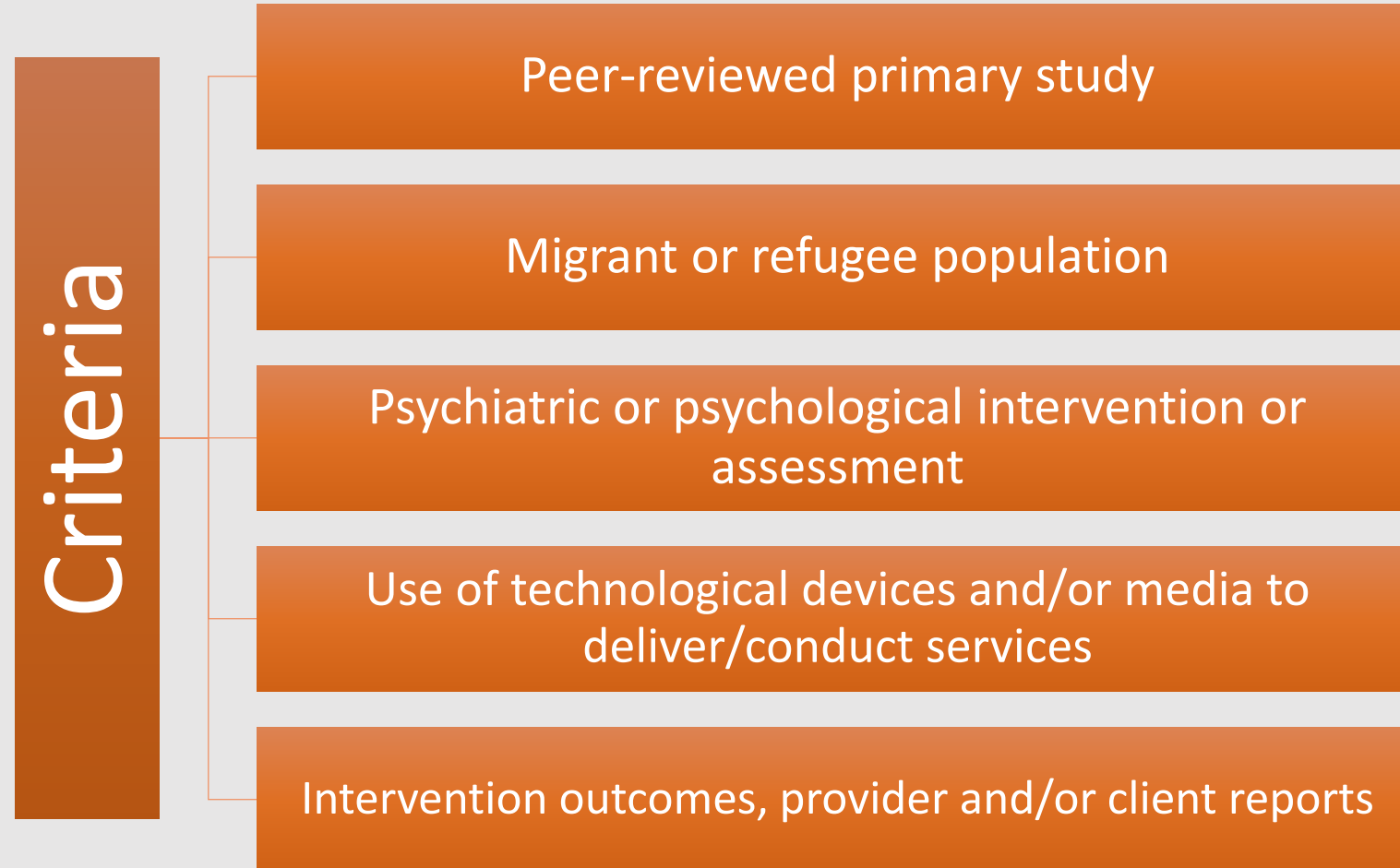
Primary research examining the efficacy and viability of virtual mental health service delivery to populations or individuals not residing in their country of birth?

