

## **Improving Access to Mental Health Services for Immigrant, Refugee, and Racialized Populations in Canada**

### **Issue Statement**

Given that the issues in service accessibility and low utilization rates, how can the federal and provincial governments work to better the mental health services available to immigrant, refugee, and racialized communities?

### **Background and Current Context**

- As noted in “The Case for Diversity” report on improving mental health services for immigrant, refugee and racialized populations from the *Mental Health Commission of Canada* (MHCC), as of 2016, more than 200,000 immigrants and approximately 25,000 refugees resettle in Canada every year. Further, Canada has the highest proportion of foreign-born residents among the G8 countries, at 20.6% (McKenzie et al. 2016).
- With Canada’s current global reputation and the maintenance of its population growth being based on the migration of ethically and culturally diverse peoples, considering the mental health and wellbeing of those resettling should be of vital importance to Canadian health policy.

### **Determinants of Mental Health**

- While the process of resettlement is stressful for both immigrants and refugees, the *Citizenship and Immigration Canada’s* report on the “Mental health and well-being of recent immigrants in Canada” notes that the mental health and wellbeing of recent immigrants is also determined largely by additional risk factors that are unique to an individual’s circumstance and that of their cultural or ethnic group (Robert & Gilkinson 2012).
  - Prior to their arrival in Canada, refugees have distinct mental health needs related to any pre-migration experiences of physical and/or sexual abuse, conflict, familial loss, and time spent displaced or in a refugee camp that may have resulted in significant trauma and a higher need for mental health services.
  - As noted by the MHCC, refugee groups experience elevated rates of PTSD, anxiety, depression and increased substance abuse for second and third generation immigrant groups than the Canadian-born population (McKenzie et al. 2016).
- Though a Longitudinal Survey of Immigrants to Canada conducted by *Citizenship and Immigration Canada* in 2012 indicated that about 29% of immigrants reported having emotional problems and 16% reported high levels of stress, the use of mental health services by immigrant, refugee, racialized, and ethno-culturally diverse groups in Canada are low (Robert & Gilkinson 2012).
- When not properly addressed, the “social determinants” or post-migration social stressors for higher levels of mental health issues in immigrant and refugee populations can be attributed (but not limited to) to income or social status, discrimination and prejudice, lack of social supports, language barriers, education/literacy level, gender, age, separation from family or loss and a lack of safety from violence (McKenzie et al. 2016).

### **Key Considerations**

#### **Barriers Preventing Service Use**

- The MHCC notes six main barriers to accessing care and care outcomes: service accessibility,

## **Improving Access to Mental Health Services for Immigrant, Refugee, and Racialized Populations in Canada**

patient-provider interaction, circumstantial challenges, language, stigma in an individual's family or ethno-cultural community, and fear or distrust of medical providers and services (McKenzie et al. 2016).

- Healthcare providers having a lack of personal connection with new Canadian residents or awareness of their health history can lead to serious underestimation of symptomology or misdiagnosis (McKenzie et al. 2016).
- Circumstantial challenges such as transportation issues, competing demands (family, work, etc.), financial constraints, and lack of insurance coverage may prevent individuals from seeking out services. This barrier may also have a magnified effect for seniors, children, or those dependent on their families because other stressors may be seen as having a lower priority in comparison to other stressors associated with resettlement a family may be contending with (McKenzie et al. 2016).
- Unfamiliarity or a discomfort with the medical system upon arrival in Canada may pose major challenges for recent immigrants and refugees, especially if culturally sensitive care is not provided. As noted Robert and Gilkinson (2012) certain diagnosis for recent immigrants, racialized persons, and refugees may be incorrect based on symptom interpretations by individuals with different cultural backgrounds and ethnicities.

### **Interim Federal Health Program (IFHP)**

- The IFHP provides limited, temporary coverage of health-care benefits for refugee claimants, victims of human trafficking, and protected persons under the *Immigration and Refugee Protection Act* that are not covered under private, provincial, or territorial, health-care coverage for up to a year upon arrival. Said coverage may include the cost of vaccinations, medical support for travel, and one Immigration Medical Exam inside Canada and follow-up treatment for conditions that would make one inadmissible to Canada.
- While the care covered under the IFHP includes services from doctors and other licensed healthcare professionals (like GPs, psychologists and psychiatrists), it does not address the low uptake in mental health services.

