

MENTAL HEALTH PROGRAMS AND SERVICES FOR NEWCOMER YOUTH: EXPLORING NEEDS AND ENHANCING ACCESS

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Table of Contents:

- I. Introduction.....3
 - A. Description of the Problem
 - B. Purpose and Method of Inquiry
 - C. Terminology
 - D. Conclusion of Inquiry
- II. Data Section..... 5
 - A. Survey Findings
 - I. Mental Health Topics Discussed in Programs
 - II. Barriers Limiting Newcomer Youth from Accessing Mental Health Services
 - III. Promotion/Recruitment Strategy for Mental Health Programs and Trends in Attendance
 - IV. Barriers to Providing Adequate Mental Health Programs for Newcomer Youth
 - B. Interview Findings
 - C. Discussion and Literature Review
- III. Conclusion.....15
 - A. Summary of Findings
 - B. Recommendations

I. Introduction:

A. Description of the Problem

Mental health care has been identified as a fundamental component of the resettlement process for newcomer youth (Ngo 84). Researchers found that immigrants and refugees have considerably higher adverse mental health outcomes than the general non-newcomer population in Canada (Tremblay 132). Many community service providers, including South Vancouver Neighbourhood House (SVNH), have developed programs to address newcomer youth's adverse mental health outcomes and provide them with community support. Community mental health programs are a subset of social services in Canada that include independent social activities, functions, opportunities, and services that help individuals to assimilate and integrate into society (Crooks et al. 39). While there is a strong need for these programs, they have low attendance, presenting a gap between the services (i.e. mental health services) and clients (i.e. newcomer youth) (Centre for School Mental Health 17).

B. Purpose and Method of Inquiry

For this proposal, the focus will be on mental health services for newcomer youth in South Vancouver. Given the number of immigrants entering the country every year from diverse national, cultural, and linguistic groups, services need to be appropriately conceptualized and delivered to ensure more accessible settlement and integration for these groups. The following are guiding questions used throughout the data collection:

1. What attitudes do newcomer youth hold toward mental health and mental health support?
2. What are the barriers limiting newcomer youth from accessing mental health programs?
3. What barriers limit Settlement and Youth Staff from providing mental health support?

Findings for this proposal was gathered in two ways: primary data was collected from an anonymous survey and informal interviews from frontline Youth and Settlement Counsellors currently or previously employed at South Vancouver Neighbourhood House (SVNH) to accumulate meaningful data. Secondary data is collected through a literature review of previous studies on mental health outcomes and newcomer youth populations.

C. Terminology

Newcomer youth refers to youth ages 13 to 25 who have moved to Canada temporarily or permanently within the last five years.

Mental health programs will not include professional mental health counsellors but focus on community programs, including healing circles, mental health support groups and youth spaces facilitated by Settlement Workers or Youth Workers. Mental health programs and mental health services is used interchangeably.

South Vancouver is a largely immigrant and ethnic population; its residents comprises 89% of ethnic minority groups. The South Vancouver neighbourhood is situated between Knight Street to the east, SE Marine Drive to the south, Ontario Street to the west and 49th Avenue to the north.

D. Conclusion of Inquiry

This report draws conclusions based on data analysis to enrich mental health programs for newcomer youth in South Vancouver. In this report, recommendations are provided to address the gap in service through the inclusion of culturally competent staff/volunteer facilitators, youth involvement in program curriculum, and amendment of program names to avoid the stigmatized label of being a mental health service.

II. Data Section

Primary data was collected from current and previously employed SVNH staff members, including Youth Workers, Youth Settlement Workers and managers with previous experience working with newcomer youth to inform better practices for youth mental health programs. The same staff members were asked to interview questions (see appendix) to allow participants to elaborate and enhance quantitative data gathered from the survey.

A. Survey Findings

Given the small scope of this research, the survey and interview received seven respondents; 6 current SVNH staff members and one previous staff member. Given that there is 9 SVNH youth team staff, one of which is conducting the survey and interview, 78% of the perspectives of all youth staff have been represented in the research findings. The same respondents also completed the informal interview. The collected data highlights the following:

- I. Mental health topics discussed in programs
- II. Barriers limiting newcomer youth from accessing mental health services
- III. Promotion/recruitment strategy for mental health programs and trends in attendance
- IV. Barriers to providing adequate mental health programs for newcomer youth

I. Mental Health Topics Discussed in Programs

Youth workers, funding expectations, and the youth themselves compile topics covered in mental health programs at SVNH. Such program topics allow youth to speak about their feelings and experiences and foster feelings of safety and belonging within the space in a relevant manner.

