

A black and white photograph showing a close-up of two hands being held together. One hand is older, with visible wrinkles and veins, while the other is younger. The hands are clasped in a supportive grip, symbolizing care and assistance.

# TEQ LIP MENTAL HEALTH AND DISABILITY SERVICES CONSULTATION REPORT

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**Toronto East Quadrant  
Local Immigration Partnership**  
Working Together for a Diverse & Inclusive Community



**Immigration, Refugees  
and Citizenship Canada**

**Immigration, Réfugiés  
et Citoyenneté Canada**

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# Executive Summary

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In July 2024, the Toronto East Quadrant Local Immigration Partnership's (TEQ LIP) Health and Wellbeing Action Group in collaboration with the Access to Information Action Group, launched the TEQ LIP Mental Health and Disability Services Consultation Research Project. This report discusses the findings from that research including: the impact of the COVID19 Pandemic on mental health and disability services provided to refugees and newcomers across the Greater Toronto Area, understanding of opportunities and challenges in the sector and developing recommendations for capacity-building initiatives tailored to service providers' needs.



# Introduction

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The Toronto East Quadrant Local Immigration Partnership (TEQ LIP) is a community-based planning project funded by Immigration, Refugees and Citizenship Canada (IRCC). The goal of the TEQ LIP is to engage diverse stakeholders through collaboration and partnership to support the integration of newcomers in Scarborough.

The Health and Wellbeing Action Group and the Access to Information Action Group are two out of four action groups established by the TEQ LIP to implement the strategic priorities identified in the TEQ LIP Settlement Strategy 2020 – 2025. The Health and Wellbeing Action Group's objective is to develop a holistic and equitable approach to newcomer health that considers the physical and emotional health of individuals, families, and communities from a social determinants of health perspective, while examining barriers to accessing services for particular newcomer groups and increasing service provider capacity to address them. The Access to Information Action Group's objective is to facilitate service providers' and other organizations' access to current and relevant information, enabling them to better understand newcomers' settlement, integration and emerging needs.



# Background

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In July 2024, the TEQ LIP's Health and Wellbeing Action Group in collaboration with the Access to Information Action Group launched its Mental Health and Disability Services Consultation Research Project. The purpose of the project was to learn about the current landscape of mental health and disability services provided to refugees and newcomers and specifically how the COVID-19 Pandemic has impacted these services and their delivery. The objective of this research was to utilize the data collected to help inform the development of capacity building sessions for service providers in the mental health and disability sectors.

The project was initially developed in 2022 by the Health and Wellbeing's Mental Health and Disability Sub-committee, a sub-committee of service providers who provide disability and/or mental health services to newcomers in Scarborough. This sub-committee focused on both mental health and disability service provision due to common interests and challenges. Members wanted to share and learn about the impact the pandemic had on the delivery of these services to identify best practices, recommendations and capacity building opportunities. Project structure, questions, working definitions, target audience, purpose and objective was co-developed with members of the subcommittee, and originally launched as a survey in 2023. However, due to limited responses, and concerns around "survey burnout", the project was relaunched in 2024 as a consultation to facilitate increased engagement and discussion. The re-launch was in collaboration with the Access to Information Action Group, who supported adapting the consultation question guide, project outreach, and interview and data processes.

# Background

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## Working definitions

For the sake of this project, we used the following key terms and definitions.

**Newcomer:** immigrant or refugee who has been in Canada for 5 years or less, regardless of immigration status.

**Mental Health:** refers to an individual's psychological and emotional state of being.

**Mental Health Services:** services that respond to mental health needs through assessment/screening, treatment, education, promotion or diagnosis.

**Disability:** We acknowledge that there are many different definitions of disability and that it is a product of an individual's interactions with socially imposed conditions. For the sake of this survey, disability refers to barriers experienced both short and long term, by an individual in regard to mobility, vision, hearing, learning, and intellect.

**Disability Services:** services that respond to disability needs through assessment/screening, treatment, education, promotion or diagnosis.