### **Immigration Medical Exams (IME)**

- To ensure that someone is not inadmissible to Canada for medical reasons and to begin a clinical preventative screening, those looking to reside and resettle in Canada may need an IME conducted by a Panel Physician in their home country or upon arrival in Canada. As a result of the IME, under s.38(1) of the *Immigration and Refugee Protection Act*, a foreign national is inadmissible to Canada on health grounds if their health condition is likely a danger to public safety, a likely danger to public health, or might cause excessive demand on health or social services (IRCC 2018).
  - As described by *Immigration, Refugees and Citizenship Canada (IRCC)*, examples of inadmissibility on these grounds can include infectious diseases and unpredictable or violent behaviour. While the excessive demand reason for inadmissibility is related to a \$20,517 per year estimation of the cost for health and social services as of 2019, this does not apply to refugees or protected persons (IRCC 2018).

## **Improving Access to Mental Health Services for Immigrant, Refugee, and Racialized Populations in Canada**

- As noted in the “Operations Directorate, Health Branch Immigration Medical Examination Instructions” from Citizenship and Immigration Canada (2013), panel physicians are to identify untreated depressive disorder, psychosis or substance-related disorders in completion of an IME. While it is up to the opinion of the physician if an individual will likely cause harm to other, the reliability of any conclusions made in an IME on mental health are impacted by an individual’s own, culturally based interpretation of their emotional state and symptomology (Citizenship and Immigration Canada 2013).
- Though this portion of the assessment is meant to determine whether someone is inadmissible, a diagnosis from a panel physician does not mean that an individual is adequately connected with the care they need.

### **Existing Programs**

- Ontario: The *Refugee HealthLine*, funded by IRCC, offers services to connect newly arrived refugees in Ontario with service providers for transitional healthcare and developing a list of care providers for individuals to rely on (WelcomeOntario n.d.).
- Government of Canada: IRCC offers support for mental health and well-being on their website through offering links of crisis intervention and newcomer services in the form of a repository that can be narrowed down by service type (e.g., services for women, substance abuse issues, seniors, LGBTQ2+, and refugees) (IRCC 2021).

### **Options and Recommendations**

#### **Preventative Care Checklist and Settlement Service Continuation | Recommended**

- While the current *IME* model is used to as a preventative screening tool to determine admissibility into Canada, utilizing said examinations as purely a preventative care checklist for those who are granted permanent residency or citizenship can provide individuals with better supports. If combined with coordinated, intergovernmental settlement services, a checklist of this form can act as a beginning stage for early mental health interventions and may mitigate future mental health issues by offering more supportive resettlement services (Harris 2016).
- In coordination with the University of Ottawa’s Faculty of Medicine, the *Canadian Collaboration for Immigrant and Refugee Health* recommends an “Evidence-Based Preventative Care Checklist for New Immigrants and Refugees”. Said checklist includes sections on physical health (allergies, health history, displacement history, etc.) and specifics on mental health, emotional maltreatment, and gender-based violence. Included in the checklist are also links for learning tools and journal articles relevant to where individuals are migrating from (CCIRH n.d.).
  - An example of this could pertain to a physician screening for depression in adults through a clinical inquiry with the patient or screening questionnaire to determine symptomology and connect people with an integrated treatment program or mental health care professional (Pottie et al. 2011).
- Given the detailed information that could be collected in a preventative care checklist upon arrival in Canada, the cultural elements, community supports, past-traumas, socio-economic conditions and other circumstantial factors that may be determinants of an individual’s health may be considered to

## **Improving Access to Mental Health Services for Immigrant, Refugee, and Racialized Populations in Canada**

assess their mental health state. Upon completion, an individual could be matched with a provincial or locally based service provider (like the Refugee HealthLine) to address the mental health needs of an individual based on their lived experiences.

- This may also remove the barriers some immigrants, refugees, and racialized persons may face through receiving improper diagnosis from local care providers and may provide general practitioners or service providers with baseline knowledge on health history that may not otherwise be available (Pottie et al. 2011).
- A preventative care checklist would also build off of existing examination frameworks established by the federal government, making it a cost-effective option that would remove some stressors associated with migration.

