



# Mental Health Promotion in Immigrant and Refugee Serving Organizations

## KNOWLEDGE EXCHANGE REPORT



Funded by:

Immigration, Refugees  
and Citizenship Canada

Financé par :

Immigration, Réfugiés  
et Citoyenneté Canada

## BACKGROUND

The Mental Health Promotion in Immigrant and Refugee Serving Organizations Project originated as an innovation project (2018 - 2021) funded by Immigration Refugee Citizenship Canada (IRCC) through the Settlement Program Service Delivery Improvements Funding (SDI) Stream. As the lead organization on this project, OCASI has partnered with community organizations across three sectors (immigrant and refugee serving organizations, primary health, and community mental health) to carry out the project. The overall goal of the project is to build the capacity of newcomer and refugee services to promote mental health and newcomer wellbeing and respond to mental health issues within organizations. The project aims to strengthen cross-sectoral collaborations and partnerships through the implementation of an integrated service model for mental health promotion.

During the first phase of the project (2018 - 2021), extensive research was undertaken to identify promising practices and collaboratively design the Mental Health Promotion Integrated Service Model. After developing the model, OCASI worked in collaboration with four agencies to implement, test and evaluate the model. The pilot sites included: Rexdale Women's Centre, Polycultural Immigrant & Community Services, Mennonite New Life Centre of Toronto, and The Neighbourhood Organization. To learn more about the first phase of the project check out [the Knowledge Exchange Report 2020](#) and the [Knowledge Exchange Report 2021](#). Based on the project's success, IRCC renewed project funding from 2021 - 2025.



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## PROJECT PARTNERS

Access Alliance Multicultural Health  
and Community Services

Canadian Centre for Victims of Torture (CCVT)

Catholic Crosscultural Services (CCS)

COSTI Immigrant Services

Dixie Bloor Neighbourhood Centre (DBNC)

Hong Fook Mental Health Association

Immigrants Working Centre (IWC)

Mennonite New Life Centre (MNLCT)

Parkdale Queen-West Central Toronto  
Community Health Centre (CTCHC)

Polycultural Immigrant & Community Services

Punjabi Community Health Services (PCHS)

Rexdale Women's Centre

The Neighbourhood Organization (TNO)

Women's Enterprise Skills Training  
of Windsor Inc. (WEST)

Women's Health in Women's Hands  
Community Health Centre (WHIWH)

YWCA Hamilton

YWCA Toronto

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## OVERVIEW

On February 8th, 2023 the Ontario Council of Agencies Serving Immigrants (OCASI) hosted a Knowledge Exchange Event on the topic of Mental Health Promotion in Immigrant and Refugee Serving Organizations. Over the past year, OCASI has continued to work closely with partner agencies to implement and evaluate the Mental Health Promotion Integrated Service Model. Additionally, the project continues to build the capacity of the immigrant and refugee serving sector by delivering ongoing mental health capacity trainings, including the OCASI Trauma and Violence Informed Approach (TVIA) online self-directed course to service providers.

This one-day virtual event was an opportunity for organizational leaders and service providers to share lessons learned from implementing the Mental Health Promotion Integrated Service Model, and to collaborate with key stakeholders across settlement, primary care, and the mental health sectors on the future of mental health promotion. Major themes of discussion were on how to build a trauma and violence informed workplace that prioritizes client and staff mental health, especially in consideration of the many systemic issues impacting our work today.

The key objectives were:

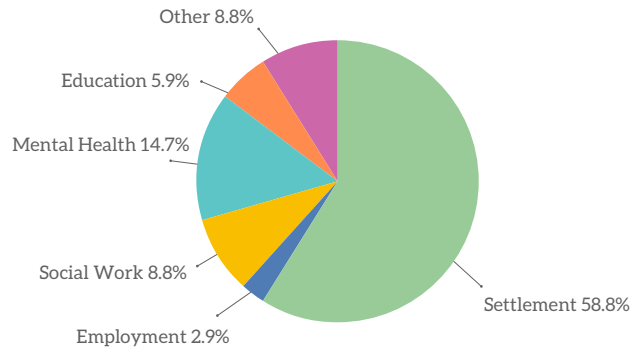
- Learn about experiences, challenges, and successes in implementing the Mental Health Promotion Integrated Service Model
- Share knowledge and learn strategies on how to implement trauma and violence informed approaches at work
- Engage in discussions, brainstorm, and plan for the future of mental health promotion in the immigrant and refugee serving sector
- Enhance cross-sectoral collaboration between settlement, primary care, and mental health sectors

We achieved these objectives by hosting virtual presentations, panels, and interactive breakout room discussions throughout the day, bringing together the unique voices of organizational leaders and service providers from across settlement, health and mental health sectors.

