

Mental Health Programs and Services for Newcomer Youth: Exploring Needs and Enhancing Access

For
Huda Boloban
Manager of Settlement Services
South Vancouver Neighbourhood House (SVNH)
Vancouver, British Columbia

By
Salma Ismail
ENGL 301 Student
University of British Columbia
Vancouver, BC

April 12, 2023

Exploring Needs and Enhancing Access

The University of British Columbia
2329 West Mall
Vancouver, BC

April 12, 2023

Dear Huda Boloban:

I am pleased to submit the research report, *Mental Health Programs and Services for Newcomer Youth: Exploring Needs and Enhancing Access*. In preparing this report, I have learned a great deal about the community I live and work in and the gaps in mental health services present in newcomer youth programs.

The report aims to analyze the effectiveness of mental health programs for newcomer youth in South Vancouver in addressing this population's adverse mental health needs and identifying gaps in services. The research findings indicate that key systemic barriers, such as cultural stigma and structural barriers like language, hinder newcomer youth's access to services. Furthermore, youth and settlement workers faced significant challenges recruiting youth to attend programs, resulting in low attendance and interest.

Overall, the research report presents valuable insights into the challenges faced by newcomer youth in accessing mental health services in South Vancouver and the staff providing them and offers recommendations for addressing these challenges. We hope the findings and recommendations in this report will be useful to SVNH and stakeholders working with newcomer youth in the community.

Thank you for considering this research report. Please do not hesitate to contact me with any questions or additional information.

Sincerely,

Salma Ismail
ENGL 302 Student.

Table of Contents

Abstract.....	V
I. Introduction.....	6
A. Description of the Problem.....	6
B. Purpose and Method of Inquiry.....	6
C. Terminology.....	7
D. Conclusion of Inquiry.....	7
II. Data Section.....	8
A. Survey Findings.....	8
I. Mental Health Topics Discussed in Programs.....	8
II. Barriers Limiting Newcomer Youth from Accessing Mental Health Services.....	9
III. Promotion/Recruitment Strategy for Mental Health Programs and Trends in Attendance.....	11
IV. Barriers to Providing Adequate Mental Health Programs for Newcomer Youth..	12
B. Interview Findings.....	13
C. Discussion and Literature Review.....	15
I. English Language Barriers.....	15
II. Cultural Barriers and Representation.....	16
III. Conclusion.....	17
A. Summary of Findings.....	17
B. Recommendations.....	18
Appendix.....	20

Appendix I.....20

Appendix II.....21

AppendixIII22

Work Cited23

Figures and Tables

Figure 1 Word cloud presenting the responses from question 3 of the survey.....9

Figure 2 Pie chart of responses for question 4 of the survey.....10

Figure 3 Pie chart of responses to question 8 of the survey.....12

Figure 4 Pie chart of responses to question six of the survey.....13

Table 1 Interview responses.....14

Abstract

Mental health care is a crucial aspect of the resettlement process for newcomer youth in Canada. Community social services provider, South Vancouver Neighbourhood House, funded by Immigration, Refugee, Citizenship Canada (IRCC), aims to address adverse mental health outcomes by providing mental health programs for the population. This proposal analyzes the effectiveness of mental health programs for newcomer youth in South Vancouver to address the adverse needs of newcomer youth and gaps in service.

Results suggest that key systemic barriers, including cultural stigma and structural barriers such as language, hinder newcomer youth's access to services. Youth and Settlement workers also face significant challenges in recruiting youth to attend programs, resulting in low attendance and interest. Results from data collection identify two intersecting variables that impact mental health services from the perspective of the client (i.e. newcomer youth) and service provider (i.e. SVNH): English language barriers and cultural barriers, and lack of representation.

To mitigate the effects of identified barriers, should follow these recommendations:

- Avoiding the stigmatized label of being a 'mental health service' and instead focusing on highlighting hands-on learning and expressive experiences
- Conscious consideration of prospective staff members with work and/or lived experience with newcomer immigrant or vulnerable refugee clients to facilitate mental health programs catered to newcomers.
- Consulting youth to develop culturally sensitive program curricula related to their needs and interests.

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 mental health concerns 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

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

1. What attitudes do newcomer youth hold toward mental health and mental health support?
2. What barriers limit newcomer youth from accessing mental health programs?

3. What barriers prevent Settlement and Youth Staff from providing mental health support?

Findings for this proposal were gathered in two ways: primary data was collected from an anonymous survey and an informal interview with frontline Youth and Settlement Counsellors currently or previously employed at South Vancouver Neighbourhood House (SVNH) to accumulate quantitative and qualitative meaningful findings. 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 are used interchangeably.