Participants were asked about topics covered in the programs, and findings concluded that a wide

array of topics are covered. However, topics relating to integration and resettlement, such as 'sense of belonging,' 'adopting to a new country' (repeated six times) and stress and anxiety (repeated six times) were the most recurring topics among all mental health programs at SVNH (see figure I). Other topics reported repeatedly but less consistently, include 'isolation, school stresses and friendships.'



Figure I: Word cloud presenting the responses from question three of the survey: what are mental health topics that youth have discussed in your programs? Words in larger font represent repetition in the response.

II. Barriers Limiting Newcomer Youth from Accessing Mental Health Services

Despite a variety of mental health programs offered to newcomer youth to address the varying needs and availability of the demographic, there are barriers in the gaps of services limiting them from accessing services. Respondents were able to select all potential barriers they had noted among youth participants. The top identified barriers limiting youth from accessing mental health programs were (1) *cultural barriers*, including the stigma surrounding mental health and mental illness, family attitudes towards mental health and access services and cultural partiality to keeping quiet and

(2) *structural barriers* including but not limited to location and accessibility of services, lack of ability to attend programs due to prior commitments, waiting lists and language barriers.

According to South Vancouver's population demographics, 89% are from ethnic minorities, and 30% were immigrants within the last five years (South Vancouver Neighbourhood House Annual Report 6). Therefore, it is a culturally diverse population, with each culture holding its attitudes toward mental health. Moreover, due to the notable presence of newcomer populations within the community, structural barriers, including English language proficiency and knowledge of service locations, may pose a limitation to youth. It is important to note that among all seven respondents, all seven barriers identified by the survey had been chosen, highlighting the complexity of identifying barriers faced by newcomer youth as they vary from one program cohort to another.