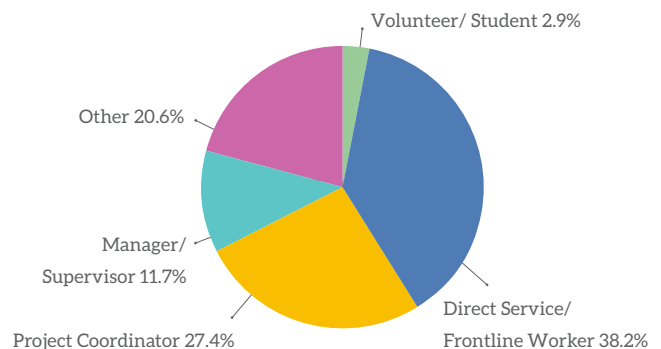
This event was also documented by a graphic notetaker, the visual summaries are included under Session Summaries in this report. Presentations made by speakers and panelists have also been included and can be found under Resources.

## PARTICIPATION

Over 140 people attended the event over the course of the day, with engagement spanning across the sectors of settlement, employment, education, social work, community health and mental health.



The event also brought together a range of voices and perspectives, ranging from organizational leaders and managers, to project coordinators, frontline service providers, and students.



# WHAT PARTICIPANTS HAD TO SAY...

“ I increased my understanding of how to implement trauma and violence informed approaches at work.”

“ Presentations - all guests were great and information was very relevant and important.”

“ I learned strategies to engage staff in mental health and wellbeing as retention of staff is difficult with burnout etc.”

“ I learned about how other organizations are working and the time to discuss areas to improve.”

“ All parts of the event was very valuable.”

“ I think that the breakout rooms and engaging in discussion was very insightful. Also it was valuable that there were many different speakers which made the event more personal and relatable.”

“ The presentations were very informative, on point, and highlighted great range of resources and case-examples.”

“ I valued getting to hear feedback from the audience, fresh ideas.”

# AGENDA

## MENTAL HEALTH PROMOTION KNOWLEDGE EXCHANGE

10:00 - 10:10	<b>Welcome &amp; Land Acknowledgement</b>	2:45 - 4:15	<b>Trauma- &amp; Violence-Informed Care: Implementation and Practical Implications for the Settlement Sector</b>
10:10 - 10:40	<b>OCASI Mental Health Promotion Project Journey</b>  <b>Speakers:</b> Sajedeh Zahraei, Senior Manager of Professional Development and Training, OCASI; & Caley Cross, Coordinator for the Mental Health Promotion Project, OCASI		<b>Speakers:</b> Jennifer Sandu, MSW, Community Engagement Specialist, Client Support Services at London Cross Cultural Learner Centre; Anne-Marie Sanchez, Director of the Newcomers Clinic, Strategy, Planning and Health System Integration, London InterCommunity Health Centre; Susan Macphail, Independent Facilitator, Educator and Consultant on Trauma and Violence Informed Care and Cultural Humility; Hanaa Elkolaly, Case Manager, Client Support Services, London Cross Cultural Learner Centre
10:40 - 10:50	<b>Implementation Site: Catholic Crosscultural Services (CCS)</b>  <b>Speaker:</b> Zohra Gillani, Settlement Services Manager, CCS		
10:50 - 11:05	<b>Question &amp; Answer Period</b>		
11:05 - 11:15	<b>Wellness Break</b>	4:15 - 4:30	<b>Wellness Activity &amp; Closing Remarks</b>
10:15 - 12:00	<b>Breakout Rooms &amp; Group Discussion</b>		
12:00 - 1:00	<b>Lunch</b>		
1:00 - 2:30	<b>Trauma- &amp; Violence-Informed Care: A Primer for the Settlement Sector</b>  <b>Speakers:</b> Dr. Nadine Wathen Professor & Canada Research Chair in Mobilizing Knowledge on Gender-Based Violence, Academic Director, Centre for Research on Health Equity & Social Inclusion Arthur Labatt Family School of Nursing, Western University; & Dr. Tanaz Javan, Professor, School of Language and Liberal Studies, Fanshawe College; Research Assistant, Centre for Research & Education on Violence Against Women & Children, Western University; Research Assistant, Department of Pathology and Laboratory Medicine, Schulich School of Medicine and Dentistry, Western University		
2:30 - 2:45	<b>Wellness Break</b>		