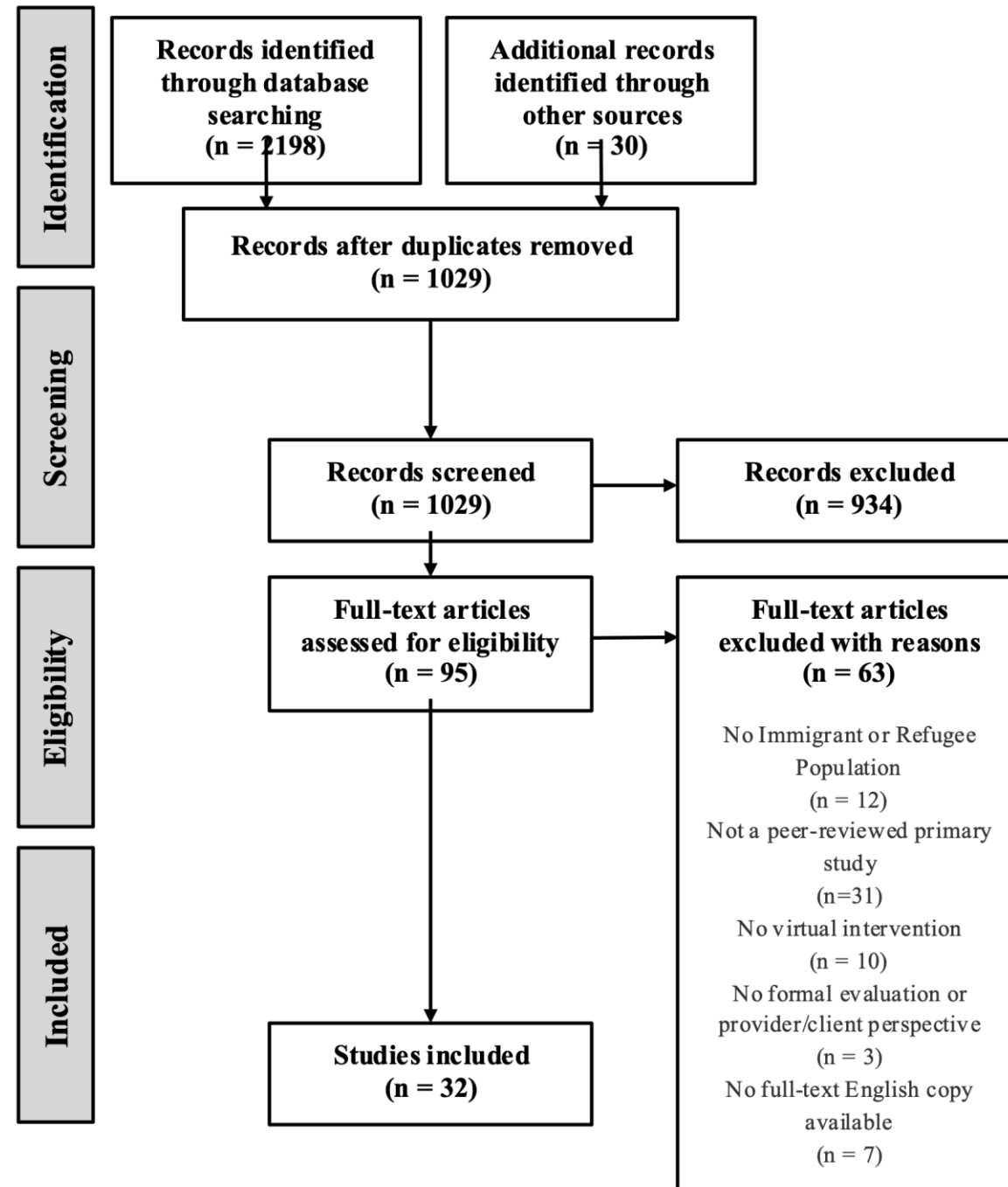
1029 non-duplicated abstracts

Each abstract screened independently by 2  
researchers

Arksey & O'Malley, 2005

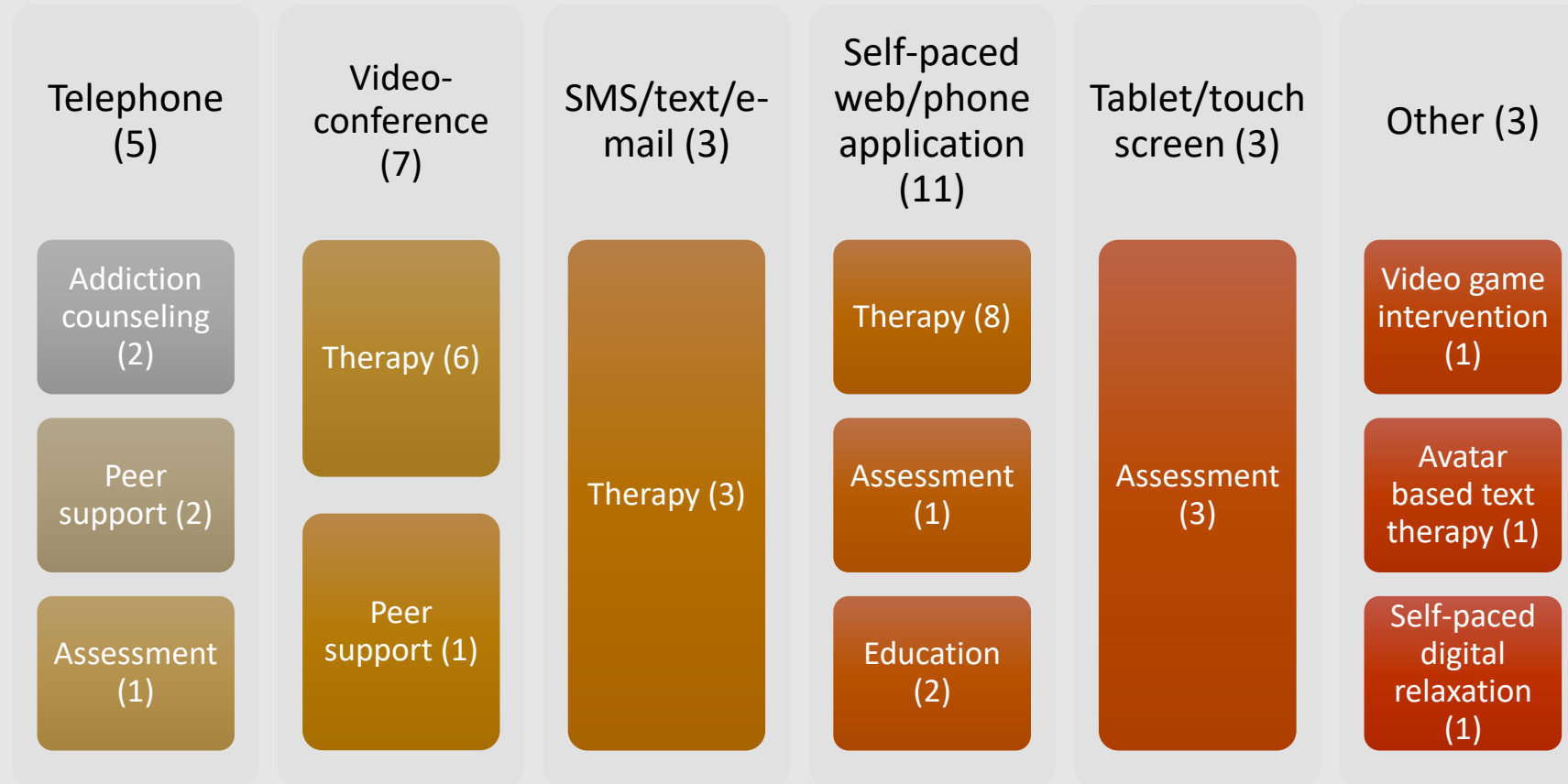
# Process





# Modality of delivery

I: immigrant  
R: refugee  
A: asylum seeker



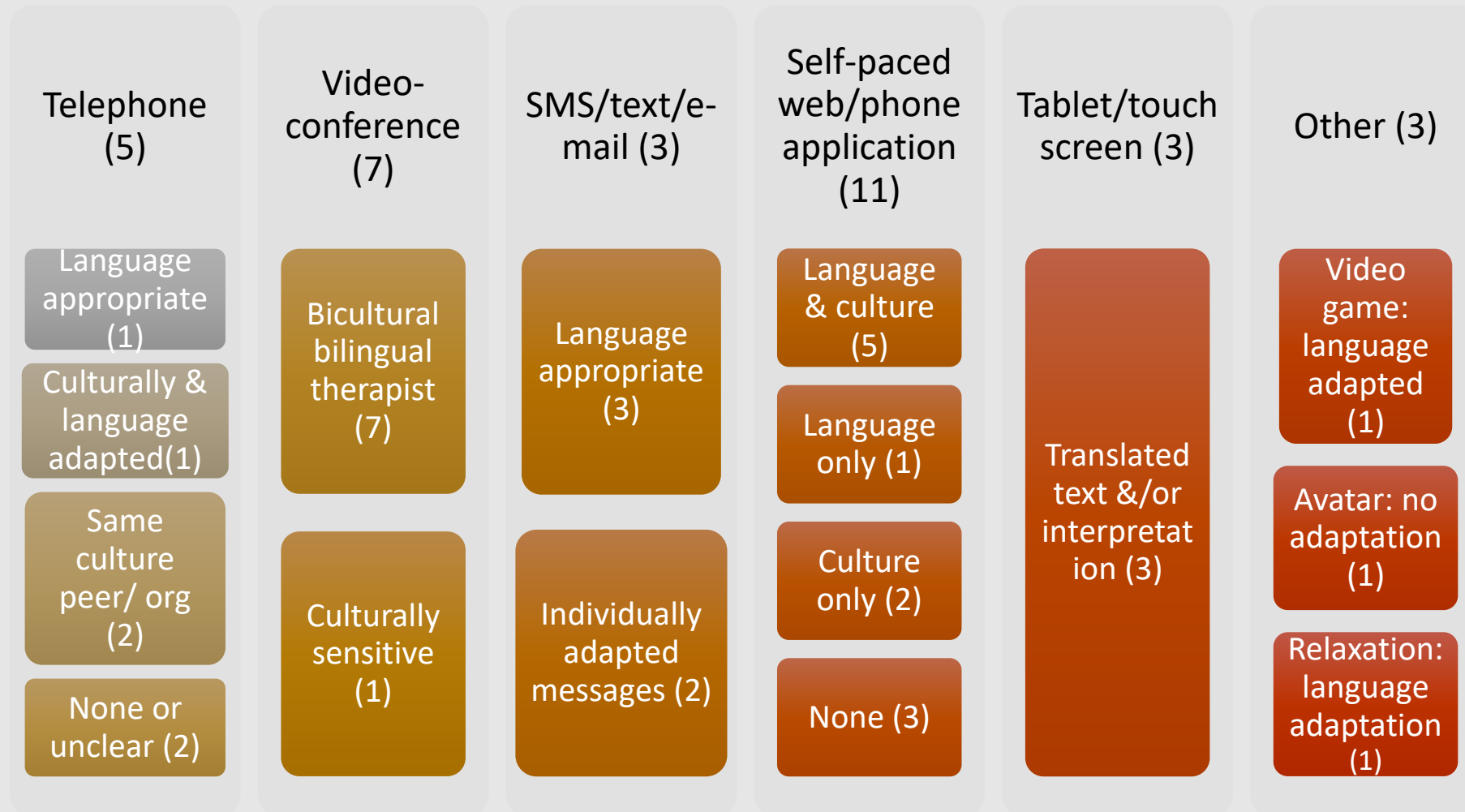
| Therapy | • Counseling/support Mixed | CBT   | CBT | Survey | Mixed |
|---------|----------------------------|-------|-----|--------|-------|
| Clients | • I/R                      | I/R/A | I   | I/R    | R     |