# Methodology

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## Participants

The target participants for this research project were service providers in the Greater Toronto Area who are:

1. Providing mental health services, and/or disability services to refugees and newcomers and/or
2. Serving newcomer clients with disabilities and/or mental health needs

## Data Methods and Process

The TEQ LIP Mental Health and Disability Services Consultation project consisted of five, 90-minute focus group interviews with 14 service providers that were held virtually on Microsoft Teams and Zoom. The Health and Wellbeing and Access to Information Action Groups developed and used a question guide to facilitate discussion focused on participant information, accessibility, service provision and resources and training. Responses were transcribed, organized and used to highlight themes regarding ... and recommendations for capacity building training opportunities. Data collected was accessible to TEQ LIP staff and stored on a secure online platform. This final report will be shared with participating service providers and published on the TEQ LIP website.



# Participant Profile

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This section highlights the diverse roles, services, and geographic coverage of participants involved in the TEQ LIP Mental Health and Disability Services Consultation. The participants were chosen based on whether they provided mental health and/or disability services to newcomers in the Greater Toronto Area (GTA), representing a wide range of organizations providing direct mental health, disability, and settlement services across the region.

## **Roles and Services Provided**

Participants in this consultation work in various capacities, including frontline workers, case managers, program coordinators and directors. Their roles encompass:

- **Case Management:** Providing one-on-one support and crisis counseling
- **Training and Education:** Delivering workshops and training programs on mental health awareness, coping strategies, and professional development.
- **Peer Support:** Facilitating safe spaces and support groups for individuals with shared mental health or accessibility needs.
- **Resource and Referral Services:** Connecting clients with resources external to their organization including low-cost mental health services.
- **Community Engagement:** Promoting mental wellness and reducing stigma through public education and outreach programs.
- **Settlement Support:** Assisting newcomers with integration e.g. employment readiness and accessing local services to assist with other needs.



# Participant Profile

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## Service Areas

The participating organizations serve communities across Toronto's North, South, East, and West regions, as well as the broader GTA. Some organizations also extend their services province-wide through virtual programs.

## Types of Services

Participants of the consultation provide a range of services addressing both mental health and disability-related needs for newcomers and refugees. These include:

- **Mental Health Services:** Individual and group counseling, trauma support, psychoeducation, and art-based therapy.
- **Disability Services:** Programs for individuals with learning disabilities, autism, and developmental needs.
- **Combined Services:** Integrated programs addressing both mental health and disability support.
- **Specialized Programs:** Settlement services, employment support, youth engagement, and cultural-specific mental health initiatives.

Most of the organizations serve conventional refugees and/or newcomers with Permanent Residency status, with 1 organization explicitly stating that they serve newcomers without status.

# Findings

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This section highlights the summary of participant responses and major findings.

## **COVID-19's Impact on Access to Services**

The COVID-19 pandemic significantly altered how newcomer-serving organizations provided mental health and disability services to their clients, shifting many programs to virtual or remote platforms. Online workshops, virtual counselling and engagement were some of the primary modes of service delivery to ensure clients could still access mental health and disability support.

## **Challenges:**

### **Barriers in accessing service with technology**

Adapting to virtual modes of service delivery was difficult for some clients, resulting in learning, progress and settling outcomes. Many newcomers lacked digital literacy, making it difficult for them to navigate online mental health and settlement resources. Other challenges such as limited access to stable internet or appropriate devices, and language barriers hindered participation in virtual sessions.

*“It was hard for people who were not familiar with technology to adapt to the changes, and they fell behind through this gaps completely, like some senior populations or some populations who lacked strong English skills”*

# Findings

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## Privacy and Confidentiality Concerns

Delivering services virtually also raised questions around privacy and confidentiality. Concerns around data security made some clients and staff hesitant to share sensitive information online and engage with virtual platforms to receive mental health and disability support. Additionally, clients, particularly those in precarious housing situations or abusive relationships, lacked private spaces to attend virtual mental health sessions, reducing the effectiveness of these interventions in some cases.

*“In my opinion, discussing mental health in a virtual world was not very supportive of mental health support. Confidentiality was added as a new barrier because we never knew who was in the room with the other person, and couldn’t ensure a safe space for sharing. So having a safe space, which is fundamental for any mental health service, was compromised.”*

## Potential Solutions:

### Reintegrating In-Person Service Delivery

Recognizing these barriers, some organizations began reintroducing in-person services and hybrid models of service delivery where possible. Hybrid models enabled clients to choose between virtual or face-to-face support based on their needs and comfort levels. Clients could now access safe, confidential spaces to receive mental health services and bypass technological barriers and limitations.