## BIOS

**Sajedeh Zahraei** is Senior Manager of Professional Development and Training at OCASI - Ontario Council of Agencies Serving Immigrants. She completed her MSW and Ph.D. at the Factor-Inwentash Faculty of Social Work, University of Toronto. Her research interests include social determinants of immigrant and refugee mental health, women, war, structural violence, and trauma. Sajedeh has 20 years of experience in the mental health field with a particular focus on equity, inclusion, community development, community-based research, partnerships, and collaborations addressing the needs of racialized communities with mental health and addiction issues.

**Caley Cross** (she/ her) is the Community Education Coordinator at OCASI - Ontario Council of Agencies Serving Immigrants, for the Mental Health Promotion Project. She completed her bachelor's in Sociology and Human Rights at Bard College, and her Master of Social Work at University of Toronto. Over the past ten years, Caley has worked in community-based research, international community development, adult education, child welfare, and the immigrant and refugee serving sector. Her research and practice interests in social work centre around promoting anti-oppressive practice and organizational change.

**Zohra Gillani** (she/ her) is a Settlement Services Manager at CCS - Catholic Crosscultural Services. She manages both the Settlement Workers In Schools (SWIS) and Mental Health and Wellness Programs, utilizing her background in Social Work and Psychology from the University of Waterloo to drive their success. Over the past 16 years, Zohra has made significant contributions to the management, development, and innovation of programs aimed at helping newcomer students and families smoothly integrate into Ontario's school system and communities. She is a strong advocate for collaboration, and as the chair of CCS's Social, Wellness, Engagement, and Learning (SWEL) Committee, she actively works with her team to foster employee engagement, improve staff mental health, and cultivate a positive work culture.

**Nadine Wathen**, PhD, FCAHS is Full Professor and Canada Research Chair in Mobilizing Knowledge on Gender-Based Violence in the Arthur Labatt Family School of Nursing at Western University, and Academic Director of the Centre for Research on Health Equity and Social Inclusion. Nadine's research examines the health and social service sector response to gender-based violence, interventions to reduce health inequities, and the science of knowledge mobilization. A particular

focus is developing person-centred interventions that enhance health equity, and take a gendered, trauma- and violence-informed approach to providing services for those experiencing violence and marginalization.

**Tanaz Javan** has a Ph.D. in Health Information Science. Her doctoral dissertation research evaluated the implementation and integration of trauma and violence informed principles into community-based health and social services in London, Ontario. She is currently part of the Centre for Research & Education on Violence Against Women & Children at Western, where she continues to work on the evaluation and implementation of various interventions by applying a trauma and violence informed lens. Outside of her research, Tanaz teaches psychology at Fanshawe College. She works as a life coach and counsellor with people who suffer from depression and anxiety and facilitates workshops on mindfulness meditation and communication skills. Tanaz is also a skilled painter and the author of the cover art for *Healing the Traumatized Self*.

**Jennifer Sandu**, MSW, is currently the Community Engagement Specialist at the London Cross Cultural Learner Centre (CCLC). She holds a Master's degree in Social Work from the University of Windsor. Jenn focuses her work on building capacity around the needs of newly arrived government assisted refugees. Jenn was also a subject matter expert for the Immigrant and Refugee Mental Health Project for the Centre for Addiction and Mental Health (CAMH), Special Populations Course: Yazidi Refugees in Canada. Prior, Jenn was the Director of Client Services in Windsor, Ontario supporting individuals living with HIV/AIDS and as a case manager at CCLC working with newly arrived refugees.

**Anne-Marie Sanchez** is the director for strategy, planning and health system integration at the London InterCommunity Health Centre and she is the senior leader most responsible for the centre's Newcomer Clinic. The Health Centre provides the most marginalized members of our community with access to comprehensive health care including primary care and community supports and the newcomer clinic provides health settlement services and supports to government assisted refugees for their first year in Canada. Anne-Marie is also a member of the executive committee for the Centre for Research and Health Equity and Social Inclusion (CRHESI).