# Examples....

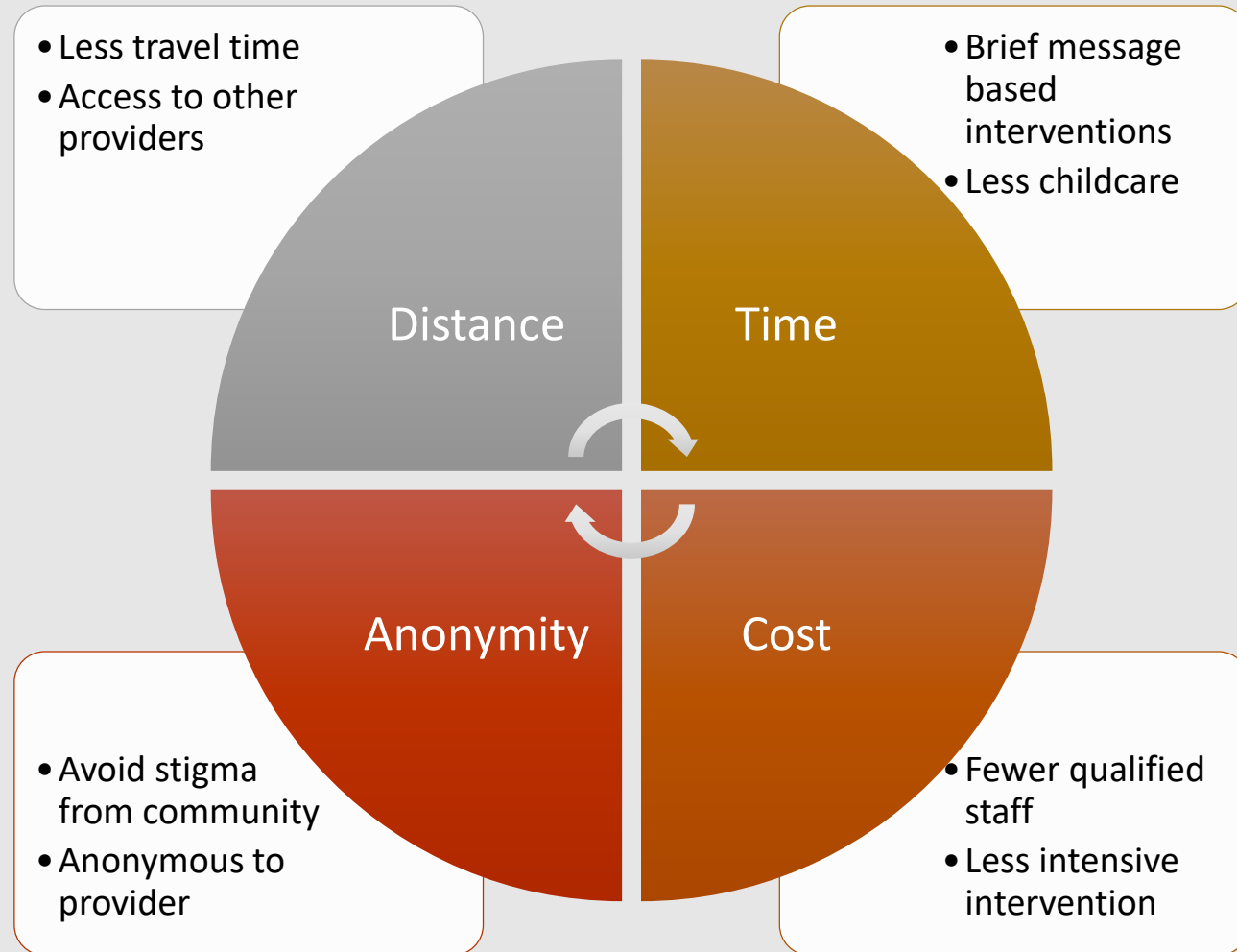
| Telephone                                                                                   | Video-conference                                                                             | SMS/text/e-mail                                                                                                                       | Self-paced web/phone application                                                          | Tablet/touch screen                                                                                              | Other                                                                                                                                           |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Walker (2015)                                                                               | Mucic (2011)                                                                                 | Garcia (2020)                                                                                                                         | Unlutnce (2013)                                                                           | Willey (2020)                                                                                                    | Zehetmair (2020)                                                                                                                                |
| Afghan, Burmese & Sudanese refugee women in Australia. Peer support & face to face training | Mixed sample in Denmark. Therapy/assessment with bi-cultural therapist in Denmark or Sweden. | Immigrant women in Spain provided bio-psychosocial therapy for depression via 4 SMS daily for 3 weeks. But also phoned and in person. | Turkish migrants in Netherlands. 5-part web-based problem solving program for depression. | Refugee & Immigrant women in Australia. Screened for perinatal depression, while waiting for medical appointment | Refugee claimants in Germany. Offered self-guided relaxation for depression and trauma. Digital phone downloads. In person training and 2 calls |