# Findings

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## **Accommodation-based responses to Newcomers Mental Health and Disability Needs**

Accommodation is a crucial component to delivering inclusive and accessible services to newcomers with mental health and/or disability needs. Accommodations can range from mental health accommodations such as designing programs with shorter class time, multiple breaks and trigger warnings, to disability accommodations such as reading machines for visually impaired clients and ASL interpretation. Other forms of accommodation include alternative program hours, child-minding, language interpretation and translation and financial support such as a sliding scale and transportation reimbursement,.

To identify needs, and what accommodation to provide, most organizations take on a dual approach, utilizing both a pre-emptive and client request based approach to service accommodations such as through needs assessment or client consultation and dialogue.



*“In those spaces [virtual] when you're [client] applying, you're explicitly asked what access accommodations you might need...with examples of what we can offer such as note taking and language interpretation. So it's built into our services.”*

# Findings

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## Challenges:

### Navigating Client Requests and Needs

Organizations experience challenges navigating client requests/needs for accommodation. In many cases, accommodations guidelines prevent organizations from providing accommodations needs based on their own assumptions, and require clients to inform the organization's about their accommodation needs. However many clients experience a gap in knowledge and understanding around the meaning of accommodations, what accommodations are available to request and the process of requesting, which can therefore pose a barrier in an organization's ability to know and meet the needs of their clients.



*“How do you help clients understand that It is their responsibility to let us know [their accommodations] first . ....the legal requirement is, the client has to provide consent. So if they are not reaching out to us by themselves, there may be a chance that they'll be turned away, because there's no implied consent within it. And if we take the case that is referred by someone else, such as the client's brother, how do we know that the client actually wants to receive that service? So these are some legal issues that would potentially create barriers for clients in being able to request accommodations.”*

# Findings

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## **Impact of funding, reporting needs, and organizational capacity on access**

However, even when organizations can identify and learn about accommodation needs, funding restrictions can greatly impact an organization's ability to accommodate and increase access to services. Examples of this are funding restrictions and reporting needs that prioritize newcomers with status, which can limit an organization's ability to serve certain populations, such as refugee claimants, visitors, students and individuals without status.

Restrictions around how much organizations can use their funding on certain accommodation practices also greatly limit an organization's ability to provide accommodations.



*“...with disabilities and special needs rehab, we're not funded for it. So, in order for us to keep our staff, we have to charge nominal fees.*

*The other barrier is we do have to prioritize PR [Permanent Residents] to meet the IRCC targets. From a reporting standpoint, what's a disadvantage to providers is the fact that if you want to deliver good services that show, you know, differences in people's lives it usually takes more than one visit. However, when your statistics are reported, only one is counted per person so it's almost counterproductive”*

# Findings

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## **Staff training needs & responses are dynamic – internally and externally**

### **Topics of Training**

Staff training plays a key role in building staff capacity and knowledge to better support clients with their mental health and disability needs. All organizations provided their staff with basic training on the Accessibility for Ontarians with Disabilities Act (AODA) training, a mandatory training in Ontario, Canada that sets out a process for developing and enforcing accessibility standards (Ontario.ca). However, there is a lack of standardization in training topics across and within organizations, creating variation across the newcomer-serving landscape. Training topics were usually dependent on a staff's specialization/focus such as mental health, disability, and gender-based violence. Examples of trainings staff have engaged in include: Dialectical Behavior Therapy, Trauma-Informed Approaches, Harm Reduction, Applied Suicide Intervention Skills Training and basic Anti-Racism trainings.

### **Culturally Competent Mental Health and Disability Support**

Staff also expressed an interest in culturally competent mental health and disability support to better support the intersecting needs of newcomers. Training should support staff in their ability to recognize mental health challenges in diverse client populations and provide culturally competent support. Staff also expressed training on culturally sensitive and trauma-informed approaches to discussing mental health and disability.