South Vancouver is a largely immigrant and ethnic population and is located 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. This report provides recommendations to address the service gap by including culturally competent staff/volunteer facilitators, youth involvement in the 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 I and III) 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. There were six survey questions in total. The collected data includes 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 that are important to them at SVNH. Such method allows youth to speak about their

feelings and experiences and foster feelings of safety and belonging within the space. Participants were asked about topics covered in the programs, and findings concluded that many topics are covered during the sessions. Interestingly, 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.' This notes that the settlement process is a cause of stress and anxiety that specifically target newcomer youth, compared to non newcomers to the point that they feel it should be discussed and addressed.



Figure I: Word cloud presenting the responses from question 3 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 various mental health programs offered to newcomer youth to meet the needs and availability of the demographic, there are barriers in the gaps of services limiting them from accessing services.

Respondents selected 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.

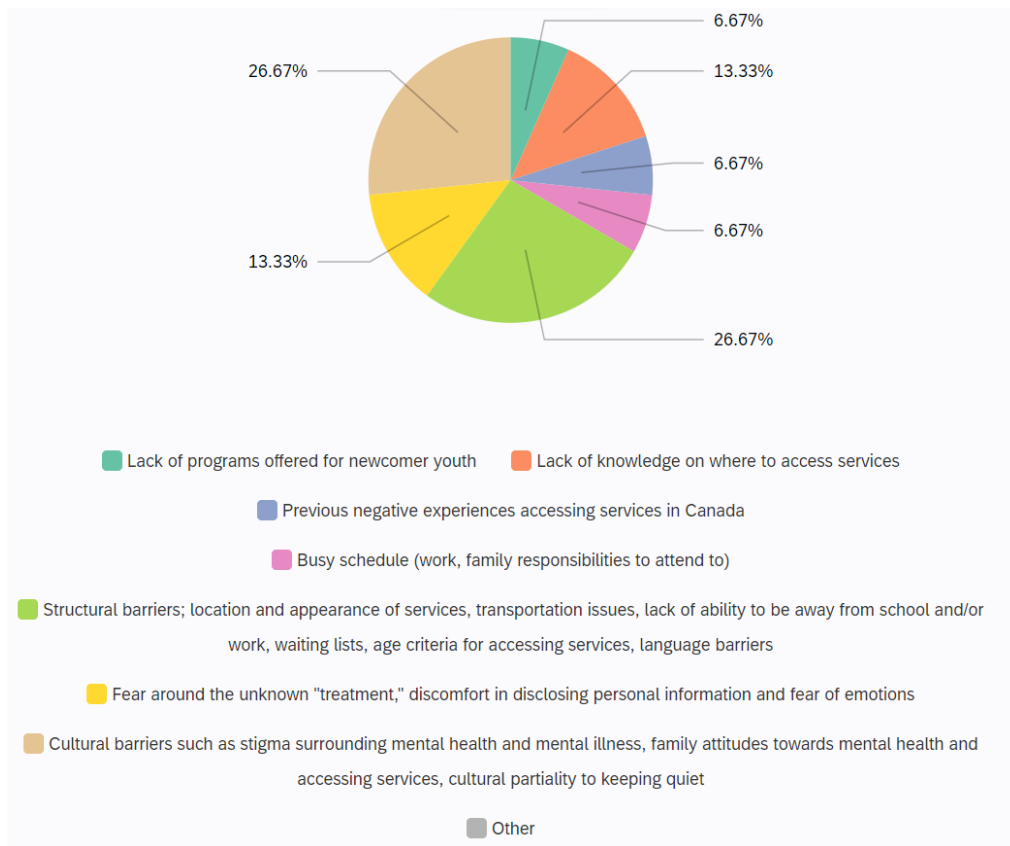


Figure 2: Pie chart responses for question 4: From your perspective, what are some barriers limiting newcomer youth from accessing mental health services? (Choose all that apply).

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 unique attitudes toward

mental health. It is important to note that among all seven respondents, all seven barriers identified by the survey were chosen, highlighting the complexity of identifying barriers faced by newcomer youth as they vary from one program cohort to another. It also brings up the challenges of pinpointing the root of the barriers youth face as they are intersectional, which limits service providers from addressing service gaps.