### **Data Collection for Improved Cultural Sensitivity**

- With appropriate care needing to be culturally appropriate and sensitive to ensure that services are utilized equitably, time series data collected on the overall health of those resettling in Canada can give insights as to how their mental health may change with the usage of available services and their time in the country (which may include experiences as a racialized person).
- Improved data collection could be paired with the current IME framework, which would acquire a baseline of health for new residents that could be compared against later health data to highlight specific ways that ethno-cultural and racialized communities may be better served.
- This option requires a high degree of participation from immigrants and refugees resettling in Canada, which could be offset by offering culturally and linguistically sensitive forms of data collection. However, this avenue may be costly and may cause a coordination challenge for different levels of government.

**References**

- Canadian Collaboration for Immigrant and Refugee Health (CCIRH) (n.d.). Clinical guidelines Checklist: e-Clinical Checklist for New immigrants and Refugees. [https://ccirhken.ca/ccirh\\_main/sample-page/page3-2/](https://ccirhken.ca/ccirh_main/sample-page/page3-2/)
- Government of Canada: Citizenship and Immigration Canada (2013). Operations Directorate, Health Branch Immigration Medical Examination Instructions: Psychiatric conditions (Depressive disorders, psychosis and substance-related disorders). [https://www.canada.ca/content/dam/ircc/migration/ircc/english/department/partner/pp/pdf/imei\\_psychiatric\\_conditions.pdf](https://www.canada.ca/content/dam/ircc/migration/ircc/english/department/partner/pp/pdf/imei_psychiatric_conditions.pdf)
- Government of Canada: Immigration, Refugees and Citizenship Canada (IRCC) (2018). Medical inadmissibility. <https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/inadmissibility/reasons/medical-inadmissibility.html>
- Government of Canada: Immigration, Refugees and Citizenship Canada (IRCC) (2021). Newcomers to Canada: Support for mental health and well-being. [https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/new-life-canada/health-care-card/mental-health.html?utm\\_campaign=ircc-ircc-newcomersservices-20-21&utm\\_medium=sem&utm\\_source=ggl&utm\\_content=ad-text-en&utm\\_term=%2Bmental%20%2Bhealth%20%2Bfor%20%2Bimmigrants&adv=2021-0078&id\\_campaign=12302743668&id\\_source=120509884274&id\\_content=497446451211&gclid=Cj0KCQiA-aGCBhCwARIsAHD15x\\_Ne47n5ta1NnznQPsdqetBvHD0fq5ZZbBghFiUxa2fs8ywhhEx2EIaAk93EALw\\_wcB&gclsrc=aw.ds](https://www.canada.ca/en/immigration-refugees-citizenship/services/new-immigrants/new-life-canada/health-care-card/mental-health.html?utm_campaign=ircc-ircc-newcomersservices-20-21&utm_medium=sem&utm_source=ggl&utm_content=ad-text-en&utm_term=%2Bmental%20%2Bhealth%20%2Bfor%20%2Bimmigrants&adv=2021-0078&id_campaign=12302743668&id_source=120509884274&id_content=497446451211&gclid=Cj0KCQiA-aGCBhCwARIsAHD15x_Ne47n5ta1NnznQPsdqetBvHD0fq5ZZbBghFiUxa2fs8ywhhEx2EIaAk93EALw_wcB&gclsrc=aw.ds)
- Harris, K. (2016). Tailor immigrant and refugee mental health services for culture, language, report urges. *CBC News*. <https://www.cbc.ca/news/politics/immigrants-refugees-canada-mental-health-1.3808089>
- McKenzie, K., Agic, B., Tuck, A., & Antwi, M. (2016). The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations. *Mental Health Commission of Canada*. [https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case\\_for\\_diversity\\_oct\\_2016\\_eng.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf)
- Pottie, K., Greenaway, C., Feightner, J., Welch, V., Swinkles, H., Rashid, M., Narasiah, L., Kirmayer, L. J., Ueffing, E., MacDonald, N.E., Hassan, G., McNally, M., Khan, K., Buhrmann, R., Dunn, S., Dominic, A., McCarthy, A.E., Gagnon, A.J., Rousseau C., & Tugwell P. (2011). Evidence-based clinical guidelines for immigrants and refugees. *Canadian Medical Journal*, 183 (12). DOI:10.1503/cmaj.090313
- Robert, A., & Gilkinson, T. (2012). Mental health and well-being of recent immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada. *Citizenship and Immigration Canada*. <https://www.canada.ca/content/dam/ircc/migration/ircc/english/pdf/research-stats/mental-health.pdf>
- WelcomeOntario: Refugee Assistance Information (n.d.). Refugee Healthline. <http://welcomeontario.ca/content/refugee-healthline>