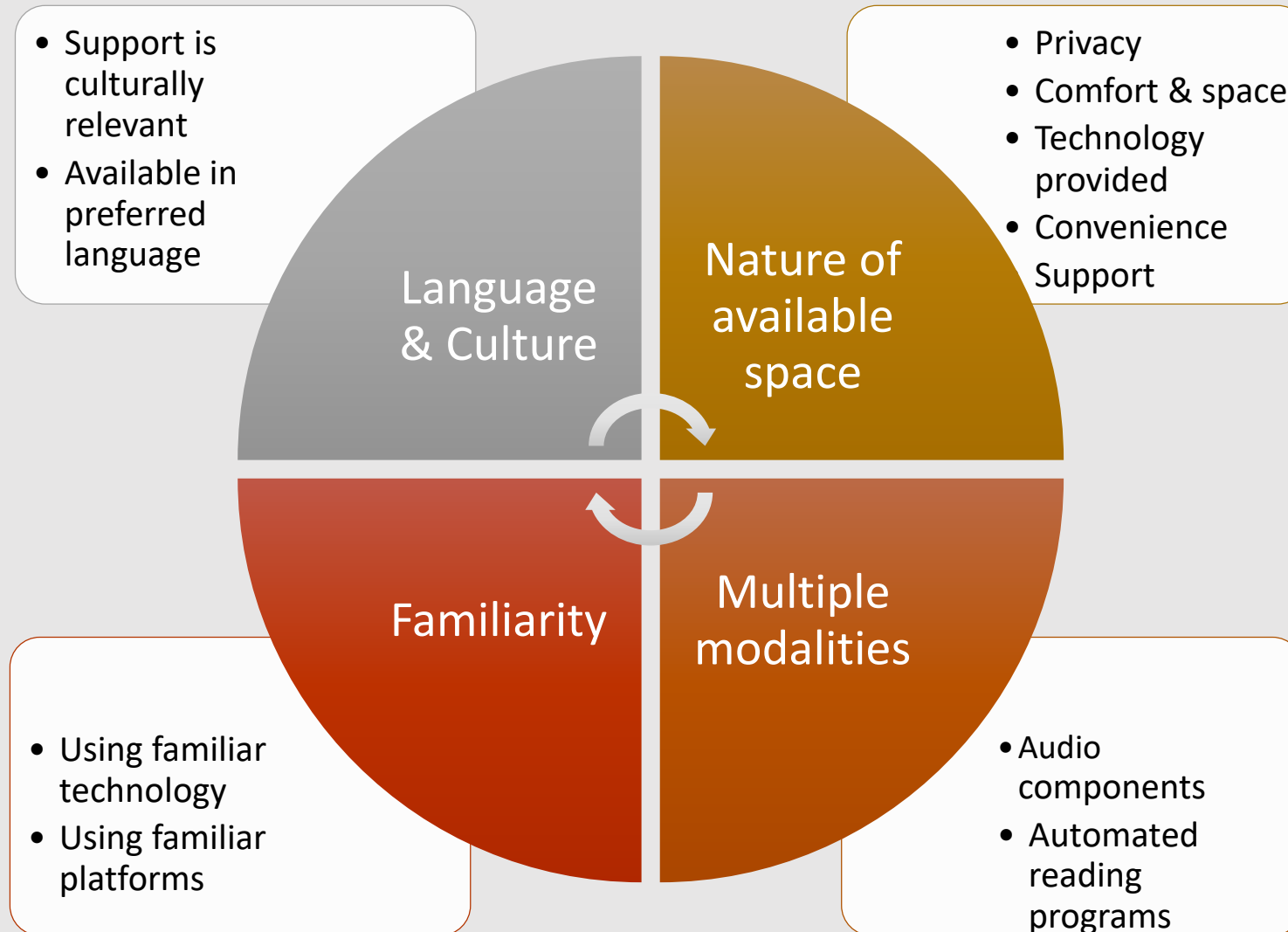
# Cultural adaptation



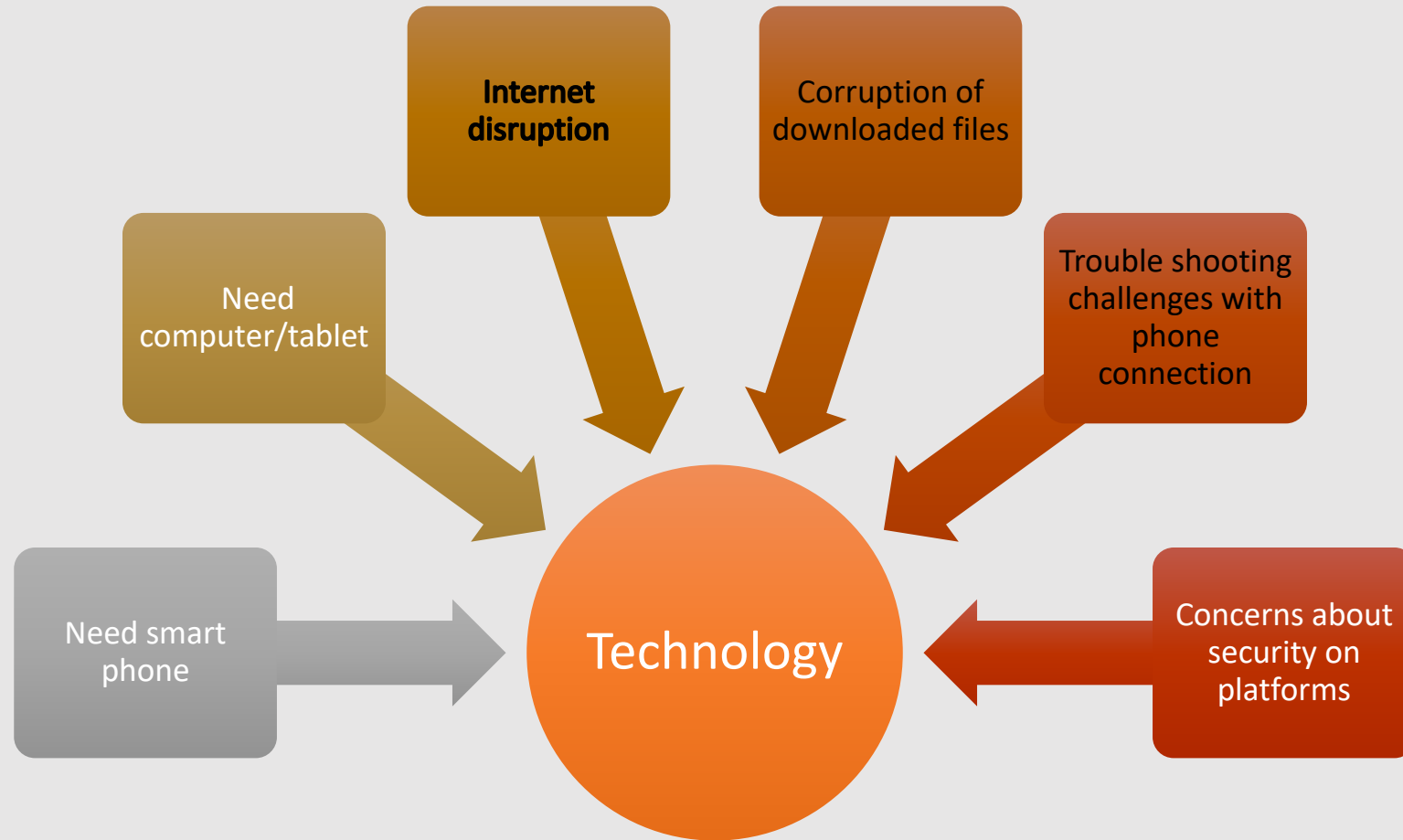
# Benefits of virtual approaches



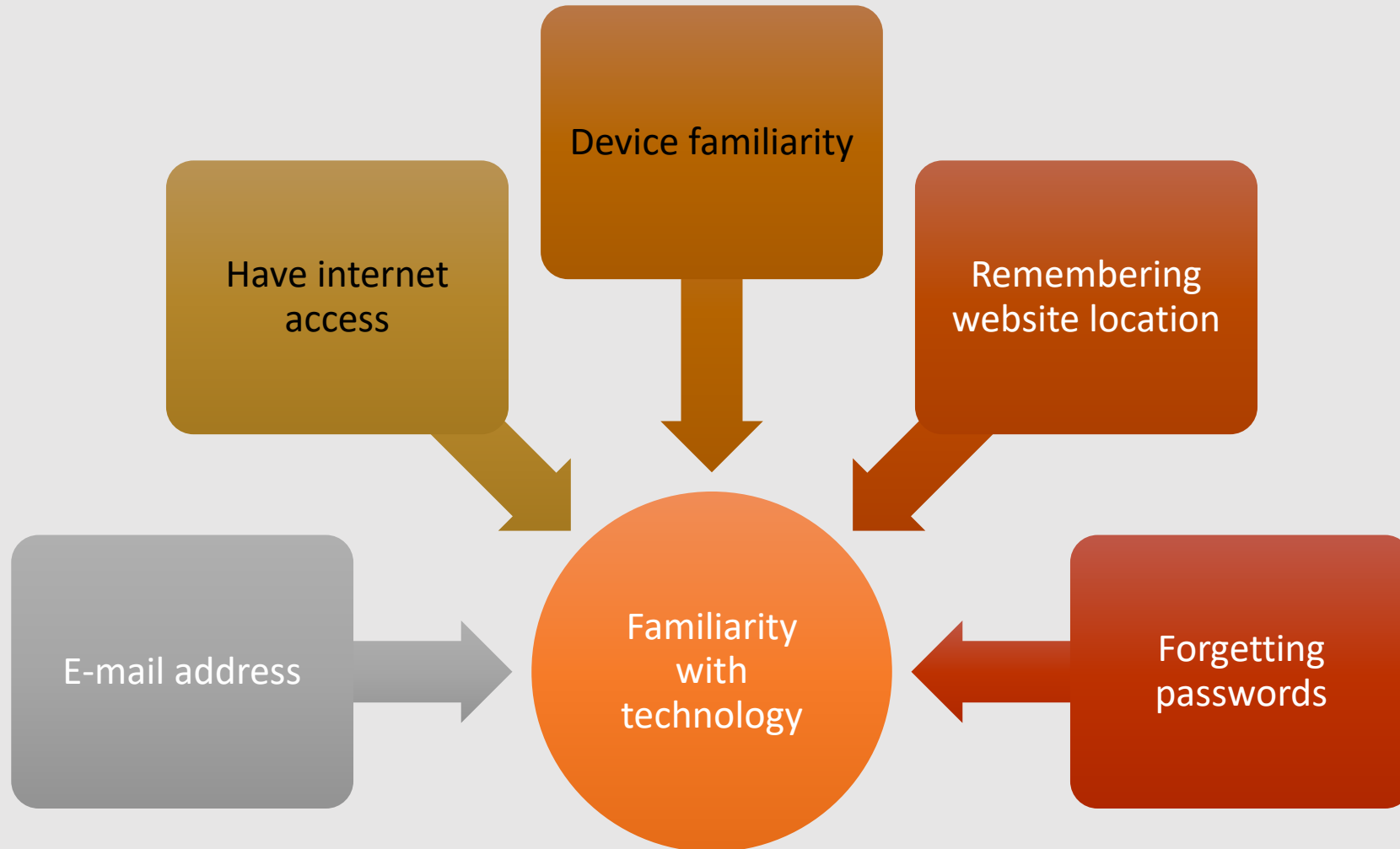
# What facilitates access?