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. Question 8 regarding recruitment strategies received the lowest response rate of all the survey questions. 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 pre existing programs taking place within the schools, such as lunchtime programs. Thus, an established relationship between secondary schools and SVNH makes in-school recruitment accessible for staff. Two respondents mentioned that Instagram has also been a way to promote programs, as many youths utilize the platform compared to other social media.

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 (see Figure 3).

This emphasizes the presence of barriers limiting newcomer youth from accessing programs unrelated to information shared about the program.

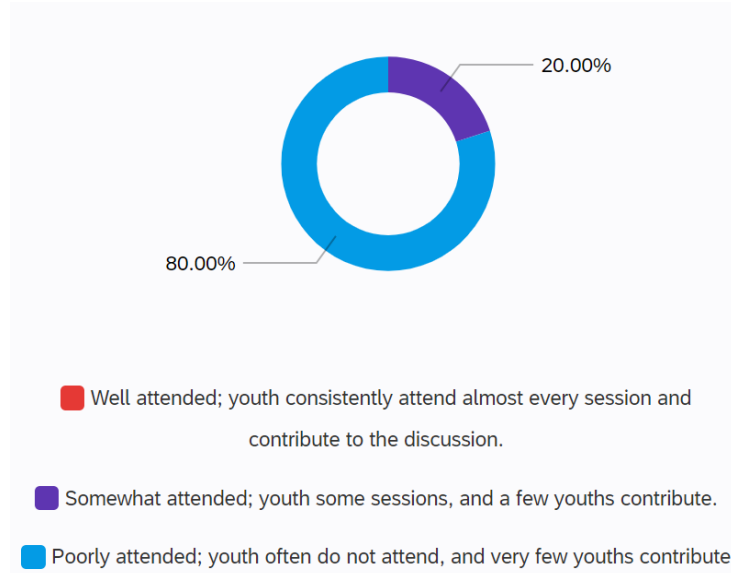


Figure 3: Pie chart of responses to question 8: How would you categorize newcomer youth's attendance and consistency in mental health programs?

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 could choose only one answer to highlight the most significant barrier observed. Most notably, 37.5% of respondents identified that the lack of interest from youth is the primary barrier to youth accessing mental health programs and services. This is accompanied by lack of funding wherein youth workers are restricted in program facilitation. All other identified barriers were mentioned equally, as seen in Figure 4. Staff observing that youth lack interest in mental health programs, may be associated with barriers limiting newcomer youth from attending programs mentioned in section II. For example, a young person may be interested in attending a program but feel hesitant due to fears of judgment from their peers or concerns about the program's accessibility. Staff, however may not be aware of these underlying

factors and may assume that a lack of attendance indicates a lack of interest. As a result, there can be significant service gaps when intersecting variables and communication issues where the underlying cause is not addressed.

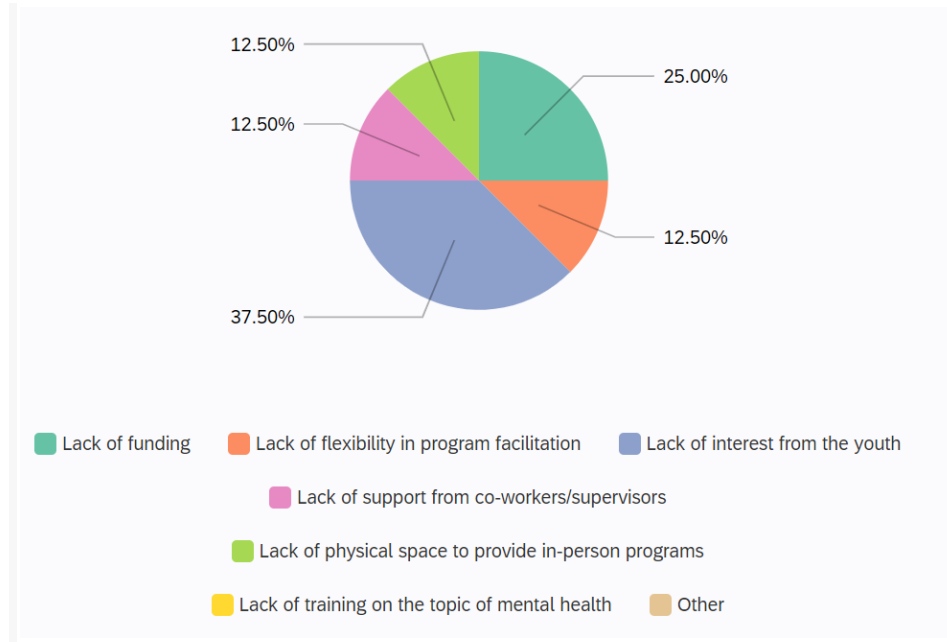


Figure 4: Pie chart of responses to question six: From your perspective, what are the most significant barriers to providing adequate mental health programs for newcomer youth?