# Findings

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Furthermore, at times organizations may simply lack the resources and capacity necessary to meet the accommodations needs and requests of their clients. Program hours can only be adjusted to a certain limit, while certain resources and their availability in an organization, such as financial accommodations like TTC tokens, parking vouchers and ASL interpreters, may be beyond an organization's capacity. Sharing common space with other organizations, such as washrooms, also limits an organization's ability to enforce and provide certain accommodations.

*“Some accommodations are beyond our capacity, for example financial accommodation, it needs resources. So, people unable to come or attend certain programs or certain sessions due to lack of financial resources ask for accommodation in terms of TTC tokens or parking vouchers, this is something that we do not have the resources or the capacity to accommodate”*

## **Potential Solutions:**

### **Advocacy**

Advocacy plays a crucial role in addressing systemic barriers to accommodations for newcomers with mental health and/or disability needs. While individual organizations can make important service-level adaptations, meaningful and lasting change requires broader, collective efforts to shift policy, funding structures, and engage public awareness.



# Findings

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## **Culturally Competent Mental Health and Disability Support**

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*“One thing is how we talk about disability or mental health, in general, but especially when we apply it to a culturally specific group such as newcomers. I think that this may be the gap, because it's not in general training.....I think that intersection is the key [in bridging gaps], in my opinion.”*

## **Challenges:**

### **Adapting to a rapidly changing landscape**

Changes in the needs and trends in the settlement, mental health and accessibility space pose challenges for staff in maintaining adequate and relevant training to service their clients on their mental health and disability needs.. Staff expressed changes in politics, immigration, immigration streams, level of welcomeness, and demographics, as major areas of change, that greatly shape staff training needs. The speed and influx of changes can often make it difficult for staff to learn and adapt to the changes, impacting their ability to effectively respond to the emerging needs of clients brought on by the changes.

# Findings

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## Potential Solutions:

### Knowledge sharing practices help adapt to changing landscapes

Knowledge sharing practices by staff between and within organizations help organizations adapt to fast-changing needs in a rapidly evolving landscape. Some practices include weekly internal debriefings, regularly scheduled professional development and staff training on emerging needs, as well as engaging with external knowledge sharing platforms and networks. These resources and tools are then compiled and accessed by staff whenever they need.

*“Weekly debriefing is very important in terms of sharing information internally. Everybody has a different network and attends different round table discussions, so sharing it on a weekly basis among ourselves is empowering and important. We’ve created tools in terms of putting all these resources internally in a way that’s accessible for us so we can just use them whenever we need. It’s not based on individual effort expertise. It’s more about collective effort in collecting data and resources for everybody in the organization.”*

### Self-directed training to bridge gaps

Some staff also engaged with self-directed training and self-guided research to bridge gaps in their expertise and capacity to better respond to client needs.

*“When I got my role. I wasn’t necessarily trained on disability or accessibility. I’m the one that actually trains people on it, so I had to train myself before I went and trained others.”*

# Findings

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## Post-COVID-19: A Very Different Landscape

### For worse - social challenges impacting client needs

The COVID-19 Pandemic exacerbated many social challenges and inequities, increasing economic struggles, homelessness, food insecurity and limited access to essential services. The decline in these social determinants of health was reflected in the needs of clients during and post-pandemic, with many clients looking to organizations for support with basic needs such as housing, food, and cost of living. Many organizations saw a significant rise in clients requests and needs that went beyond the scope of their direct mental health and disability services. In many cases, addressing the basic needs of a client was the prerequisite to effectively addressing their mental health needs, which greatly impacted capacity and delivery of mental health services.

*“...After the pandemic we've seen that the economy has gotten quite bad. We see that homelessness has skyrocketed, food insecurity has gotten really bad, and people are really struggling just to maintain everyday life. I think when providing mental health support, there's only so much you can do because we know that if people's social determinants of health; if their main needs are not being met, then no amount of mental health workshops or therapy, or counseling is going to fix anything right? “*



# Findings

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## **For better – reduction in mental health stigma in newcomers**

As social challenges and inequities continued to worsen, organizations also noticed a shift around client interest in mental health and mental wellness topics. Many organizations saw a rise in client participation and attendance in mental wellness webinars and sessions and a significant reduction in mental health stigma among newcomer clients. This shift occurred during the pandemic and continued post-pandemic.