# Barriers to access



# Barriers to access



# 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

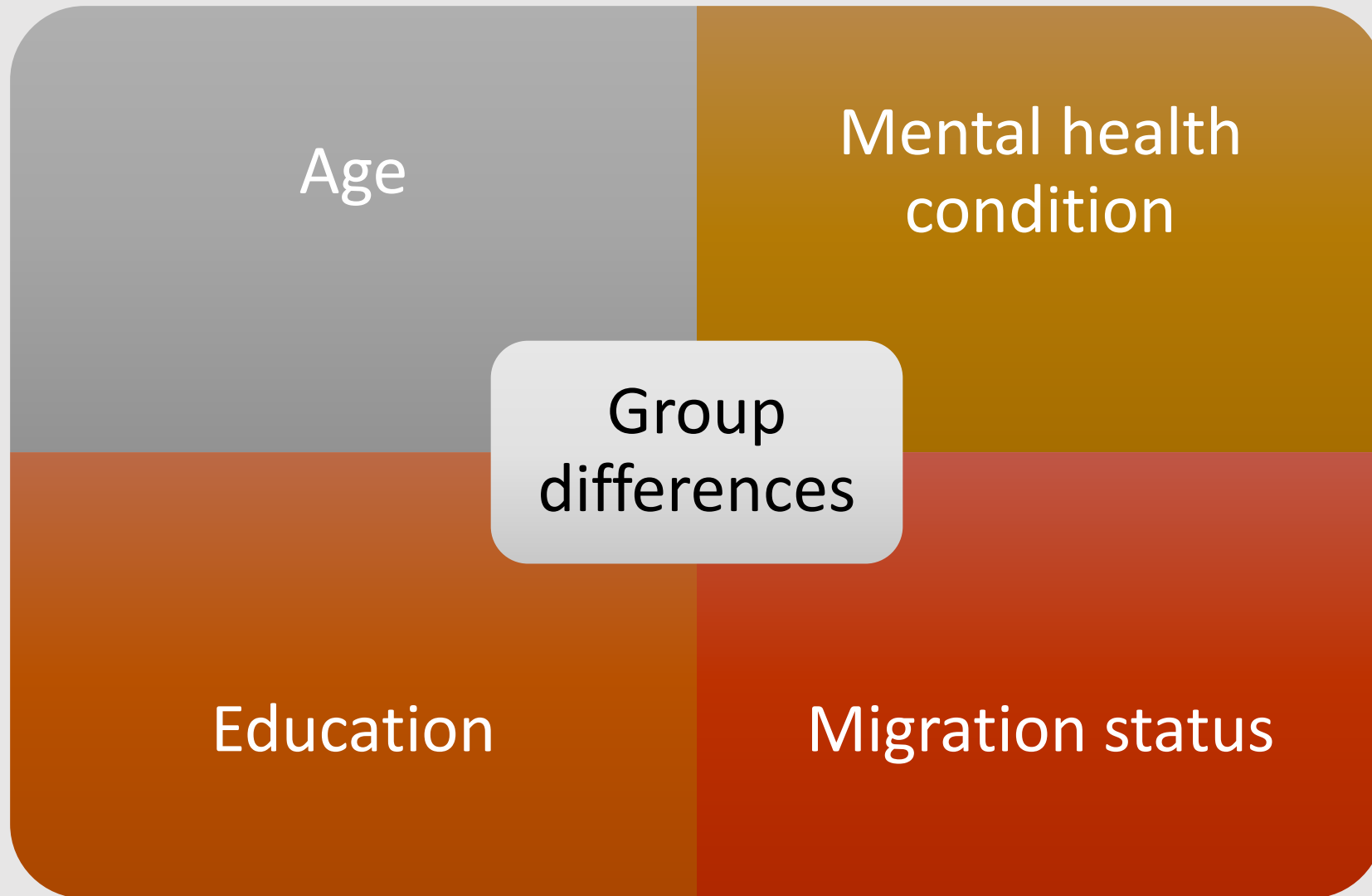
- Technical issues affect quality of the therapeutic interaction
- Difficulty for hearing impaired
- High completion
- Variability across studies in satisfaction & comfort
- Linguistic and cultural appropriateness of bicultural therapists seen as compensation for technology

# Acceptability and satisfaction

Self-paced  
asynchronous (mobile  
phone/computer)

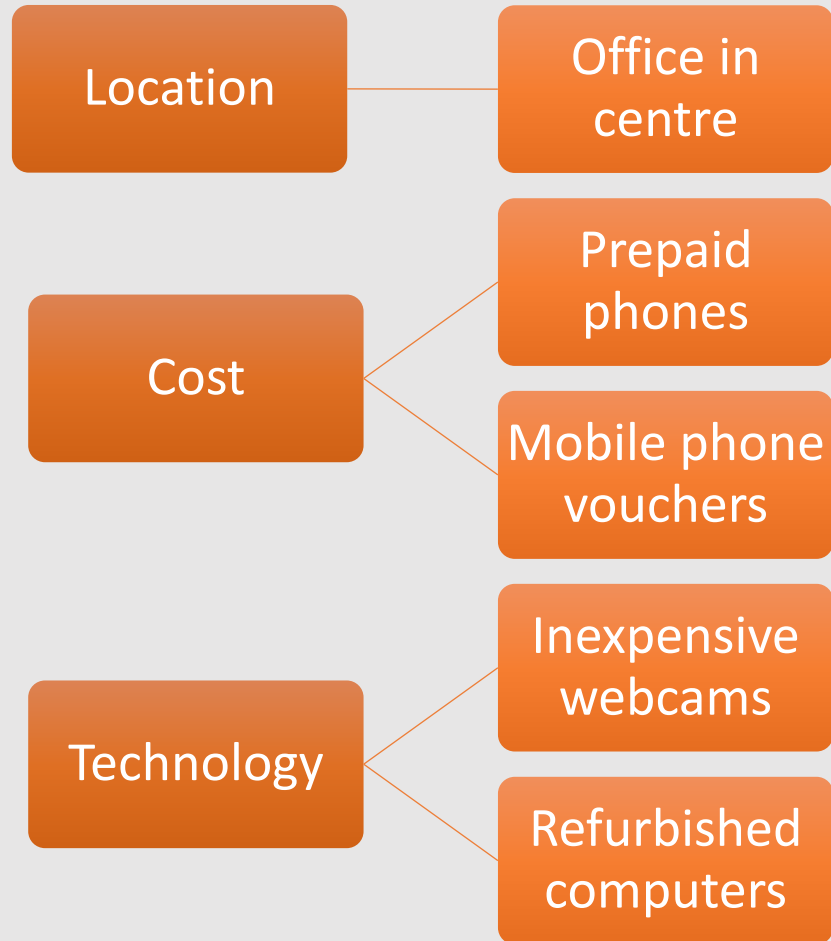
- Moderate to high satisfaction
- Agreed it reduces financial and physical barriers to care
- Agreed reduces stigma
- Agreed it teaches new techniques
- Most would recommend it
- Digital audio files: acceptable but no substitute for face to face

