

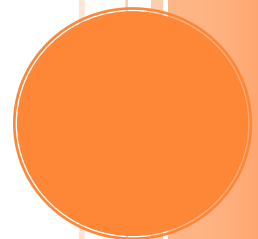


# MENTAL HEALTH NAVIGATION & MENTAL HEALTH AMBASSADORS PROJECTS

*Report*

Inter-agency Workgroup

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## *Acknowledgement*

We would like to thank the following individuals and organizations that contributed to the successful completion of the Mental Health Navigation Tool and Mental Health Ambassadors projects:

- Sara Abura, Social Determinants of Health (SDH) Service, Centre for Addiction and Mental Health (CAMH),
- Volunteers – Salim Mohammad and Husna Arif,
- Dr. Vanessa Redditt, Family Physician,
- All the members of the inter-LIP group: Hong Fook Mental Health Association, lamsick.ca social enterprise, Toronto Public Health, Toronto Newcomer Office and four quadrant Local Immigration Partnerships.

# Mental Health Navigation & Mental Health Ambassadors projects

## SUMMARY

This report provides information on two projects – Mental Health Navigation Tool and Mental Health Ambassadors – planned and implemented by the inter-agency workgroup that included four Toronto Local Immigration Partnerships (LIPs), Toronto Newcomer Office, Hong Fook Mental Health Association, “Iamsick.ca” social enterprise and the Toronto Public Health. The projects were implemented in 2016-2017 without any financial investments.

The report includes information on the history of the projects, and describes the rationale, implementation stages and project results.

We hope that this resource will be useful to groups that plan similar projects and organizations that are striving to create welcoming spaces for their clients and healthy work environments for their employees in addressing mental health issues.

## PROJECT BACKGROUND

### **Newcomer Mental Health Needs & Challenges of Service Providers**

Based on our continuous consultations with newcomer service providers, we roughly organized newcomer challenges related to mental health into two main areas:

- Access to services: system navigation, cultural barrier/stigma, language barrier, waiting time;
- Immigration & settlement issues: environmental changes, homesickness, trauma, marital problems, cultural adjustment, isolation, employment challenges, etc.

These challenges are widened by the settlement sector’s limited capacity to address these issues and assist in an appropriate and timely manner due to the limited resources affecting organizational sustainability. The resource limitation, in turn, prevents many service providers from creating and enforcing policies and practices that lead to an

inclusive/welcoming environment based on the principles of empathy, anti-oppression and trauma-informed care.

More specifically, immigrant service providers could benefit from:

- A holistic approach to newcomer settlement issues based on social determinants of health;
- Assistance with mental health system navigation and referrals through engagement of mental health professionals;
- Additional training on mental health first aid, self-care, vicarious trauma, etc. and continuous professional development supported by organizational frameworks on inclusiveness, empathy, anti-oppression and trauma-informed care.

### **An Inter-Sectoral Response**

To respond to the need of service providers and newcomers in navigating the mental health system and acquire additional supports, an inter-agency group was formed by the Toronto North Local Immigration Partnership (TNLIP). The group included four Toronto Local Immigration Partnerships (LIPs), Toronto Newcomer Office, Hong Fook Mental Health Association, “Iamsick.ca” social enterprise and the Toronto Public Health.

In the beginning, the group was focusing on the development of a mental health navigation tool. The need for the tool was raised by the Health & Well-being workgroup of the TNLIP that talked about the need for one online resource that would link all available information on mental health supports together, and will make it easier for service providers to navigate the system and find the resources to support their clients. In addition, this resource could be used by newcomers themselves. Two graduate students (Master of Information Management Program at University of Toronto) worked with the TNLIP Health & Well-being workgroup to help design the tool.

Following recommendations outlined in the students’ final report, the inter-agency group conducted four focus groups with frontline workers of settlement agencies to collect additional information on the content of the tool based on the current needs. The focus group participants were asked about best practices used when mental health issues arise in working with newcomers, the types of questions used during the assessment process, key sources of information, content areas in need of further development, and

recommendations on how to appropriately respond to cultural factors in interactions with clients.

After several discussions the inter-agency group agreed to focus on two areas:

- a) Exploring a possibility of piloting a network of mental health professionals working with community agencies and responding to the need for human capital and community connections;
- b) Continue developing a centralized resource that will help service providers and newcomers in navigating the health and mental health systems.