*“We used to host a monthly workshop on mental health on a regular basis for the public. Usually, we did not have many people participating. But during the pandemic, and even now, post-pandemic, we have over 100 people attending these workshops virtually. So I find that people are more concerned about mental wellness, and the stigma around it. Because of that people have been talking about mental wellness and they are more willing to talk about it now compared to what I remember before.”*



# Findings

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## Challenges:

### Navigating a new landscape - high demand and limited resources

Organizations faced challenges meeting the mental health needs of their clients in a post-COVID-19 landscape. For one, the changes and challenges heightened by the pandemic increased client need and demand rapidly and overwhelmingly. This was because in addition to supporting clients with their mental health and disability needs, organizations were also tasked with addressing their basic needs as well, often as a prerequisite to the former. This demand was experienced across the newcomer-serving landscape, creating further barriers for organizations in being able to connect clients to supports such as housing, shelters and food banks because they were at full capacity.

*“As an agency we have very limited resources on what we can do. Even when we refer clients, we know that food banks are being overused. We know that there's only so much housing that exists, and shelters are really full, especially for a lot of newcomers that are coming. So, I think that's one of the biggest challenges that we were facing; trying to support clients with their basic needs so that we can help them with their mental health needs but not having enough resources to do so and knowing that most of the other agencies in the city are at full capacity, especially with shelters and food banks. That makes it really hard.*”

# Findings

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## Staff Burnout and Turnover

Staff also experienced high levels of stress and burnout during the pandemic due to increased demand for services, limited resources and wage limitations and disparities. This resulted in high levels of staff turnover and challenges in staff retention across the newcomer-serving landscape, creating further challenges for organizations in building internal capacity to meet the needs of clients comprehensively.

*"I want to harp on the point that the biggest challenge in delivering services is the wage disparity and its impact on talent, recruitment, and retention. The same job being done in the community sector, for either mental health, disability or newcomer services is not paid the same as in primary care. I think there's something to be done sector wide, we need to be tackling this for all our staff and to enhance our capacity for the clients."*

## Post-pandemic - reduction in accessibility services

Post-pandemic, organizations faced increased challenges in meeting the needs of clients with disabilities. This was because remote assistance and delivery services, such as home delivery services from food banks, meal programs and other resource programs that emerged during the pandemic to respond to social distancing needs, became much more limited in the post-pandemic landscape. Organizations that leveraged those services to support the needs of their clients during the pandemic, were unable to do so for their clients post-pandemic.

*"For clients that have accessibility needs, who don't speak the language, who might be in a wheelchair, it is harder to get them services [post-pandemic], because during COVID we saw that there were more services making deliveries for food and things like that, but now those don't exist as much anymore."*



# Findings

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## Potential Solutions:

### Artificial Intelligence (AI)

During and post-pandemic, the mainstream use of Artificial Intelligence (AI) also began gaining popularity. Some organizations took the opportunity to explore incorporating AI into their own programming and service delivery to help them navigate increasing client demands and limitations on staff capacities and time. Areas of opportunities included: supporting service providers in navigating language and communication barriers, resource development, employment and resume services, and enhancing referral pathways and use of local resources through research and fact checking. However, organizations continue to tread carefully around the use of AI as it is new and there are concerns around privacy and user data.

*“The technology [AI] has been essential, during and now after the pandemic, and it’s still growing. Resources on how to build a resume with the use of artificial intelligence is amazing. The support with language and vocabulary, and things like that are very useful. In general, these resources are very helpful for frontline workers.”*



# Findings

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## **Community practices - creating a cohesive newcomer-serving landscape**

Community based practices such as partnerships, collaborations and referrals have been an essential component to service delivery during and post-pandemic. These practices have helped organizations mitigate challenges around gaps in service delivery capacity to respond more effectively to client need and demand. With limited resources, collective approaches to service delivery enable organizations to exchange knowledge and coordinate resources and referrals to provide intersectional and comprehensive support for clients that meet their basic and mental health and disability needs. Community-based practices ensure that newcomer clients are supported holistically rather than receiving fragmented or siloed services.