# Appropriateness and Intersectionality

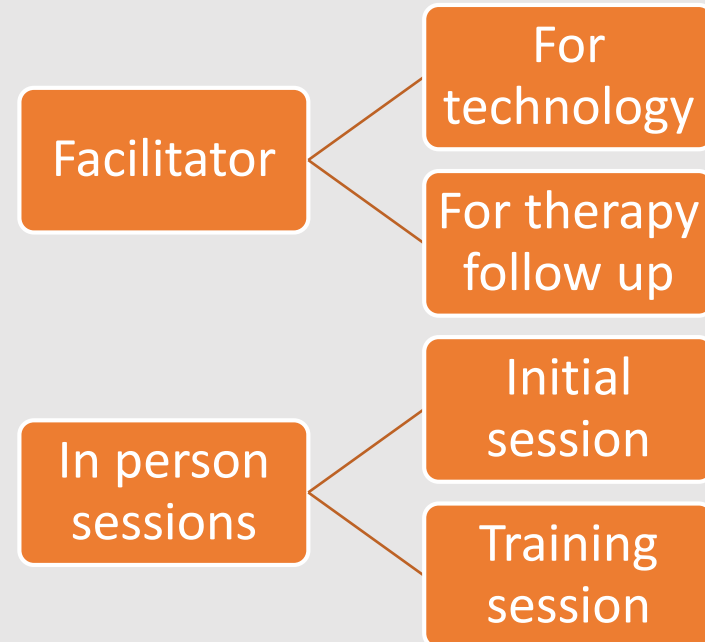


# Additional support

## Material Support



## Information/Treatment Support



# Concerns

## Inclusion criteria

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

## Lack of systematic cultural adaptation

- Cultural appropriateness assumed

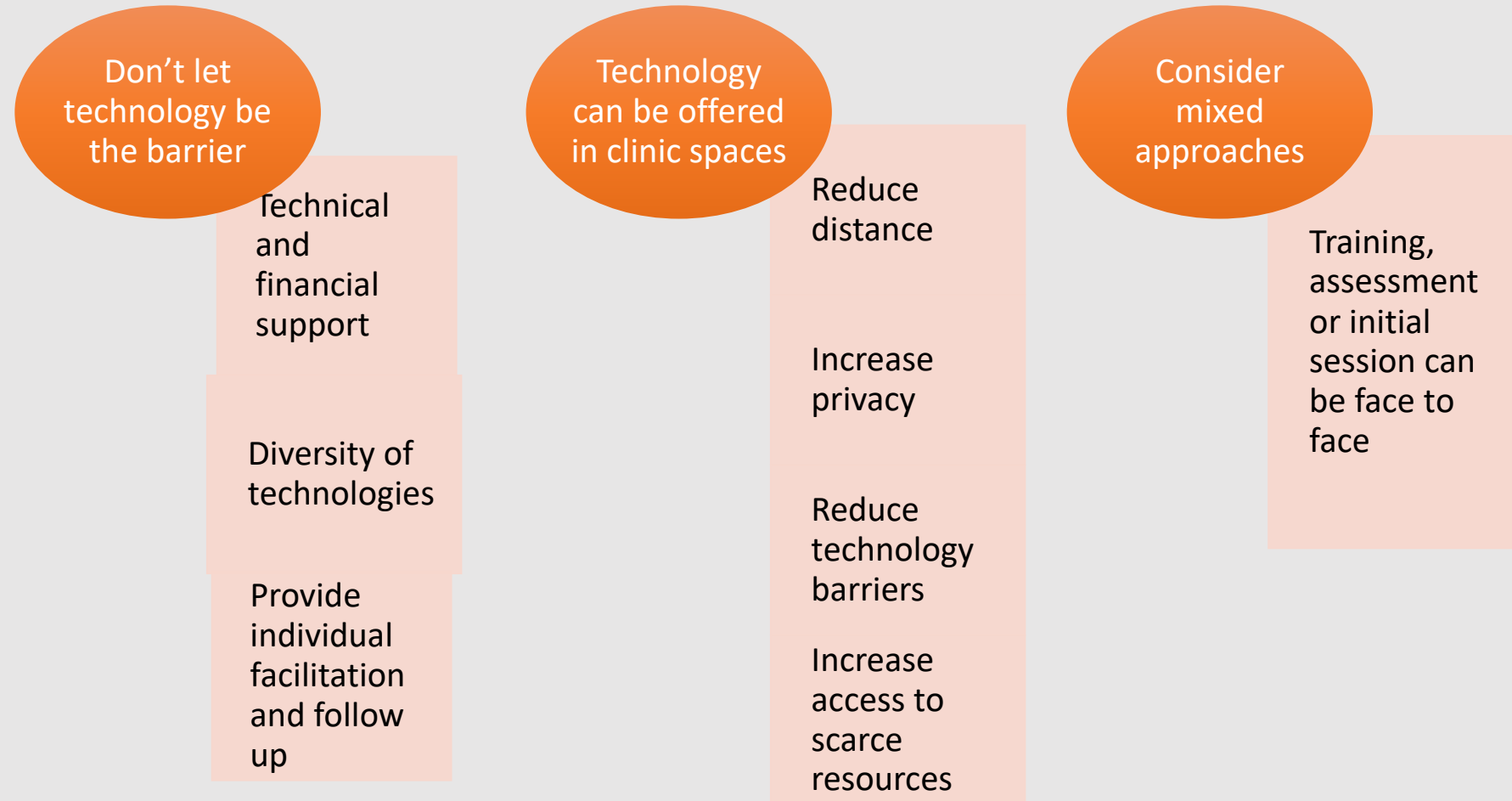
## Limited client satisfaction reporting

- Drop out or lack of take up not explained

## Choice of technology not justified

- Not clear if and why this is the best approach

# How should we build virtual mental health services in the future?





# Co-applicants

## Principal Investigators & Co-applicants

- Michaela Hynie, Branka Agic, Kwame McKenzie
- Farah Ahmad, Neil Arya, Ahmed Bayoumi, Nimo Bokore, Chris Friesen, Jennifer Hyndman, Nicole Ives, Annie Jaimes, Ben Kuo, Susan McGrath

