

NEWCOMER MENTAL HEALTH & RESILIENCE
LITERATURE REVIEW

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NEWCOMER MENTAL HEALTH & RESILIENCE: LITERATURE REVIEW

Executive Summary

By Natalie Tuk

Purpose:

This paper is designed to provide the Toronto East Quadrant Local Immigration Partnership (TEQ-LIP) with an up-to-date literature review of the existing scholarship pertaining to the emotional wellness of newcomer communities in order to shape future research plans.

Abstract:

The literature explored in this review pertains to newcomer mental health in general, the impact of the COVID-19 pandemic, and proposed mitigation strategies. The central issues are the obstacles that prevent mental healthcare system from functioning optimally for newcomer communities, families, and individuals. By examining recent scholarship, shortcomings in previous efforts can be avoided, and demonstrably more effective strategies can be enacted. The examined studies have found that holistic and comprehensive strategies for improving basic living standards are required to address mental wellness. Once essential services are in place to provide housing, food security, education, and employment—local organizations and governments can shift their focus to addressing mental health needs. Most academic attention in this field has been allocated to language and stigma insofar as they present barriers to utilizing mental healthcare services. Providing services in a wide variety of languages, in essence, offers a pathway to overcoming the gap in service provision due to lingual barriers. For stigma, however, there is no universally recognized template for overcoming cultural, religious, or personal reservations that stand in the way of discussing and/or addressing mental health. Scarborough's mental healthcare system should continue to work with its local, regional, and global partners to proliferate programs that work and to move past ones that fall short.

Introduction

The COVID-19 pandemic has impacted nearly every aspect of daily life for people across the world since its emergence in January 2020—in particular, it has severely impacted mental wellness. However, it has not impacted everyone and every community in the same ways and to the same extent. For those with the more secure socio-economic living conditions, the pandemic has been weathered with much less difficulty. Whilst those who had no safety net, savings, or that live paycheck to paycheck were left and have continued to be vulnerable. Even within this larger economic class, newcomers—such as, immigrants, asylum seekers, refugees, and undocumented persons, have had to navigate a uniquely daunting paradigm of extreme stress and uncertainty.

The pandemic has simultaneously exacerbated existing challenges and created an overly simplistic explanation for poor mental health outcomes.¹ Hence, the existing task facing mental health practitioners across the country is complex. Fortunately, these efforts are occurring concurrently across the globe with progress in one place quickly disseminating elsewhere. Scholars have taken this unique opportunity to research and compare pandemic-related mental health challenges and approaches. Interrogating the existing literature on newcomer mental health offers an opportunity to overcome mistakes and unworkable paths forward that have already been attempted. This literature review will seek to provide a template for shaping innovative pathways towards inclusive and responsive mental health supports for newcomer populations. Notably, the existing literature is spread out across several disciplines, with each author and field providing their own unique perspective and insight. Equally, much of the available information is repetitive, and a large portion of public discourse is rendered of little help because of regional peculiarities. But when that material is cut away—there remains incredibly valuable analysis, reflection, and

¹ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

suggestions available in recent scholarship. In other words, while we are not starting from scratch, we certainly have a lot left to learn. This review will explain where our knowledge currently stands and where we must experiment ourselves to improve access to newcomer mental health services.

Overall, the objective of this literature review will be to highlight the existing scholarship pertaining to the emotional wellness of newcomer communities to inform future research plans. The resultant research findings will be used to develop current and proposed services offered as well as to optimize the experience of newcomers who utilize such services. This review will cover the historical context of newcomer mental health, including key themes and challenges related to access and utilization of services. Much of this information has been generated by scholars in conjunction with local NGOs that share their hands-on findings in the hope of crowdsourcing better solutions.² Various perspectives on newcomer mental health—known shortcomings, hypothetical weak points, what is working well, and suggested paths forward will be discussed.

Research Questions

Whilst this literature review will spend considerable time scoping the scholarship pertaining to newcomer mental health prior to the pandemic—its main utility is to engage with pandemic-related challenges and developments. Hence, the following research questions are used:

1. What are the experiences of newcomers during COVID-19 as it relates to mental health?
2. How has the pandemic changed or exacerbated these barriers?

² Goopy S, Suva C, Hayden KA, et al. (2020). Activities and Programmes that Support the Emotional Wellness and Well- Being of Refugees, Immigrants, and Other Newcomers Within Settlement Agencies: A Scoping Review Protocol. *BMJ Open*, <http://dx.doi.org/10.1136/bmjopen-2019-033377>

Historical Background

Causes of Mental Health Struggles in Newcomer Communities

In 2016, The Mental Health Commission of Canada reported that this country “is in a good position to support the mental health of [newcomers] because it has the right people, knowledge, and integrated systems.”³ However, the authors concluded their report by drawing attention to the fact that mental health systems in Canada are underfunded.⁴ Hence, addressing the underlying issues leading to poor mental health outcomes for newcomers’ will require further development. Importantly, the report demonstrates that “there are several factors that increase mental health problems, such as...unclear resident status, poor housing, multiple moves, poor access to jobs and education, and poor social support.”⁵ The idea that multiple factors contribute to mental health has equally been prevalent in contemporary scholarship with the ‘social determinants of health’ model.