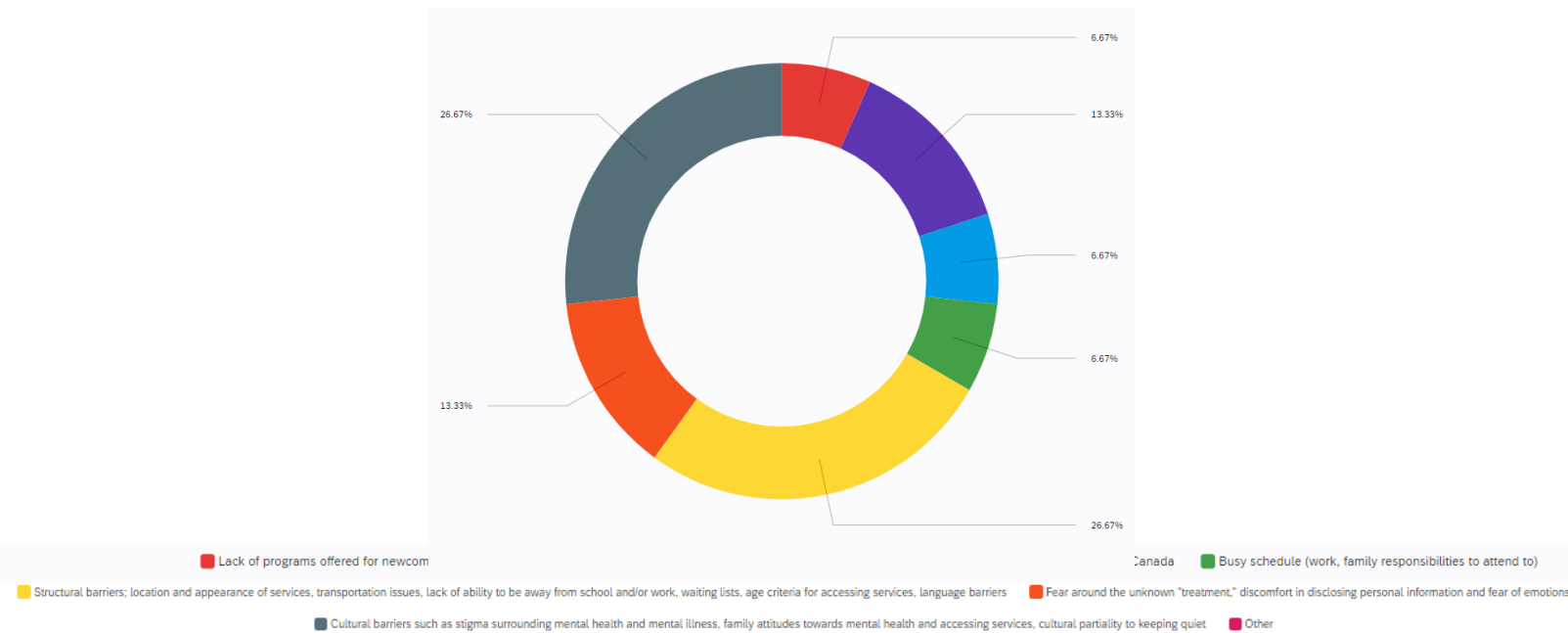


Figure 2: Pie chart responses for question 4: from your perspective, what are some barriers limiting newcomer youth from accessing mental health services? (Choose all that apply).

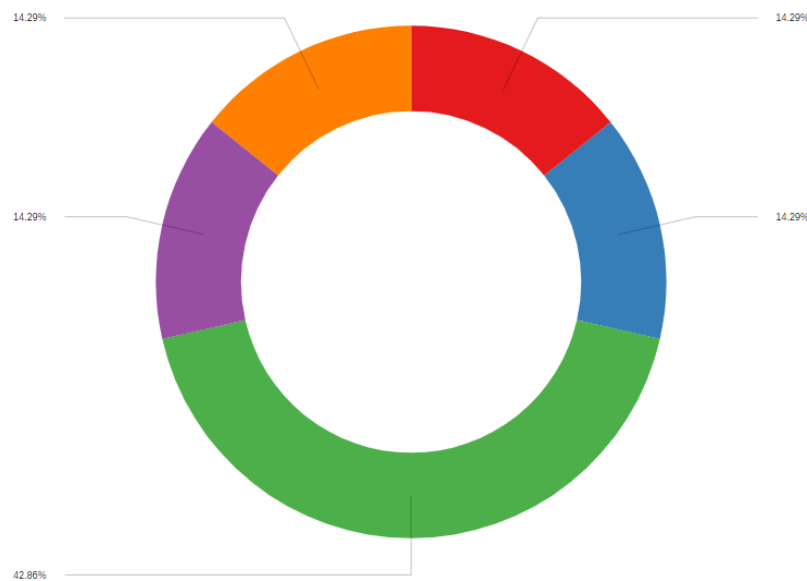
III. Promotion/Recruitment Strategy for Mental Health Programs and Trends in Attendance

One of the most crucial processes in facilitating youth programs is recruitment, i.e. how youth find out about the program, its relevant information and attending the program . Of all the survey questions, Question 8 regarding recruitment strategies was the least answered question, with only three responses. The lack of responses may be attributed to the fact that it is an open-ended question requiring more time than multiple-choice questions. From the responses gathered, there are two main mechanisms of recruitment; in-class presentations and online, especially Instagram. In-class presentations occur in ELL (English Language Learning) classes at schools within SVNH's catchment and have programs taking place within the schools, such as lunchtime programs. Thus, there is a preexisting relationship between secondary schools and SVNH, making in-school recruitment accessible for staff. Two respondents mentioned that Instagram has also been a way to promote and recruit for programs, as many youths utilize the platform compared to other social media. It also offers them an avenue to ask questions through a platform they are already comfortable using compared to calling staff members to inquire about programs.

In line with the recruitment strategy, while staff have a vast platform to advertise the program, attendance remains low. 80% of survey respondents identified mental health programs were poorly attended, i.e. youth often do not attend, and very few youths contribute, while 20% identified programs as somewhat attended, i.e. youth some sessions, and a few youths contribute. This emphasizes the presence of barriers limiting newcomer youth from accessing programs unrelated to information about the program.