## Knowledge Users

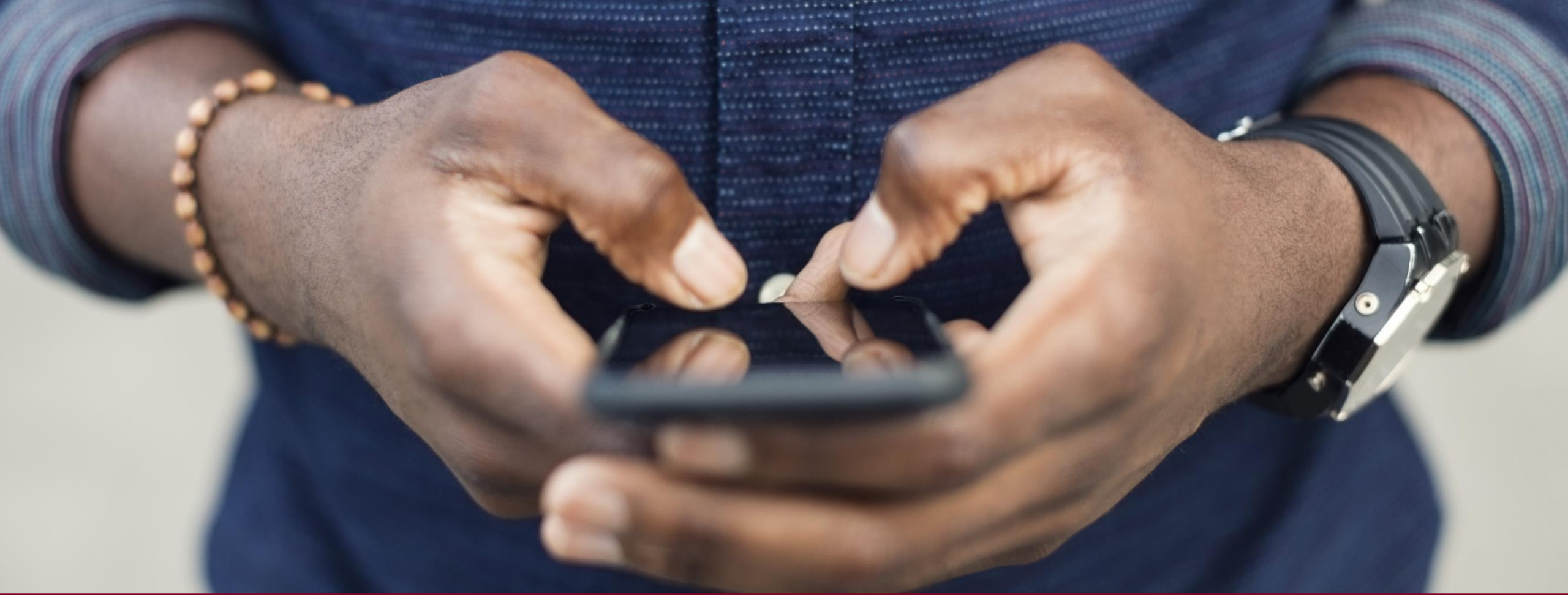
- Arnav Agarwal (U of T), Aamna Ashraf (CAMH), Carolyn Beukeboom (Centre for Family Medicine), Marcela Diaz (MCC), Kathy Sherrell (ISSofBC)

# Collaborators and Advisory Committees

- Anwar Alhjooj (Montreal City Mission)
- 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)
- Patreka Roach (Erie St. Clair LHIN/ Windsor Essex Local Integration Partnership)
- Samer Jbawi (Somali Centre for Family Services)
- Adanech Sahilie, Calgary
- Aleya Hassan, Waterloo
- Anjlik Jaghlassian, Toronto
- Arwa Nofel, Montreal
- Chadrack Harerimana, London
- Delal Hagos, Toronto
- Essam Obeid, Ottawa
- Hanen Nanaa, Toronto
- Latif Behroz, Toronto
- Sara Omar, Kitchener
- Washington Martin, London

# 2

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 sə́lilw'ətaʔ, kʷikʷəłəm, Skwxwú7mesh Úxwumixw and xʷməθkʷəy̓əm Nations.





1

## COVID-19

Lack of advance planning and immediate need to stabilize staff to provide remote services, with emphasis on vulnerable populations



2

## Shifting focus

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



3

## A new reality

Planning for hybrid service delivery among diverse populations

# CONTEXT AND APPROACH



# ASSESSING CLIENT NEEDS



420 family units  
Mar 25 – May 28  
Telephone  
First language

**Focus:**

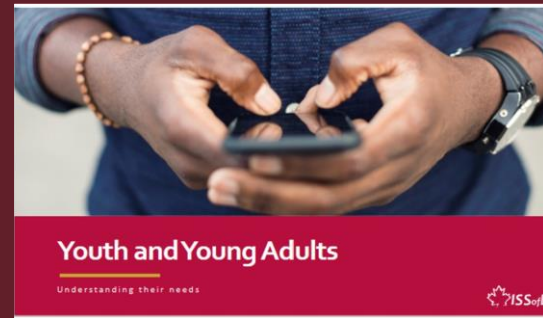
- Identify immediate needs
  - Access to technology
  - Social media
- COVID-19 awareness



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



LOWER ACCESS TO  
COMPUTER / LAPTOPS  
AMONG GARS AND  
SOME SENIORS



SENIORS: HIGH LEVELS  
OF ACCESS OFFSET BY  
LOW LEVELS OF  
FAMILIARITY



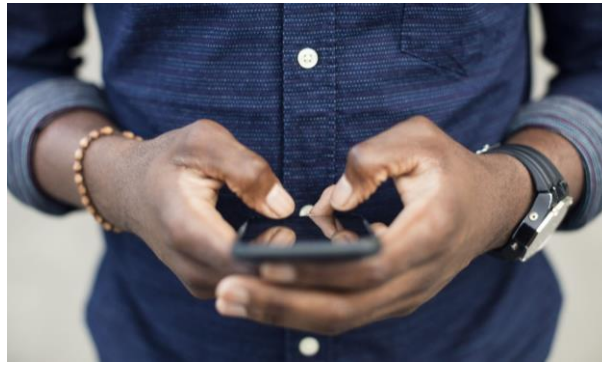
GARS – DIFFICULTY IN  
SUPPORTING  
CHILDREN EVEN  
WHEN TECHNOLOGY  
IS PRESENT



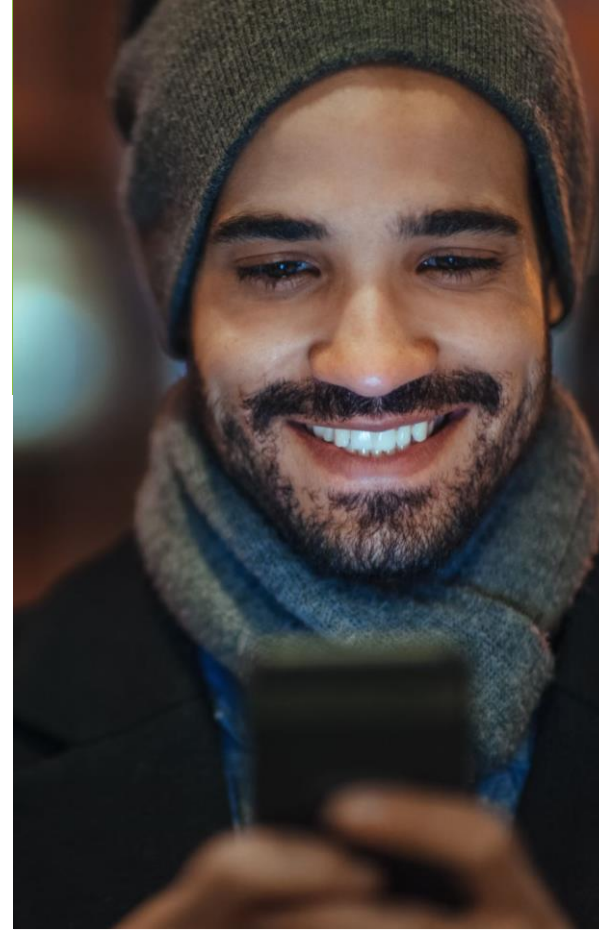
SOCIAL MEDIA:  
WHATSAPP,  
MESSENGER AND  
FACEBOOK



Over 1 in 4  
want in  
person  
services only



Clients who prefer in-person services don't necessarily want them now. Others never want to return to in-person.



In-person:  
Emphasis on 1:1  
services



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?

Hybrid service delivery is here to stay

- What services are best delivered in-person? Through remote delivery?