## **PROJECT IMPLEMENTATION**

This section provides a description of the rationale for project implementation (objectives), implementation stages and project results for both Mental Health Navigation Tool and Mental Health Ambassadors projects.

### MENTAL HEALTH NAVIGATION TOOL

#### **Rationale:**

Need for a resource that would explain how the health and mental health systems work in Canada and could be used by both service providers and newcomers. The resource must be user-friendly, available online and without the need for constant updates.

#### **Implementation Stages:**

- Identifying the content themes (sections, language specifications, etc.)
- Recruitment and orientation of newcomer volunteers to develop the content
- Supervision of the content development process
- Continuous review of the content by the group and revisions by the volunteers
- Final review by the Centre for Addictions and Mental Health (CAMH)
- Working with the lamsick.ca team to place the tool online and make it available for testing

- Developing testing instructions and outreaching to newcomers and service providers to test the tool (around 15 people tested the tool)
- Analyzing the testing results and agreeing on additional revisions
- Consultation with a Family Physician
- Adding, amending and editing the content based on the testing results
- Working with the iamsick.ca team to make the changes/additions/edits online
- Developing a plan for the launch of the tool and outreach to service providers and newcomers to begin using the tool
- Monitoring the use of the tool together with the iamsick.ca team
- Developing the project report to share the experience with stakeholders (community agencies, funders, health service providers, etc.)
- Presentation at the conference “Promoting the Mental Health of Refugee and Newcomer Clients” organized by the Ontario Council of Agencies Serving Immigrants (OCASI) on September 18th, 2017

## Project Results

The Mental Health Navigation Tool called “Ontario Mental Health System Overview” was developed with the help of the amazing volunteers, the inter-agency group members, “iamsick.ca” social enterprise and experts from the mental health and health fields. It is complemented by the “Ontario Health System Overview”. Both resources are available online at [www.iamsick.ca](http://www.iamsick.ca) under “Resources”.

Below is a list of topics covered by the resources:

### *Ontario Health System Navigation Overview*

<p><b>HEALTH INSURANCE</b></p> <ul style="list-style-type: none"> <li>• Ontario Health Insurance Plan (OHIP)</li> <li>• Interim Federal Health Program (IFHP)</li> <li>• Private Health Insurance</li> <li>• University Health Insurance Plan (UHIP)</li> </ul>	<p><b>HEALTH PROMOTION: PUBLIC HEALTH PROGRAMS</b></p> <ul style="list-style-type: none"> <li>• Immunization Clinics</li> <li>• Speech, Language &amp; Hearing Clinics</li> <li>• Sexual Health Clinics</li> <li>• Pregnancy &amp; Infant Health</li> <li>• Vision</li> <li>• Diabetes Prevention</li> <li>• Nutrition &amp; Food Access</li> <li>• Physical Activity</li> <li>• Live Tobacco-Free</li> <li>• Chronic Diseases and Injury Prevention</li> <li>• Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning (LGBTQ) Health Support</li> </ul>
<p><b>PRIMARY CARE</b></p> <ul style="list-style-type: none"> <li>• Family Doctor Search</li> <li>• Walk-in Medical Clinics</li> <li>• Community Health Centres (CHCs)</li> <li>• Family Health Teams (FHTs)</li> </ul>	