IV. Barriers to Providing Adequate Mental Health Programs for Newcomer Youth

Respondents were asked about systemic and supervisory barriers that limit them and other staff members from providing and facilitating mental health programs. Respondents were allowed to choose only one response to highlight the most significant barrier observed. Most notably, 42.86% of respondents identified that the lack of interest from youth is the primary barrier to youth accessing mental health programs and services. All other identified barriers were mentioned equally, as seen in figure 3. Youth not being interested in mental health programs may be associated with barriers limiting newcomer youth from attending programs mentioned in section II. For example, youth may want to attend a mental health program but fear being judged by their peers or their inaccessible location. Therefore, intersecting variables affect newcomer youth and, consequently, program facilitation, resulting in service gaps.



■ Lack of funding ■ Lack of flexibility in program facilitation ■ Lack of interest from the youth ■ Lack of support from co-workers/supervisors

■ Lack of physical space to provide in-person programs
 ■ Lack of training on the topic of mental health
 ■ Other

Figure 3: Pie chart of responses to question 6: From your perspective, what are the most significant barriers to providing adequate mental health programs for newcomer youth?

B. Interview Findings

Initially, informal interviews were comprised of eight questions; however, since all respondents had already completed the survey, interview questions were minimized to three to avoid redundancy (see figure 4). One informal group interview was conducted and proved to be an impactful way to gather meaningful data as staff expressed themselves more freely and elaborated on their answers compared to the survey.

The main findings from the interviews with service providers appear below and are taken as direct quotes. The themes and issues are not organized in any particular order.

<p>Question one: How would you describe the attitude that youth attending mental health program told towards mental health?</p>	<ul style="list-style-type: none"> ● Youth are hesitant to talk about mental health, especially their own experiences, and have to develop relationships with them to start a conversation. Brush it off, as it does not affect them. ● Canada-born youth are more open about discussing mental health and attend more frequently compared their non-Canadian born counterparts ● Not well-informed about the topic ● Unfamiliar with mental health issues ● Taboo and stigmatized
<p>Question two: Have the program participants' attitudes</p>	<ul style="list-style-type: none"> ● It takes a long time to build rapport with them due to cultural considerations and mistrust, but some eventually open up over time and feel more comfortable expressing concerns

<p>toward mental health changed over time?</p>	<ul style="list-style-type: none"> ● Some still prefer to talk about issues one on one instead of in group settings ● Many youths who attend programs with friends are more likely to open up ● Youth who find other youth with the same ethnicity or lived experiences are more likely to share because they have commonalities
<p>Question three: From your perspective, what are some barriers limiting newcomer youth from accessing mental health services?</p>	<ul style="list-style-type: none"> ● We, as service providers, are still not reaching the youth who are most vulnerable and in need of this service ● Language has consistently been a barrier that disabled youth from accessing programs ● Youth feel ashamed when sharing their mental vulnerabilities with others whom they do not know nor share commonalities with ● Personality differences among youth result in the same small number of youth contributing to the dialogue every time while the rest stay quiet ● It is intimidating to have a program just for mental health, when it is promoted as a hands on activity or guest speaker ● Cultural differences in the attitude held about what can and cannot be shared ● Cultural stigma against mental illness is so deep rooted in all aspects of the youth's life that they are conditioned to believe it's inappropriate to speak about your issues with others

Figure 4: Table of interview reponses

C. Discussion and Literature Review

The survey and interview findings have identified two key intersecting factors impacting mental health services from the perspective of both the client (i.e. newcomer youth) and service provider (i.e. SVNH). This section identifies areas of need for newcomer youth as depicted in the literature.

I. English Language Barriers

Language has been identified as the biggest obstacle newcomer youth face during their settlement, adaptation and integration process (Cheng 76). Li and Wong note that this barrier "can exacerbate educational difficulties, produce low self-esteem and engagement with peers, and increase discrimination," highlighting the importance of mental health programs to provide an alternative safe space for youth to integrate into their new country (45). According to a recent study conducted in Montreal, 68% of newcomer youth feel socially isolated due to language barriers (Tremblay 18). The study's findings are consistent with data gathered from the survey and interview, which suggest that language barriers are a significant obstacle to participating in mental health programs compared to other programs.