For instance, according to Dr. Javeed Sukhera, an Ontario-based psychiatrist specializing in transcultural mental health, the general categories of mental health determinants, particularly among newcomer populations, can be broken down into “linguistic, cultural, social, and economic” factors.⁶ Based on this framework, the individual elements can be addressed both separately and in tandem. Importantly, Sukhera posits that linguistic, cultural, social, and economic factors not only contribute to poor mental health—they also impact newcomers’ ability to address the mental health repercussions stemming from related struggles.⁷ This concept is effectively communicated by Salami et al. (2019) who stress that “the challenges newcomers face in their

³ The Mental Health Commission of Canada. (2016, January). *Supporting the Mental Health of Refugees to Canada*. <https://ontario.cmha.ca/wp-content/files/2016/02/Refugee-Mental-Health-background.pdf>

⁴ Ibid, 9.

⁵ Ibid, 5.

⁶ Dzungowski, E, and Himani, D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera.” *University of Western Ontario Medical Journal*, 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>.

⁷ Ibid, 52.

daily lives related to housing insecurity, underemployment, and other transportation barriers—create significant limitations to benefiting from formal avenues of mental health support.”⁸

Furthermore, scholars such as Shakya et al. (2010) link the determinants of the mental health of newcomer families “to settlement related stressors and barriers.”⁹ The authors see settlement as a health issue and point to shortcomings in settlement policies and services as a potential source of mental health risks.¹⁰ Indeed, the social risk factors associated with all stages of the migration process require further consideration.¹¹ Interestingly, Kassam et al. (2020) provide evidence that “post-migratory factors, such as the discrimination that accompanies resettlement, [have] the greatest mental health impacts.”¹² There is a growing body of literature that suggests that the stresses experienced post-migration (e.g., uncertainties with legal status, family separation, unemployment) have significant influence on newcomer health and wellbeing.¹³ On the other hand, The Ontario Ministry of Health further suggests that “access to adequate housing, employment, income, family cohesion, and social support have protective health effects.”¹⁴

⁸ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

⁹ Shakya, Y.B, Khanlou, N, and Gonsalves, T. (2010). “DETERMINANTS OF MENTAL HEALTH FOR NEWCOMER YOUTH: POLICY AND SERVICE IMPLICATIONS.” *Canadian Issues (Association for Canadian Studies: 1999)*, 98–121. https://accessalliance.ca/wp-content/uploads/2018/06/Determinants_of_Mental_Health_for_Newcomer_YouthCdn_Issues.pdf

¹⁰ Ibid, 100.

¹¹ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

¹² Kassam A, Magwood O, Pottie K. (2020). Fostering Refugee and Other Migrant Resilience through Empowerment, Pluralism, and Collaboration in Mental Health. *International Journal of Environmental Research and Public Health*. 17(24):9557. <https://doi.org/10.3390/ijerph17249557>

¹³ The Ontario Ministry of Health. (2016). *Resource for Health Equity Impact Assessment (HEIA)*. <https://www.health.gov.on.ca/en/pro/programs/hea/docs/HEIA-Immigrant-Supplement.pdf>

¹⁴ Ibid, 4.

Overall, there seems to be consensus among both old and new scholarship that addressing mental health challenges, first requires alleviating underlying factors like poverty, homelessness, underemployment, and isolation—factors that in many cases result from systemic discrimination.¹⁵

Language as a Barrier to Accessing Mental Health Care

According to Salami et al. (2019), language barriers are a great obstacle to the access of mental health supports offered by newcomer service providers.¹⁶ The Mental Health Commission of Canada, note that “language proficiency is a major barrier for some [newcomers] ...and not only for recent immigrants and refugees.”¹⁷ The Commission stressed that any individual seeking mental health support should be able to communicate in their spoken language.¹⁸ Dr. Sukhera contends that many end up falling through the cracks when they are forced to navigate an access process “that requires filling out multiple forms and going through an intake exercise.”¹⁹ In fact, for some newcomers, language-based challenges coupled with uncertainties and fears related to sharing highly personal information, can present extremely high barriers to access.²⁰ Additionally, Edge and Newbold (2013) find that “discrimination based on language and accent” has led to the

¹⁵ Shakya, Y.B, Khanlou, N, and Gonsalves, T. (2010). DETERMINANTS OF MENTAL HEALTH FOR NEWCOMER YOUTH: POLICY AND SERVICE IMPLICATIONS. *Canadian Issues (Association for Canadian Studies: 1999)*, 98–121. https://accessalliance.ca/wp-content/uploads/2018/06/Determinants_of_Mental_Health_for_Newcomer_YouthCdn_Issues.pdf

¹⁶ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

¹⁷ The Mental Health Commission of Canada. (2016, January). *Supporting the Mental Health of Refugees to Canada*. <https://ontario.cmha.ca/wp-content/files/2016/02/Refugee-Mental-Health-background.pdf>

¹⁸ Ibid, 8.

¹⁹ Dzongowski, E, and Himani, D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera. *University of Western Ontario Medical Journal*, pp. 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>.

²⁰ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

dismissal and neglect of newcomer health needs.²¹ Barker (2021) offers community language classes as an option—wherein, newcomers can be informed about useful government offerings and be connected with trusted local service providers (e.g., healthcare or employment focused).²² However, the entire burden of addressing language barriers ought not to be placed entirely on language classes—especially considering the findings of Edge and Newbold. Language classes can be helpful at the micro-level; however, this option will not address the root causes of the issue.