### **Challenges:**

#### **Variability in training - added barriers**

Variability in training across organizations, such as around cultural competency, mental health, and disability, may result in inconsistent levels of competency and capacity among organization staff, creating barriers in community-based practices such as partnerships and referrals. Organizations have to take into consideration that external organizations and programs may not be equipped to the same standard and caliber as their services, potentially resulting in unmet needs or additional barriers for clients.

*“I sometimes worry when I'm providing resources and referrals, about who's going to pick up the phone on the other end and are they going to be helpful or is it going to be a further barrier for this person? I like to think that I'm building some good access to share support, but sometimes I worry about who's going to be on the other end and are they going to be prepared?”*



# Findings

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## Gaps in Newcomer and Disability Services

Organizations that are disability focused and/or serve clients with disability needs, often struggle with referring clients out to organizations that are not disability focused due to gaps in knowledge and understanding of meeting particular accessibility needs. Clients referred to an external organization that is not disability focused, may experience access barriers, and challenges with having their disability needs met. This gap in disability services makes it harder for disability focused organizations to build referral pathways with external organizations while ensuring that the accessibility needs of their clients are still met.



*“When you have your own kind of parameters around accessibility and disability supports, when you are externally referring, it's very hard to do when other organizations don't have the same understanding and caliber. And so it makes it a lot more difficult for a disability oriented or focused organization to have those collaborations, those partnership or those cross referral opportunities and avenues... when you're specifically focused and tailored to serving a particular population, you don't know when you're referring out if outside organizations are going to have the same caliber of expertise”*

# Findings

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## Potential Solutions:

### The LIP - creating an interconnected service delivery landscape

Community planning tables, such as the LIP are vital in addressing silos in the newcomer service delivery landscape by helping organizations address complex newcomer needs. These tables act as conveners that facilitate networks between diverse organizations across the newcomer-serving landscape. These networks help organizations strengthen community practices, as well as identify intersections of needs, common challenges and best practices. This allows organizations to leverage resources and build capacity to develop more cohesive and interconnected systems of collaboration and partnerships that allow them to effectively respond to the needs of newcomers.

*“I know subcommittees can take a lot of our time, but they really are helpful. Knowing the updates of what everyone's doing, even if it's just a quick email saying, this is our challenge. What are people's solutions? And just being on that email train really helps with exchanging knowledge but not having it too strenuous on our end to attend, a meeting every month, or something like that.”*



# Discussion

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The consultation findings reveal a complex newcomer-serving landscape that is shaped by both opportunity and limitations, particularly in the aftermath of the COVID-19 pandemic. Service providers identified a range of challenges and opportunities that reflect the evolving nature of mental health and disability support for newcomers.

One of the most significant themes was the impact of COVID-19 on service delivery. The pandemic forced a rapid shift to virtual service models, which in turn created both opportunities for innovation and barriers to access. Many newcomer clients struggled with adapting to the transition, privacy concerns, and a general lack of digital literacy. While virtual programming allowed some clients to access services with greater convenience, others experienced difficulty accessing consistent support.

The iterative nature of service provision emerged clearly through provider experiences. A new challenge—such as the sudden shift to remote services—led to adaptations like hybrid programming. However, these solutions often revealed additional barriers and gaps in equitable access. This cyclical process of addressing a challenge, implementing a solution, and encountering new complexities underscores the need for ongoing flexibility and creativity in service delivery.

Gaps in accessibility and training were also repeatedly emphasized. While some organizations have implemented proactive practices—such as multilingual programming, trauma-informed approaches, and accessibility accommodations—others lack the infrastructure or funding to do so. Differences in training, particularly around mental health literacy, crisis response, and culturally appropriate service provision, create discrepancies in service quality and referral pathways across the sector.

# Discussion

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The themes identified strongly reflect participants' lived experiences and operational realities. Topics such as financial stress, housing insecurity, limited service eligibility, and staffing challenges were common among respondents. These issues are particularly pronounced for organizations serving refugees, and non-status individuals. The frequency and consistency of these discussions suggest a shared understanding of sector-wide barriers and priorities.

Most commonly discussed areas included the need for integrated services, improved staff training, greater accessibility, and sustainable cross-sector partnerships. Many providers expressed a desire for stronger collaboration, peer learning, and collective advocacy to address systemic challenges that exceed any one organization's capacity.