About 26% of respondents attributed language and other structural barriers as significant obstacles to participating in mental health programs. The group collectively agreed that language poses a significant obstacle when asked about barriers limiting newcomer youth from accessing services. Not only are they less likely to participate in and comprehend the program, but they are also less likely to understand program promotion and logistical factors such as registering for the program and navigating their way to the program location, among others. Moreover, youth staff face barriers to offering language-specific mental health services due to limited capacity and cost. Therefore, there is

a significant gap in service provision, such that the most vulnerable cannot access mental health services.

II. Cultural Barriers and Representation

Preliminary findings from the data collection and analysis identified that one of the most significant barriers 26% of survey respondents identified are cultural barriers (see figure 2). Hawkins et al., concluded that newcomer youth prefer going to family, friends, or spiritual leaders to address their concerns or receive support for life stressors, and they are uncomfortable talking with mental health program facilitators about their problems (1962). This corroborates with findings wherein an SVNH staff notes that *"youth feel ashamed when sharing their mental vulnerabilities with others," Another mentions that "cultural stigma against mental illness is so deep-rooted... that they are conditioned to believe it's inappropriate to speak about your issues with others"*. Therefore, fundamental cultural barriers, expressed through attitudes towards mental health and appropriate ways to address concerns, do not align with current program facilitation.

While cultural attitudes are challenging to change and require a long-term understanding of mental health and destigmatizing services, one positive mechanism to combat it is representation.

Respondents mentioned, *"Youth who find other youth with the same ethnicity or lived experiences are more likely to share because they have commonalities,"* implying that representation within the program, whether the participants or facilitator, affects the attendance and facilitation of youth to attend programs. Another response notes that *"it makes a difference to the youth if the facilitator is or once was a newcomer to Canada, as it creates a sense of relatability and normalcy during a time of change and adaptation."* A study about mental health outcomes and Black immigrant youth in Canada concluded that participants found comfort in being surrounded by people who could relate to and

understand their specific experiences as Black youth (Centre for School Mental Health 30). The youth consistently drew on this feeling of belongingness and connectedness for strength and support and attended mental health events. Therefore, representation is a foundational tool for improving mental health program accessibility.

III. Conclusion:

A. Summary of Findings

Mental health programs and services for newcomer youth are essential to their settlement journey in Canada. These programs provide a space of support and encouragement and provide a type of extended-lasting protective function for many youths, helping to make them resilient to subsequent life challenges or setbacks. However, there are gaps in the service faced by youth and SVNH service providers. Based on the findings from the survey and informal interviews conducted with SVNH staff, it is evident that structural and cultural barriers are significant obstacles for newcomer youth accessing mental health services such that they are more hesitant to speak and express their emotions and feeling regarding mental health, which may be deeply rooted in culture or a lack of understanding of mental health and mental well-being. Secondly, language has also been noted as a significant barrier, such that newcomer youth with lower English proficiency levels have difficulty expressing themselves fully at times, possibly limiting the perspectives and ideas shared and their overall interest in mental health programs. Finally, the lack of representation within the group, either staff or groupmates, plays a part in enticing youth to attend programs.

B. Recommendations

Below are three recommendations for improving mental health services at SVNH and mitigating the barriers affecting newcomer youth program involvement.

I. Changing Approaches to Mental Health Program Names

Avoiding the stigmatized label of being a mental health service and instead focusing on hands-on learning and expressive experiences such as puppy therapy and physical activities such as yoga to promote mental well-being instead of the explicit label of 'mental health program' or 'healing circles' may be more effective in engaging youth.

II. Hiring Diverse Staff and Volunteers/Supports

Consciously considering prospective staff members with work and/or lived experience with newcomer immigrant or vulnerable refugee clients facing multiple barriers and are multilingual to translate when necessary to facilitate mental health programs catered to newcomers. In recognition of this recommendation's limitation, adult volunteers can instead be recruited to connect with youth participants during the program with the presence of a program facilitator who may or may not have lived experience as a newcomer or BIPOC individual.

III. Consulting with Newcomer Youth

To meet the needs and everchanging trend of mental health supports and culturally competent program that addresses significant gender, ethnic, and generational differences in the educational, health, and experiences of immigrant youth instead of condensing it under the general umbrella of

‘newcomer.’ Youth can be consulted in developing specific policies and programs related to their area of interest.

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