Scholars such as Salami et al, posit that cultural brokers can be used to remedy lingual barriers and improve accessibility of mental health care for newcomer populations.²³ Nevertheless, due to the pervasiveness of stigma in some communities—many people have preferred to use interpreters who shared their language, but “differ along religious, class, and political lines.”²⁴ This is in an effort to maintain privacy and quell fears related to the perceived consequences of one’s community finding out about their mental illness. Furthermore, language barriers and cultural backgrounds may interact on the level of vocabulary usage, to get past potential stigmas, careful framing of mental health will be needed.²⁵ Hence, Szeto et al. (2013) call for further investigation into the use of language in mental healthcare because it can impact perceptions of mental illness.²⁶

Across the literature, the importance of having in-person interpreters was emphasized for improving access to mental health services for newcomers, which was seen as missing from the current health-care structure. Equally, a common suggestion by scholars and practitioners alike is

²¹ Edge, S., Newbold, B. (2013). Discrimination and the Health of Immigrants and Refugees: Exploring Canada’s Evidence Base and Directions for Future Research in Newcomer Receiving Countries. *J Immigrant Minority Health*. 15, 141–148. <https://doi.org/10.1007/s10903-012-9640-4>

²² Barker, M. (2021). Social Integration in Social Isolation: Newcomers’ Integration during the COVID-19 Pandemic. *New Horizons in Adult Education & Human Resource Development*, 33(2), 34–45. <https://doi.org/10.1002/nha3.20313>

²³ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

²⁴ Ibid, 157.

²⁵ Szeto, A.C.H., Luong, D. & Dobson, K.S. (2013). Does labeling matter? An Examination of Attitudes and Perceptions of Labels for Mental Disorders. *Soc Psychiatry Psychiatric Epidemiol* 48, 659–671. <https://doi.org/10.1007/s00127-012-0532-7>

²⁶ Ibid, 669.

to delegate care to “providers perceived as belonging to one’s racial or ethnic community” to address linguistic barriers and hesitancy.²⁷ However, Flett (2021) argues that this model can encourage “identity concealment behavior in LGBTQ newcomers as they may fear being outed to their family.”²⁸ In this way, even the simplest solutions can become unintentionally non-inclusive.

Mental Health-Related Stigma: Utilization of Mental Health Services

Clarke et al. (2021) appropriately explain that even prior to the pandemic “inadequate access to...culturally and linguistically appropriate services, especially within healthcare, has led to health disparities and worse health outcomes for [newcomers].”²⁹ Other scholars argue that reports of low mental health service utilization among newcomers “reflect cultural and linguistic barriers, and...is additionally compounded by heightened stigma.”³⁰ Hansson et al. (2010) highlight that for some, recognizing a mental health issue can be source of shame for their entire family; therefore, “the decision to seek treatment for mental illness is not only a personal choice, but can carry social consequences for the whole family.”³¹ However, it is important to keep in mind that cultural differences alone do not account for these challenges and that cultural sensitivities need not always be challenged to address mental health-related stigmas.³² Relatedly, alienation from

²⁷ Flett, J. (2021). Youth-serving Organizations’ Inclusivity of LGBTQ Newcomers in Canada-A Content Analysis. *Journal of Gay & Lesbian Social Services*, 33(3), 356–375. <https://doi.org/10.1080/10538720.2021.1893242>

²⁸ Ibid, 360.

²⁹ Clarke, S.K., Kumar, G.S., Sutton, J. et al. (2021). Potential Impact of COVID-19 on Recently Resettled Refugee Populations in the United States and Canada: Perspectives of Refugee Healthcare Providers. *Immigrant Minority Health* 23, 184–189. <https://doi.org/10.1007/s10903-020-01104-4>

³⁰ Crooks, V. A., Hynie, M., Killian, K., Giesbrecht, M., & Castleden, H. (2011). Female Newcomers’ Adjustment to Life in Toronto, Canada: Sources of Mental Stress and their Implications for Delivering Primary Mental Health Care. *GeoJournal*, 76(2), 139–149. <https://doi.org/10.1007/s10708-009-9287-4>

³¹ Hansson E, Tuck A, Lurie S and McKenzie K, for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). Improving Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized groups: Issues and Options for Service Improvement, Website Access: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf

³² Crooks, V. A., Hynie, M., Killian, K., Giesbrecht, M., & Castleden, H. (2011). Female Newcomers’ Adjustment to Life in Toronto, Canada: Sources of Mental Stress and their Implications for Delivering Primary Mental Health Care. *GeoJournal*, 76(2), 139–149. <https://doi.org/10.1007/s10708-009-9287-4>

cultural and spiritual practices can be understood as one of the contributing post-migratory stressors (e.g., social isolation, loneliness) impacting the emotional well-being of newcomers.³³

Interestingly, while many scholars have pointed towards stigma in newcomer communities to explain lower rates of mental health service utilization— Salami et al. highlight that “there remains little evidence of successful approaches to addressing stigma...”³⁴ In another recent study, Baiden and Evans (2020) explain that culture is dynamic and informs perceptions about mental wellbeing at large, and beliefs surrounding mental health care.³⁵ The authors focused their work around the experiences of Black-African newcomer mothers and argue that there is “urgent need for culturally safe interventions to meet [their] mental health needs”³⁶ Baiden and Evans suggest that the prevalence of silence and stigma mean that “the women may not show or verbalize signs of distress immediately.”³⁷ The women they interviewed mainly described mental illness as a circumstance that be addressed through personal determination or religious faith.³⁸ Notably, all the women interviewed said they prefer non-pharmaceutical treatments (e.g., spiritual or spousal support) over conventional mental healthcare.³⁹ Supporting the postpartum mental health needs of newcomer mother’s calls for the provision of “anonymous, non-judgmental, and holistic services.”⁴⁰