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 Appendix II and III). One informal group interview 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 1: How would you describe the attitude that youth attending mental health programs hold 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 to their non-Canadian-born counterparts ● Not well-informed about the topic ● Unfamiliar with mental health issues ● Taboo and stigmatized
<p>Question 2: Have the program participants' attitudes toward mental health changed over time?</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 ● 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 3: 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

	<ul style="list-style-type: none"> ● 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
--	---

Table 1: Interview Responses

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 most prominent 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 survey respondents attributed language and other structural barriers as significant obstacles to participating in mental health programs. When asked about barriers limiting newcomer youth from accessing services, the interviewed group agreed that language poses a significant obstacle. This points to not only are youth 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 (1962). Many are uncomfortable discussing their problems with mental health program facilitators. 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/ individuals(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 and attendance retention.

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 support, encouragement, and extended-lasting protective function for many youths, helping 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 is a significant barrier, such that newcomer youth with lower English proficiency levels have difficulty expressing themselves fully at times, possibly limiting their ability to understand recruitment materials, share perspectives if they do attend the program and their overall interest in mental health programs. Finally, the lack of representation within the group, either staff or group mates, plays a part in enticing youth to attend programs.

It is important to note that the identified barriers are intersecting and complex that cannot be fully addressed through short-term program amendments. Cultural stigma towards mental health is deeply embedded in the learning and upbringing of the parents and youth and would require long-term attention and education to examine their family's own cultural beliefs about treatment and identify the importance of programs on the long-term mental health outcomes for the youth. Similarly, the English language barrier cannot be fully combated as Canada continues to bring residents and refugees worldwide with varying native language and English proficiency skills. Therefore, findings are not the 'solution' to the identified barriers but are mechanisms to increase the accessibility and mitigates the effect of indemnified barriers for the most vulnerable demographic.

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' will be effective in engaging youth. This is simple to implement as it is a simple name change to a program, not the curriculum itself.

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 multilingual to

translate when necessary to facilitate mental health programs. In recognition of this recommendation's limitation, such that hiring practices cannot solely rely on lived experiences but is a combination of experience and education, adult volunteers with lived experience as a newcomer or BIPOC can be recruited to connect with youth participants during the program with the presence of a Program Facilitator. By sharing similar cultural experiences, young people feel represented, and adults can be mentors to them. This recommendation is feasible as SVNH welcomes 10-20 adult volunteers each month interested in supporting their community by helping facilitate various programs and initiatives.

III. Consulting with Newcomer Youth

To meet the needs and ever changing trends in 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 term 'newcomer', youth can be consulted in developing mental health program curricula. This can be done by asking youth enrolled in programs about best program practices and amplifying the voices of refugee and newcomer youth in program creation and facilitation so they feel seen, heard and valued.

Appendix

Appendix I: Survey Questions

How long have you worked with newcomer youth in South Vancouver?

- Less than 1 year
- 1 to 3 years
- 3 to 5 years
- over 5 years

What age group do you primarily work with? (choose all that apply)

- 13-15
- 16-19
- 19-21
- 22+

What are mental health topics that youth have discussed in your programs?

From your perspective, what are some barriers limiting newcomer youth from accessing mental health services?
(Choose all that apply)

- Lack of programs offered for newcomer youth
- Lack of knowledge on where to access services
- Previous negative experiences accessing services in Canada
- Busy schedule (work, family responsibilities to attend to)
- Structural barriers; location and appearance of services, transportation issues, lack of ability to be away from school and/or work, waiting lists, age criteria for accessing services, language barriers
- Fear around the unknown "treatment," discomfort in disclosing personal information and fear of emotions
- Cultural barriers such as stigma surrounding mental health and mental illness, family attitudes towards mental health and accessing services, cultural partiality to keeping quiet
- Other

If you have chosen "other", please specify observed barriers newcomers face when accessing mental health programs.

How would you categorize newcomer youth's attendance and consistency in mental health programs?

- Well attended; youth consistently attend almost every session and contribute to the discussion.
- Somewhat attended; youth some sessions, and a few youths contribute.
- Poorly attended; youth often do not attend, and very few youths contribute

What is your promotion/recruitment strategy for mental health programs for youth that have been the most effective?