Access issues heighten inequality

- How do we increase both access to technology and digital literacy skills?

Cell phones are most common tool

- How do we increase confidence and skills to meet identified needs using only cell phones?

Supporting Mental Health

- How do we best support clients with mental health issues?

Maintaining Confidentiality

- Replacing WhatsApp with Telegram for increased privacy and security

## EMERGING INSIGHTS AND ONGOING CHALLENGES



A blurred background image of a group of people in a meeting. In the foreground, a woman with long dark hair is looking up and smiling. Behind her, another woman is also smiling. In the background, a man is holding up a pink sticky note. There are other colorful sticky notes (blue, green, orange) visible on the wall or a board.

**For further information please  
contact:**

**[kathy.sherrell@issbc.org](mailto:kathy.sherrell@issbc.org)**

# 3

Marcela Diaz



**MULTICULTURAL COUNCIL**  
OF WINDSOR AND ESSEX COUNTY

**Investing  
in people**

## **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

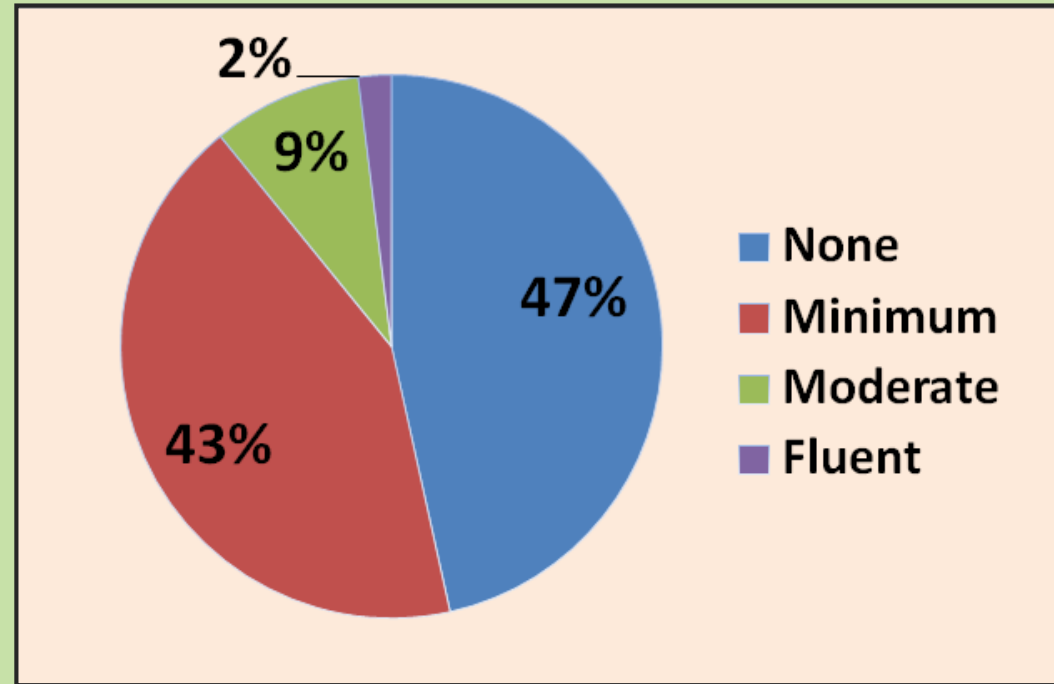






# English Language Skills

18+ years (2019/20)



## 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**

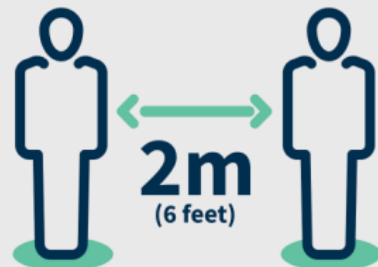
**3%**

**POST SECONDARY  
GRADUATE**

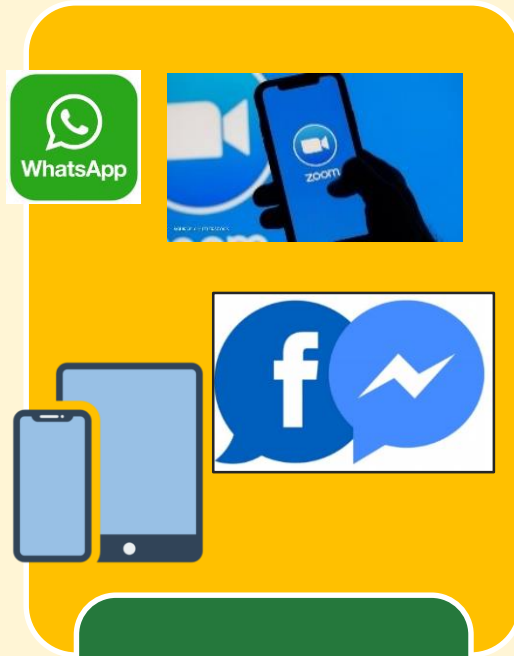


# Support Network – GARs in Windsor

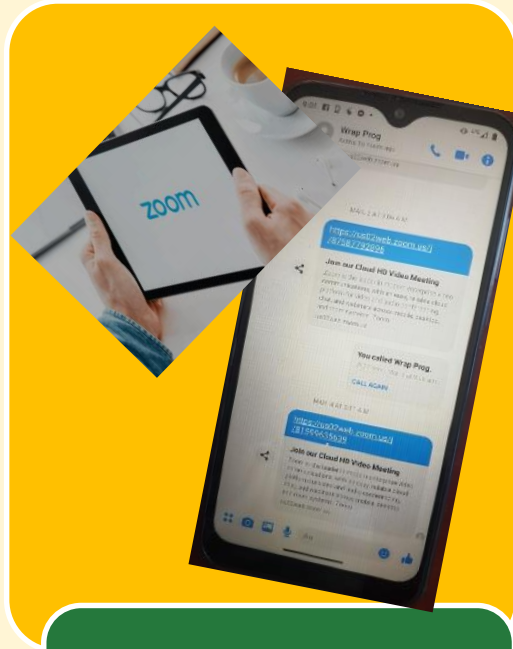




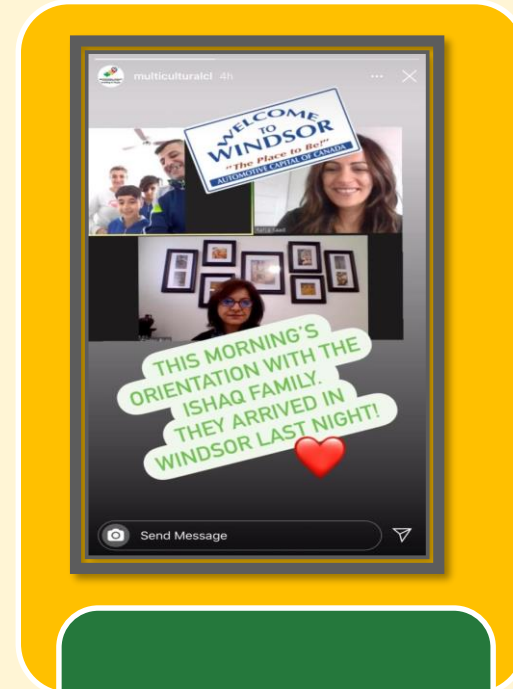




Preparation



Direction



Connection

# 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

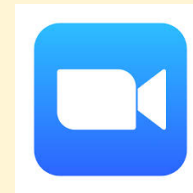


# Connecting to Group Sessions

## 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

# 4

## Q&A

# Thank You

Please fill out the webinar evaluation!

For more information, see: [eenet.ca/initiative/virtual-mental-health-access-refugees](https://eenet.ca/initiative/virtual-mental-health-access-refugees)