Similarly, Islam et al., (2017) pursued research pertaining to the utilization of mental health services among South Asian youth living in Peel Region (Brampton, Caledon, Mississauga). They

³³ Johnson, S., Bacsu, J., McIntosh, T., Jeffery, B. and Novik, N. (2019), Social Isolation and Loneliness Among Immigrant and Refugee Seniors in Canada: A Scoping Review, *International Journal of Migration, Health and Social Care*, 15(3), 177-190. <https://doi.org/10.1108/IJMHS-10-2018-0067>

³⁴ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

³⁵ Baiden, D., & Evans, M. (2020). Black African Newcomer Women’s Perception of Postpartum Mental Health Services in Canada. *Canadian Journal of Nursing Research*. <https://doi.org/10.1177/0844562120934273>

³⁶ Ibid, 1.

³⁷ Ibid, 3.

³⁸ Ibid, 4.

³⁹ Ibid, 4.

⁴⁰ Islam, F., Multani, A., Hynie, M., Shakya, Y., & McKenzie, K. (2017). Mental health of South Asian youth in Peel Region, Toronto, Canada: A Qualitative Study of Determinants, Coping Strategies and Service Access. *BMJ Open*, 7(11), e018265–e018265. <https://doi.org/10.1136/bmjopen-2017-018265>

demonstrate that South Asian youth who may benefit from mental health services face many barriers—in particular, they face a lack of care that caters to their specific religious and cultural needs.⁴¹ Those interviewed reported that support from family members was lacking due to stigmas surrounding mental health.⁴² In terms of treatment, some youth had a difficult time accepting the pharmaceutical route of mental healthcare and the implicit lack of consideration for religious and cultural factors from service providers.⁴³ On the other hand, some of the youth thought antithetical to their peers, and instead insisted on the primacy of pharmaceutical remedies for mental illness.⁴⁴

The research scoped regarding the dynamics of stigma and mental health in newcomer communities reveal that maximizing agency and perceived options should be a top priority. In fact, providing spiritual, cultural, or medical solutions to the exclusion of the others is a reality that should be challenged. Clarke et al. (2021) warn that “inadequate access to...culturally and linguistically appropriate services...has led to...worse health outcomes for [newcomer groups].”⁴⁵

Perceived and Actual Consequences: Legal Barriers to Accessing Mental Health Support

Internal and communal obstacles that perpetuate mental health related stigmas combined with fears of prosecution or governmental mistreatment create a unique set of challenges for policy makers and newcomers alike. Notably, Goopy et al. (2019) explain that “vulnerable newcomers, such as refugees, undocumented immigrants, and asylum seekers, can be reticent to approach mainstream health and social services because of actual or imagined consequences.”⁴⁶ Such

⁴¹ Ibid, 4.

⁴² Ibid, 4.

⁴³ Ibid, 6.

⁴⁴ Ibid, 6.

⁴⁵ Clarke, S.K., Kumar, G.S., Sutton, J. et al. (2021). Potential Impact of COVID-19 on Recently Resettled Refugee Populations in the United States and Canada: Perspectives of Refugee Healthcare Providers. *Immigrant Minority Health* 23, 184–189. <https://doi.org/10.1007/s10903-020-01104-4>

⁴⁶ Goopy S, Suva C, Hayden KA, et al. (2020). Activities and Programmes that Support the Emotional Wellness and Well- Being of Refugees, Immigrants, and Other Newcomers Within Settlement Agencies: A Scoping Review Protocol. *BMJ Open*, <http://dx.doi.org/10.1136/bmjopen-2019-033377>

negative consequences include: potentially losing custody of children if the parents are discovered to be mentally ill⁴⁷ or face penalties associated with one's immigration status (e.g., deportation).⁴⁸

Song (2021) persuasively argues that “many forcibly displaced families are...distrusting of government services because they are fleeing governments that are the cause of violence and armed conflict.”⁴⁹ Equally, Kanagaratnam et al. (2017) found that refugees and other newcomers with traumatic pre-migration experiences of war, persecution, or sexual violence might live with persistent physical and mental health issues.⁵⁰ For people who have experienced trauma, not receiving evidence-based intervention during a critical time can lead to negative consequences.⁵¹ Therefore, providing forcibly displaced persons with reassurances are tantamount to utilization.

However, service providers do not always have the means or expertise “to address clinical mental health issues that can often be present... in those clients who come from conflict zones or have been forced to migrate to their new country.”⁵² Sukhera (2020), furthermore, argues that “the [healthcare] system is designed to create lots of smaller barriers because it has been under-resourced for so long.”⁵³ Overall, community outreach at the local-level has emerged as one of the

⁴⁷ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

⁴⁸ Druss, B. G. (2020). Addressing the COVID-19 Pandemic in Populations with Serious Mental Illness. *JAMA Psychiatry*, 77(9):891–892. <http://doi:10.1001/jamapsychiatry.2020.0894>

⁴⁹ Song, S. J. (2020). Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic. *Pediatrics (Evanston)*, 147(4), e2020025346–. <https://doi.org/10.1542/peds.2020-025346>