From your perspective, what are the most significant barriers to providing adequate mental health programs for newcomer youth? (choose all that apply)

- 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

If you have chosen "other," please specify barriers to providing adequate mental health programs for newcomer youth. (choose all that apply)

Appendix II: Initial Interview Question for Group Interview

Compared to a formal interview, this report will gather data through an informal interview where the environment will be relaxed and less structured compared to a formal interview to create a more comfortable space for the interviewee. Since I am a colleague of those I will be interviewing, I want to ensure interviews are a safe environment to answer questions confidently. As such, the following will be guiding questions throughout the interview:

1. How long have you been working with newcomer youth in south Vancouver? Do you have other experiences working with youth in general?
2. What age group do you mainly work with?
3. Overall, how would you describe the attitude that youth attending mental health program told towards mental health?
4. Have the program participants' attitudes toward mental health changed over time?
5. How would you describe the attendance trend of the mental health program you facilitate?
6. From your perspective, what are some barriers limiting newcomer youth from accessing mental health services?
7. From your perspective, what is your most significant barrier in providing adequate mental health programs for newcomer youth?

Appendix III: Amended Interview Questions

Compared to a formal interview, this report will gather data through an informal interview where the environment will be relaxed and less structured compared to a formal interview to create a more comfortable space for the interviewee. Since I am a colleague of those I will be interviewing, I want to ensure interviews are a safe environment to answer questions confidently. As such, the following will be guiding questions throughout the interview:

1. Overall, how would you describe the attitude that youth attending mental health program told towards mental health?
2. Have the program participants' attitudes toward mental health changed over time?
3. From your perspective, what are some barriers limiting newcomer youth from accessing mental health services?

Work Cited List:

- Access Alliance Multicultural Health and Community Services. "Evaluation of the RG Community Outreach and Support Program for Immigrant and Refugee Children and Youth in Ottawa: Final Report." Access Alliance Multicultural Health and Community Services, 2009, <https://accessalliance.ca/wp-content/uploads/2018/06/FINAL-REPORT-RG-No-122-CHEO-July-31-2009.doc.pdf>.
- Agency for Healthcare Research and Quality. "Cultural Competence and Health Equity: A Systematic Review Protocol." Effective Health Care Program Research Protocol, 2016, <https://effectivehealthcare.ahrq.gov/products/cultural-competence/research-protocol>.
- Canadian Medical Association Journal. "Screening for depression: recommendation statement from the Canadian Task Force on Preventive Health Care." CMAJ : Canadian Medical Association Journal, vol. 194, no. 41, Oct. 2022, pp. E1404–E1411. PubMed, doi:10.1503/cmaj.221500.
- Centre for School Mental Health, Western University. "Youth-Identified Programming for Newcomers: A Concept Mapping Study." Centre for School Mental Health, Western University, 2017, pp.1-40. <https://www.csmh.uwo.ca/docs/publications/CSMH-Youth-identified-programming-newcomers-healthy-development-group-concept-mapping.pdf>.
- Cheng, Jack. "Culturally Sensitive Mental Health Care for Ethnic Minority Youth: A Randomized Controlled Trial." Journal of the American Academy of Child & Adolescent Psychiatry, vol. 57, no. 10, Oct. 2018, pp. 744–51. PubMed, doi:10.1016/j.jaac.2018.06.031.
- Crooks, Claire V. "The STRONG Resiliency Program for Newcomer Youth: A Mixed-Methods Exploration of Youth Experiences and Impacts." Journal of Youth Development, vol. 14, no. 3, 2019, pp. 39-54.
- Hawkins, Eric, et al. "Ethnic/Racial Disparities in Mental Health Treatment Engagement Among Youth: A Systematic Review." Children and Youth Services Review, vol. 34, no. 10, Oct. 2012, pp. 1960–68. PubMed Central, doi:10.1016/j.childyouth.2012.06.004.
- Li, Peter, and Joseph Wong. Managing Two Worlds: The Experiences and Concerns of Immigrant Youth in Ontario. Canadian Scholars Press, 2005, pp.26-49.
- Ngo, Hanh. "Patchwork, Sidelining and Marginalization: Services for Immigrant Youth." Journal of Immigrant & Refugee Studies, vol. 7, no. 1, 2009, pp. 82-100. doi: 10.1080/15562940802687280.

Tremblay, Yamie. "Community-School Partnerships: Assisting Newcomer Youth In Montreal."
McGill Journal of Education / Revue Des Sciences De l'Éducation De McGill, vol. 43, no. 1,
2008, pp. 123-138