## Ontario Mental Health System Overview

<p>1. BACKGROUND</p> <ul style="list-style-type: none"> <li>• Assessments</li> <li>• Rapport Building</li> <li>• Appropriate use of questions</li> <li>• Cultural Considerations</li> </ul>	<p>6. FAMILY AND CAREGIVER SUPPORT</p>
<p>2. STAGES OF CARE</p> <ul style="list-style-type: none"> <li>• Assessment &amp; Diagnosis</li> <li>• Treatment &amp; Aftercare</li> </ul>	<p>7. HOUSING</p> <ul style="list-style-type: none"> <li>• Subsidized housing</li> <li>• Supportive Housing</li> <li>• Safe Beds</li> </ul>
<p>3. POINTS OF ACCESS IN CRISIS</p> <ul style="list-style-type: none"> <li>• Crisis phone lines/distress lines</li> <li>• Mobile crisis units</li> <li>• Emergency room</li> <li>• Police</li> </ul>	<p>8. FINANCIAL AID</p>
<p>4. PRIMARY CARE AND SPECIALTY CARE</p> <ul style="list-style-type: none"> <li>• How to find a Psychiatrist?</li> <li>• Inpatient Mental Health Services</li> <li>• Addictions Supports</li> </ul>	<p>9. CENTRAL POINTS OF ACCESS</p>
<p>5. COMMUNITY SUPPORTS: COMMUNITY-BASED CARE</p> <ul style="list-style-type: none"> <li>• Early Intervention Clinics</li> <li>• Case Management</li> <li>• Hospital Outpatient Care</li> <li>• Peer Support</li> <li>• Counselling</li> </ul>	<p>10. PATIENT RIGHTS</p>
<p>OTHER RESOURCES</p>	

## MENTAL HEALTH AMBASSADORS PROJECT

### Rationale

The consultations conducted by the Toronto Public Health as part of the inter-agency mental health navigation group, showed that frontline workers of settlement agencies do not have a “go to” place to access the most valuable resource – mental health professionals. Information about highly qualified mental health professionals is transferred by word of mouth.

Furthermore, there is a continuous need for training on mental health issues among frontline workers in the settlement sector.

With piloting a Mental Health Ambassadors project we were hoping to address these issues on a smaller scale and explore opportunities for further development of a network of mental

health professionals working with the settlement sector. We also hoped that this project would contribute to creating awareness among mental health professionals about the settlement sector and newcomer challenges related to accessing mental health services.

### **Implementation Stages**

- Framework development: project objectives, scope, timeline, target group identification, outreach strategy development (sign-up forms for ambassadors and agencies, call for participation, etc.);
- Outreach and recruitment of mental health professionals and community agencies across the city (presentations, connecting with organizations and networks that work with mental health professionals –Mennonite New Life Centre, CAMH, etc.);
- Orientation session for recruited mental health professionals (what is the settlement sector, newcomer challenges, cultural competency, etc.) led by Hong Fook Mental Health Association and other inter-agency group members;
- Matching ambassadors with community agencies;
- Monitoring the process (session scheduling, replacements);
- Evaluation (collecting and analyzing evaluation forms completed by the ambassadors and agencies, conducting a de-brief session with the ambassadors).

### **Project Results**

The pilot project ran from December 2016 to May 2017 and involved 8 mental health professionals (out of 14 that originally signed up) and 12 community agencies across Toronto resulting in 14 sessions and over 160 frontline staff trained.

### **Evaluation/Lessons Learned**

From the analysis of the evaluation forms and a debrief session with the mental health ambassadors we have learned the following:

- Staff of settlement and employment agencies serving newcomers have concerns about own mental health and well-being (self-care) and capacity to work with clients that have mental health issues;



- There is lack of knowledge among service providers around stigma, and lack of mental health awareness overall – some frontline workers expressed “expert” attitude superior to clients;
- There is a need for an efficient referral system – identifying and connecting clients to appropriate services;
- More mental health training is required in the sector; among specific training needs are: suicide risk assessment, de-escalation of difficult situations, and mental health first aid;
- There is a lack of inter-agency connections and awareness about available supports (e.g. a municipal service provider was not aware about mental health supports offered by another municipal division);
- There should have been an orientation session for participating community agencies to set expectations and collect additional information about their specific needs;
- A contingency plan should have been in place for situations when ambassadors, being volunteers, withdraw from the project due to various personal and professional reasons.

## **OPPORTUNITIES/NEXT STEPS**

- Organizations need to develop policies & practices on social inclusion, anti-oppression, people-centered approach, as well as wellness/self-care policies for staff;
- More training and networking opportunities are required for frontline staff;
- There is an opportunity to create a sustainable network of mental health professionals (Mental Health Ambassadors) to assist frontline workers in settlement, employment, legal, housing sectors (hot line, co-location, etc.);
- It is instrumental to use a holistic approach to newcomer settlement issues based on social determinants of health (interconnectedness of employment, housing, education, health, etc.); including questions that address health and mental health issues in the intake form could be a good step in that direction.