⁵⁰ Kanagaratnam, P., Pain, C., McKenzie, K., Ratnalingam, N., & Toner, B. (2017). Recommendations for Canadian Mental Health Practitioners Working with War-Exposed Immigrants and Refugees. *Canadian Journal of Community Mental Health*, 36(2), 107–119. <https://doi.org/10.7870/cjcmh-2017-010>

⁵¹ Dzongowski, E, and Himani, D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera. *University of Western Ontario Medical Journal*, 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>

⁵² Goopy S, Suva C, Hayden KA, et al. (2020). Activities and Programmes that Support the Emotional Wellness and Well- Being of Refugees, Immigrants, and Other Newcomers Within Settlement Agencies: A Scoping Review Protocol. *BMJ Open*, <http://dx.doi.org/10.1136/bmjopen-2019-033377>

⁵³ Dzongowski, E, and Himani, D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera. *University of Western Ontario Medical Journal*, 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>.

most powerful ways of overcoming hesitancy and fear.⁵⁴ In practice, this could entail communicating through multiple locally trusted sources such as mosques, temples, and churches.⁵⁵

Newcomer Mental Health & Resilience During COVID-19

Causes of Mental Health Struggles: Newcomer Populations During COVID-19

Newcomer groups tend to face confounding variables like unemployment, lack of job security, lower socioeconomic status, less susceptibility to messaging and outreach, less attention from public officials, and less interactions with healthcare bodies that can make them more vulnerable during the pandemic.⁵⁶ Recent evidence has revealed that newcomers are at “greater risk of COVID-19 infection, mortalities, and hospitalizations.”⁵⁷ Koziel et al. (2021) stress that “discriminatory practices, as well as long-standing structural inequalities present in society, have resulted in...occupational, healthcare...and utilization disparities.”⁵⁸ Hence, in many ways, the pandemic didn’t create a level playing field—but the ground was lowered for everyone and those already most at risk have now found their social, economic, and mental wellbeing further impacted.

Again, disasters disproportionately affect poor and vulnerable populations, and “patients with serious mental illness [are] among the hardest hit.”⁵⁹ Equally, in the general population, large-scale disasters are frequently accompanied by increases in depression, substance misuse, post-traumatic

⁵⁴ Durbin, A., Lin, E., Moineddin, R., Steele, L., and Glazier, H. (2014). Use of Mental Health Care for Nonpsychotic Conditions by Immigrants in Different Admission Classes and by Refugees in Ontario, Canada.” *Open Medicine* 8(4). 136–146. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4242791/>

⁵⁵ Song, S. J. (2020). Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic. *Pediatrics* (Evanston), 147(4), e2020025346–. <https://doi.org/10.1542/peds.2020-025346>

⁵⁶ Koziel, J., Savidov, M., & Frick, A. (2021). A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness: System Impacts and Responses. Website Access: <https://bissellcentre.org/wp-content/uploads/2021/01/A-Brief-Scan-of-COVID-19-Impacts-on-People-Experiencing-Homelessness-Health-Impacts-and-Responses.pdf>

⁵⁷ Ibid, 4.

⁵⁸ Ibid, 4.

⁵⁹ Druss, B, G. (2020). Addressing the COVID-19 Pandemic in Populations with Serious Mental Illness. *JAMA Psychiatry*. 77(9):891–892. <http://doi:10.1001/jamapsychiatry.2020.0894>

stress disorder (PTSD).⁶⁰ Substantial disparities in mental health show that the pandemic has generally preserved, and gradually widened pre-existing mental health challenges. Consistent with other findings about pandemic-specific shocks—Swaziek and Wozniak (2020) find that “income loss, food insecurity...infection or death in one's close circle, and personal health symptoms are all associated with substantially worse mental health.”⁶¹ Furthermore, the TEQ LIP’s January 2021 Toronto InterLip COVID-19 urgent needs assessment survey, revealed exacerbating factors that contribute to mental health challenges among newcomers included; lack of motivation, depression, social isolation, anxiety over futile job searching and overall covid fatigue.⁶² Other responses indicate related feelings of anxiety, stress, and lack of motivation stemming from the uncertainty.⁶³ Overall, it appears that pre-existing mental health challenges have been exacerbated by the overlapping nature of external stressors “school, work, childcare, finances, family health, fear of the unknown...”⁶⁴ For example, the combination of high unemployment rates as well as living in unstable housing situations have placed many newcomers at a higher risk of being evicted.⁶⁵

Finally, according to Sieffien et al. (2021), even though COVID-19 has brought new attention to mental health— it has simultaneously created a ‘catch all’ explanation for unrelated or only partially COVID-created mental health struggles.⁶⁶ This is especially troubling for forcibly

⁶⁰ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

⁶¹ Swaziek, Z. and Wozniak, A. (2020), Disparities Old and New in US Mental Health during the COVID-19 Pandemic*. *Fiscal Studies*, 41: 709-732. <https://doi.org/10.1111/1475-5890.12244>

⁶² TEQ LIP. (2021, January). *Urgent and emerging Newcomer Needs survey during the COVID-19 Emergency Toronto, Ontario*. https://scarboroughlip.com/wp-content/uploads/2021/01/InterLIP-COVID-19-Needs-Assessment-3-Results_Jan-2021-1.pdf.

⁶³ Ibid, 4.

⁶⁴ Ibid, 4.