Overall, the discussion demonstrates that while the pandemic posed significant disruptions, it also accelerated innovation and highlighted important lessons. The sector continues to adapt iteratively, balancing immediate client needs with long-term systems change. Moving forward, supporting this adaptability through funding, policy alignment, and knowledge exchange will be critical to ensuring responsive, inclusive, and sustainable service provision.



# Recommendations

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Based on the consultation findings, the following recommendations are proposed to enhance mental health and disability service delivery for newcomers in the Greater Toronto Area:

## 1. Strengthen Training Across the Sector

- Provide standardized training on mental health literacy, crisis intervention (e.g., suicide prevention, de-escalation), and trauma-informed care for all frontline staff—particularly those in non-clinical roles (e.g., settlement, employment, and housing services).
- Offer sector-wide professional development opportunities on culturally appropriate approaches to mental health and disability.
- Incorporate practical case studies and client scenarios in training to support application of knowledge in real-world contexts.
- Establish mandatory refresher training cycles every 3–5 years to address staff turnover and shifting client needs





# Recommendations

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## **2. Expand Accessibility Supports**

- Advocate for consistent funding for language interpretation, transportation subsidies (e.g., TTC tokens), and childminding services to remove common access barriers.
- Ensure that virtual services meet privacy, safety, and technological accessibility standards, particularly for individuals with disabilities and survivors of trauma.

## **3. Foster Integrated and Holistic Service Delivery**

- Support the integration of mental health and disability supports into other areas of service (e.g., employment programs, housing navigation, youth programming).
- Promote models that combine settlement support with mental health promotion, such as those developed by Ontario Council for Serving Immigrants (OCASI).
- Encourage cross-training among service areas to better equip providers to identify and respond to mental health and accessibility needs.

## **4. Invest in Inter-agency Collaboration and Referral Systems**

- Establish clear and consistent referral protocols across organizations, supported by shared tools like OceanMD or digital directories.
- Support participation in communities of practice, subcommittees, and learning exchanges to share strategies, successes, and challenges.

# Recommendations

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## **5. Address Staff Burnout and Promote Organizational Well-being**

- Encourage agencies to implement internal policies that promote work-life balance, reflective supervision, and vicarious trauma support.
- Include funding for staff wellness and professional development in grant applications and budgets.
- Promote realistic caseloads and data reporting expectations that reflect the complexity of client needs.

## **6. Leverage Technology and Innovation**

- Provide training on the ethical and practical use of AI to support intake, referrals, and interpretation, especially in resource-limited settings.
- Develop guidelines on how frontline staff can educate clients on using digital tools to access services and complete applications.
- Pilot AI-based de-escalation tools for frontline responders with limited clinical training (e.g., shelter workers, community police liaisons).



# Conclusion

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The findings of this consultation highlight a rapidly evolving landscape in mental health and disability services for newcomers, shaped by the enduring impacts of COVID-19 and the intersecting challenges of accessibility, capacity, and systemic barriers. Organizations continue to face compounding pressures—such as digital divides, funding limitations, staffing challenges, and rising client demand—while striving to deliver culturally responsive, accessible, and trauma-informed care.

Key insights from this report include:

- **Digital Inequity and Access Barriers:** The shift to virtual service models improved flexibility but introduced new challenges around digital literacy, privacy, and safety—particularly for vulnerable populations such as seniors, individuals with limited English, and those in precarious living situations.
- **Gaps in Accommodations and Capacity:** While many organizations have adopted innovative practices to meet accommodation needs, resource constraints and restrictive funding models continue to limit their reach—especially for refugee claimants, individuals without status and newcomers with disabilities.
- **Training Variability and Sector Disparities:** A lack of standardization in staff training across organizations has led to inconsistencies in service quality, affecting both client experience and inter-agency referrals. The need for intersectional, culturally competent training is urgent and widespread.



# Conclusion

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- **Growing Demand and Workforce Strain:** Rising social and economic inequities have deepened client needs while simultaneously accelerating staff burnout and turnover. The current environment demands both immediate support and long-term investments in workforce well-being.
- **Innovation and Collaboration:** Organizations have demonstrated resilience and adaptability, using tools like AI, hybrid programming, and collaborative networks to respond to client needs. However, the inconsistent application of these innovations has underscored the need for more coordinated, systemic solutions.