⁶⁵ Koziel, J., Savidov, M., & Frick, A. (2021). A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness: System Impacts and Responses. Website Access: <https://bissellcentre.org/wp-content/uploads/2021/01/A-Brief-Scan-of-COVID-19-Impacts-on-People-Experiencing-Homelessness-Health-Impacts-and-Responses.pdf>

⁶⁶ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

displaced persons with accumulated trauma from pre-migration experiences.⁶⁷ The fallout of this pandemic is currently at the top of our attention; however, it cannot be an excuse to avoid addressing pre-existing, underlying issues.⁶⁸ To use the pandemic as a *lens* would be a mistake—this de-individualizes the experiences of newcomers and would lead to one-size fits all solutions.

Language Barriers: Technological Developments & Shifts

The nature of the pandemic has led to wide-scale shifts from in-person to virtual activities. However, technologically dependent solutions presuppose reliable internet access and tech-literacy, and this is not a given for all newcomers to Canada.⁶⁹ Consequently, fear, isolation, and loneliness have been commonplace—leading to “increased depression, feelings of helpless & hopelessness...and sadness...” (TEQ LIP, 2021) for certain newcomer populations.⁷⁰ In fact, many newcomers tend to have limited social support in their home countries to start with; therefore, “physical distancing and other measures put in place may significantly worsen mental health.”⁷¹

In terms of mental health care, Sieffien et al. (2021) argues that because of technological barriers, certain newcomer groups “may be unable to benefit from the current virtual care being delivered.”⁷² Such difficulties are more detrimental for people with pre-existing mental health challenges “as many of the out-patient practices they once relied on are shut down during the

⁶⁷ Rodriguez, J. (2021, January 29). “*This feels like a new war zone*”: Helping Newcomers Tackle Pandemic Mental Health crises. CTVNews. <https://www.ctvnews.ca/health/this-feels-like-a-new-war-zone-helping-newcomers-tackle-pandemic-mental-health-crises-1.5286320>

⁶⁸ Koziel, J., Savidov, M., & Frick, A. (2021). A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness: System Impacts and Responses. Website Access: <https://bissellcentre.org/wp-content/uploads/2021/01/A-Brief-Scan-of-COVID-19-Impacts-on-People-Experiencing-Homelessness-Health-Impacts-and-Responses.pdf>

⁶⁹ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

⁷⁰ TEQ LIP. (2021, January). *Urgent and emerging Newcomer Needs survey during the COVID-19 Emergency Toronto, Ontario*. https://scarboroughlip.com/wp-content/uploads/2021/01/InterLIP-COVID-19-Needs-Assessment-3-Results_Jan-2021-1.pdf.

⁷¹ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

⁷² Ibid, 2.

pandemic, with remote offering presenting a high barrier.”⁷³ Druss (2020) highlights that in psychiatric care there are currently limited accessible and multilingual patient-facing materials available for newcomers.⁷⁴ For those whose treatments have been disrupted due to the pandemic, it may be very confusing to obtain information pertaining to current service offerings without proper translations and communication through a multitude of sources (e.g., phone, flyer, letter).

In like fashion, Sieffien et al. further explains that due to a lack of accessible information regarding COVID-19 and barriers to accessing the healthcare system—newcomers with poor English-language skills are forced to rely on incorrect and often anxiety-inducing advice from unofficial sources.⁷⁵ Relatedly, Song (2020) identifies gaps in both accessible pandemic-related messaging—and “child-friendly information on COVID-19 for displaced children and families.”⁷⁶

Stigma: Intersecting Challenges Utilizing Mental Healthcare

According to the WHO, “the single most important barrier to overcome in the community is the stigma and discrimination towards people suffering from mental and behavioral disorders.” The realities of COVID-19 have likely exacerbated these pre-existing challenges related to stigma.

Currently, with the pandemic carrying on, Druss (2020) points out that those who become ill “may face dual stigma associated with their infections and their mental health conditions.”⁷⁷ Previously, Salami et al. (2019) explained that stigma usually means that those suffering with

⁷³ Ibid, 2.

⁷⁴Druss, B, G. (2020). Addressing the COVID-19 Pandemic in Populations with Serious Mental Illness. *JAMA Psychiatry*.77(9):891–892. <http://doi:10.1001/jamapsychiatry.2020.0894>

⁷⁵ Sieffien, W., Law, S., & Andermann, L. (2020). Immigrant and Refugee Mental Health During the COVID-19 Pandemic: Additional Key Considerations. *Canadian Family Physician*. Access at: <https://www.cfp.ca/news/2020/06/23/06-23-1>

⁷⁶ Song, S, J. (2021). Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic. <https://doi.org/10.1542/peds.2020-025346>

⁷⁷ Druss, B, G. (2020). Addressing the COVID-19 Pandemic in Populations with Serious Mental Illness. *JAMA Psychiatry*.77(9):891–892. <http://doi:10.1001/jamapsychiatry.2020.0894>

mental illness typically conceal their issues from family members.⁷⁸ Now, according to Yuan et al. (2021) “individuals suffering from social stigma may feel ashamed of themselves, and experience self-condemning behavior or persistent fear of contacting their relatives and friends.”⁷⁹ The authors further explain that pandemic-related stigma can lead to a wide range of negative consequences, including: psychological stress, discrimination, depression, and suicide.⁸⁰ In other words, many people may be finding it more challenging to reach out for help than ever before.

Conversely, for those who previously participated in mental health treatment—the move to online platforms has potentially created more tensions at the familial level. Those seeking privacy now face the daunting task of discussing stigmatized topics at home during online therapy, while family can overhear them. Family and cultural stigmas intersect with other obstacles that stand in the way of positive mental health and mental healthcare access. Volatile intra-household relationships have been further destabilized by the pandemic. For instance, unemployment has caused spouses who suffer in abusive relationships to have no reprieve.⁸¹ The privacy that is required to confidentially discuss intimate mental health questions is currently unavailable.

Collective Fear & Legal Obstacles for Newcomer Groups During COVID-19

One of the lessons of COVID-19 has been the importance of clear, inclusive, and persuasive messaging. This highly valuable and transferable observation has several applications in our search for creating a more inclusive mental health apparatus for newcomers. However, many forcibly

⁷⁸ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

⁷⁹ Yuan, Y., Zhao, YJ., Zhang, QE. *et al* (2021). COVID-19-Related Stigma and It's Sociodemographic Correlates: A Comparative Study. *Global Health* 17, 54. <https://doi.org/10.1186/s12992-021-00705-4>

⁸⁰ Ibid, 2.

⁸¹ Abdo, C., Miranda, E., Santos, C., Júnior, J., & Bernardo, W. (2020). Domestic Violence and Substance Abuse During COVID19: A Systematic Review. *Indian Journal of Psychiatry*, 62(9), 337–342. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_1049_20

displaced families “are understandably distrusting of government requests for public health measures because they are fleeing governments that are the cause of violence.”⁸² Internal and communal obstacles that perpetuate stigmas—combined with fears of prosecution or governmental mistreatment creates a unique set of challenges for policymakers and newcomers to navigate.

Fears among refugees, asylum seekers, and undocumented population of deportation and arrest are pervasive and can easily negate efforts to help those who are systematically disadvantaged or discriminated against. The pandemic has also delayed legal issues for many newcomers, leading to greater unease.⁸³ For example, processing of documentation for immigration (i.e., expired work permits), citizenship exams, renewals, and sponsorships have all been impacted.⁸⁴ Hansson et al. (2010) found that immigration status affects access to health services; hence, delays in legal issues can have direct consequences for the well-being of newcomers.⁸⁵ However, newcomers are not a homogeneous group and health status or access to services differ between different groups of newcomers as well as within groups.⁸⁶ A “one size fits all” approach is unlikely to be successful.

Moreover, both Song (2021) and Barker (2021) stress the importance of public messaging that reassures newcomers that they will not face legal penalties for seeking support or treatment. Ontario’s vaccination efforts have introduced several innovative approaches, most notably low barrier healthcare services to hesitant individuals, especially for those with complex legal statuses. Community outreach has emerged as the most powerful way of overcoming this hesitancy and

⁸² Song, S. J. (2020). Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic. *Pediatrics* (Evanston), 147(4). <https://doi.org/10.1542/peds.2020-025346>

⁸³ TEQ LIP. (2021, January). *Urgent and Emerging Newcomer Needs Survey During the COVID-19 Emergency Toronto, Ontario*. https://scarboroughlip.com/wp-content/uploads/2021/01/InterLIP-COVID-19-Needs-Assessment-3-Results_Jan-2021-1.pdf.

⁸⁴ Ibid, 4.

⁸⁵ Hansson E, Tuck A, Lurie S and McKenzie K, for the Task Group of the Services Systems Advisory Committee, Mental Health Commission of Canada. (2010). Improving Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Groups: Issues and Options for Service Improvement. Website access: http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf

⁸⁶ Ibid, 5.

fear. Again, disseminating translated information through locally trusted sources (e.g., at places of worship or at community groups) can greatly contribute to the efficacy of public messaging.⁸⁷

Recommendations: Pathways Forward

Scholarship has evolved over the past decade to better embrace mental health as an important challenge and valuable objective. Personal, internal challenges present themselves much more subtly than any outward issue—someone with chronic depression is unlikely to be offered help in the same way as someone who is suffering from diabetes.⁸⁸ Efforts to bridge this gap are currently underway, and several core starting points have proved crucial. The foundation of building a positive mental health environment starts with taking care of the causal factors which most affect mental wellbeing. The Mental Health Commission highlights that “successful interventions for treating mental health problems in [newcomers] use a multidisciplinary approach, are culturally sensitive or adapted for specific groups, use trained para-professionals, and are linguistically appropriate.”⁸⁹ Therefore, societal issues that may often be overlooked when addressing newcomer well-being challenges deserve particular attention. Barker (2021) argues that “identifying sources of discrimination is a core prerequisite to removing barriers, both at a micro- and macro-level.”⁹⁰ Likewise, Kassam et al. (2020) suggest a multidimensional approach to addressing newcomer mental wellness—this could include: improving access to housing, education, employment, and

⁸⁷ Song, S. J. (2020). Protecting the Global Mental Health of Forcibly Displaced Children From the COVID-19 Pandemic. *Pediatrics* (Evanston), 147(4). <https://doi.org/10.1542/peds.2020-025346>

⁸⁸ Dzongowski, E, and Himani, D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera. *University of Western Ontario Medical Journal*, 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>.