# Future Directions

As a vital convener in the newcomer-serving sector, the LIP is uniquely positioned to lead collaborative responses that address service fragmentation and capacity gaps.

Looking ahead, the LIP can strengthen the sector through the following approaches:

- **Facilitate Standardized Training and Capacity Building:** The LIP can coordinate efforts to develop and disseminate standardized, culturally relevant training materials on mental health, disability, and trauma-informed care. Creating accessible, multilingual, and role-specific training modules will empower staff across diverse organizations to deliver more responsive services.
- **Support Knowledge Exchange and Communities of Practice:** By fostering regular spaces for peer learning, best practice sharing, and collaborative problem-solving, the LIP can help organizations stay nimble in an ever-changing landscape.



# Future Directions

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- **Promote Policy and Funding Advocacy:** The LIP can amplify sector voices in advocating for flexible funding models that prioritize inclusion, expand access to accommodations, and account for the complex needs of underserved newcomer groups.
- **Enhance Integrated Service Pathways:** By supporting tools and protocols for seamless referrals and inter-agency collaboration, The LIP can reduce service duplication, close access gaps, and ensure clients experience continuity of care.



By addressing these training needs and promoting coordinated service development, The LIP can support organizations in building a more responsive, informed, and cohesive mental health and disability support system for newcomers. In doing so, the sector will be better equipped to deliver equitable, holistic care and achieve improved client outcomes across the Greater Toronto Area.

# Appendix A:

# Consultation Question

# Guide

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## **Participant Information**

1. Please describe your current role, particularly in terms of the services you provide.
2. Would you describe your role as one that provides mental health services, disability services, or both?
3. What primary geographical area does your organization/office provide services in i.e catchment area?
  - a. Toronto North
  - b. Toronto South
  - c. Toronto West
  - d. Toronto East

## **Accessibility**

1. In general, do you feel that your organization's services are accessible to the clients it aims to serve?
2. In your opinion, are there adequate and appropriate avenues for clients with accessibility needs to request accommodations for services at your organization?
3. Do you feel that you have received adequate accessibility training in your current role?

# Appendix A:

# Consultation Question

# Guide

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## **Service Provision**

1. Please specify what resources you have utilized and/or referred newcomer clients to utilize within the last 6 months: (For ex referred clients to services from external organization, utilized resource toolkit or service directory etc).
2. What are some notable changes in client needs that you have experienced after the COVID-19 pandemic?
3. What modifications has your organization made to their service delivery in response to the COVID-19 Pandemic? (For ex providing more remote services, virtual services, hybrid options, more focus groups etc)

## **Resources and Training**

1. Are you able to effectively access and utilize external resources to serve your clients? (E.g. referral to other organizations, service coordination, sharing resources etc.)
2. As a service provider working in this sector, which topics/areas would you like to see prioritized for training and workshops by the TEQ LIP?
3. Do you consent to receive further information about training opportunities and resources from the TEQ LIP?

# Acknowledgements

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The Toronto East Quadrant Local Immigration Partnership (TEQ LIP) would like to extend its gratitude and acknowledgement to our community partners and participants for their support in co-designing and implementing this consultation. Their input and insights have been invaluable in enabling the TEQ LIP to better understand how the COVID-19 Pandemic has impacted mental health and disability services provided to refugees and newcomers across the Greater Toronto Area, as well as capacity initiatives for the future.

A special thank you to the Health and Wellbeing Action Group, Access to Information Action Group, The Newcomer Accessibility Council and the Toronto North LIP for their support.

## **A list of our community partners:**

- Hong Fook Mental Health Association
- Learning Disability Association of Toronto
- Access Alliance Multicultural Services
- Madison Community Services
- Community Family Services of Ontario
- Better Life Counselling
- Mennonite New Life Centre
- Centre for Immigrant & Community Services
- Scarborough Centre for Healthy Communities
- SMILE Canada
- YMCA
- Canadian Centre for Victims of Torture
- Strides Toronto
- Centre for Independent Learning Toronto

We thank you for your ongoing support and collaboration.