⁸⁹ The Mental Health Commission of Canada. (2016, January). *Supporting the Mental Health of Refugees to Canada*. <https://ontario.cmha.ca/wp-content/files/2016/02/Refugee-Mental-Health-background.pdf>

⁹⁰ Barker, M. (2021). Social Integration in Social Isolation: Newcomers’ Integration during the COVID-19 Pandemic. *New Horizons in Adult Education & Human Resource Development*, 33(2), 34–45. <https://doi.org/10.1002/nha3.20313>

primary healthcare.⁹¹ The authors further argue that these interventions should strive to support “peoples cultural, religious, and spiritual practices.”⁹² Developing tailored, preventative support strategies based on newcomers defined needs and experiences can help mitigate future mental health crisis that arise.⁹³

Outreach is an overarching category that encompasses many of the secondary issues that requires redress. Providing linguistically and culturally sensitive mental healthcare services is a necessity that is widely recognized globally. When asked, newcomers have cited the availability of non-English offerings (or lack thereof) as a crucial determinant of whether they utilized mental healthcare.⁹⁴ As important as this is, there are many other obstacles that need to be tackled before newcomers readily use the services that both governments and local organizations are trying to provide. COVID-19 has also exacerbated many of these obstacles and now they must be addressed together—the pre-existing problems and the impact of the pandemic. For more than a year, nearly all mental healthcare options have taken place online and required internet access and literacy: neither of these are necessarily present nor without both, the entire offering becomes unusable. Hence, those like Song (2020) and Sieffien (2021) suggest that diversifying how health-related knowledge is proliferated could greatly aid the effort to reach previously unreachable populations. Furthermore, Sukhera suggests that removing smaller barriers (i.e., filling out intake forms or intake exercises) can make a big difference to newcomers gaining access to treatment.⁹⁵

⁹¹ Kassam A, Magwood O, Pottie K. (2020). Fostering Refugee and Other Migrant Resilience through Empowerment, Pluralism, and Collaboration in Mental Health. *International Journal of Environmental Research and Public Health*. 17(24):9557. <https://doi.org/10.3390/ijerph17249557>

⁹² Ibid, 2.

⁹³ Ibid, 2.

⁹⁴ Crooks, V. A., Hynie, M., Killian, K., Giesbrecht, M., & Castleden, H. (2011). Female Newcomers' Adjustment to Life in Toronto, Canada: Sources of Mental Stress and their Implications for Delivering Primary Mental Health Care. *GeoJournal*, 76(2), 139–149. <https://doi.org/10.1007/s10708-009-9287-4>

⁹⁵ Dzongowski, E, and Himani D. (2020). Mental Health, System Barriers, and Implicit Bias in the Treatment of Refugees and Newcomers: An Interview with Dr. Javeed Sukhera. *University of Western Ontario Medical Journal*, 52–53. <https://doi.org/10.5206/uwomj.v88i1.6104>

Stigma is also a substantial obstacle; however, the way to address it also requires innovative solutions. No universal solution has yet been found, and no proven templates have been designed by academics.⁹⁶ The consensus, somewhat ironically, is that simple solutions are unfit for this task. Likewise, cheap solutions have proved incapable. The only obvious way forward is to have greeted economic and human investment into this field and experiment with semi-proven strategies simultaneously. The diversity of newcomer populations necessitates a diversity of approaches.⁹⁷ Salami et al. highlight the importance of offering anonymous and discrete mental healthcare services to newcomers that feel uncomfortable opening up about highly stigmatised topics to unfamiliar people.⁹⁸ Meanwhile, Barker (2021) calls for more compassionate community care—which, in practice, could mean “service providers intentionally check in on newcomers during the pandemic.”⁹⁹ This way, newcomers who might be experiencing mental health issues, but who are hesitant to reach out for help can connect to community support professionals. Another suggestion she makes is using personal stories to “inform understandings of local positioning and needs.”¹⁰⁰ Indeed, each newcomer will have unique experiences and needs and require tailored support. Barker’s recommendations challenge us to consider what agency-centric practice could look like.

⁹⁶ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

⁹⁷ Barker, M. (2021). Social Integration in Social Isolation: Newcomers’ Integration During the COVID-19 Pandemic. *New Horizons in Adult Education & Human Resource Development*, 33(2), 34–45. <https://doi.org/10.1002/nha3.20313>

⁹⁸ Salami, B., Salma, J., & Hegadoren, K. (2019). Access and Utilization of Mental Health Services for Immigrants and Refugees: Perspectives of Immigrant Service Providers. *International Journal of Mental Health Nursing*, 28(1), 152–161. <https://doi.org/10.1111/inm.12512>

⁹⁹ Barker, M. (2021). Social Integration in Social Isolation: Newcomers’ Integration During the COVID-19 Pandemic. *New Horizons in Adult Education & Human Resource Development*, 33(2), 34–45. <https://doi.org/10.1002/nha3.20313>

¹⁰⁰ Ibid, 41.

Conclusion

Based on the literature scoped in this review, it seems that the key to supporting newcomer mental health is acting holistically—whilst, supporting agential practices. What’s more, many of the scholars surveyed here believe that addressing and overcoming systemic shortcomings requires a combination of ‘big picture’ thinking and individually tailored approaches. Any local-immigration partnership needs to keep at the forefront of its focus the demographics and needs of their constituents. Scarborough has very diverse communities, and for that reason it requires a comprehensive and inclusive approach to mental healthcare. During and following the COVID-19 pandemic, the comprehensive nature of the city’s strategy must grow with the challenges it faces. The prioritization of local resources and findings is logical, but scholarship can help avoid unnecessary and predictable shortcomings in popular but unrealizable strategies comparing both scholarly, local, and community-based recommendations to prioritize needs as a path forward. However, after carefully consulting the vast literature on newcomer mental health, it has become very clear that the field still has a great deal to discover, especially in how to best address stigmas.