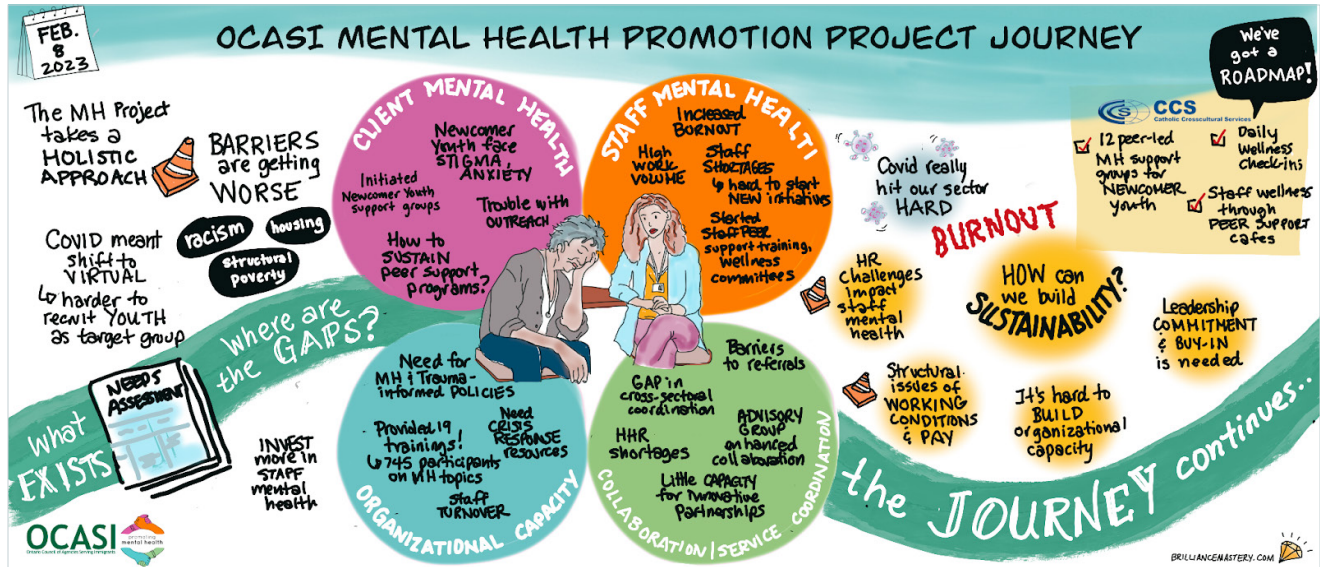
**Susan Macphail** has worked in direct services and in leadership in social service and health sectors for the past four decades with individuals and communities who experience multiple social and economic inequities and marginalization. Her background of working with the intersectionality of homelessness, adverse mental and physical health, substance use, trauma and violence,

racism, gender based violence, colonization, and refugee/newcomer experiences have led her to co-initiate several innovative programs, shelters and services. In addition to participating in community based research to promote equity, community wellness and safety for all. She currently works independently across many sectors providing Trauma and Violence Informed Care and Cultural Humility consultation, training, and facilitation.

**Hanaa Elkolaly** is a Case Manager at the Cross Cultural Learner Centre in London. She has been an advocate for many clients to navigate resettlement as well as the Ontario healthcare system over the years, and strongly believes in a holistic, strength-based approach to Case Management and client well-being. Hanaa is also an active member of CCLC's TVIC committee; she has in-depth experience with training internal staff and external service providers on TVIC practices.



# SESSION SUMMARIES



## OCASI MENTAL HEALTH PROMOTION PROJECT JOURNEY

This presentation focused on the OCASI Mental Health Promotion in Immigrant and Refugee Serving Organizations Project. Sajedeh Zahraei and Caley Cross presented on the project background, the successes and challenges faced in implementing the Mental Health Promotion Integrated Service model at partner agencies over the past year, and lessons learned and recommendations for the future.

- **Background:**The first phase of the project (2018 - 2021) focused on establishing the advisory committee, developing, piloting and evaluating the integrated service model at four agencies, and creating the OCASI Trauma and Violence Informed Approach (TVIA) Guidelines and online course. The integrated service model consists of four domains it aims to enhance: client mental health, staff mental health, organizational capacity, and collaboration.
- **Model Implementation:**The project faced many challenges to model implementation over the past year (2022-2023) related to the lasting impact of COVID. Needs assessment findings from both model implementation agencies indicated that newcomer youth were experiencing heightened social isolation, anxiety, and stigma in accessing mental health supports. Service providers were

experiencing increased burnout, compounded by ongoing staffing shortages. As a result, organizations were limited in capacity (time/resources) to integrate mental health promotion into sustainable organizational policies and practices, and to develop cross-sectoral collaborations.

- **Recommendations:** Leadership commitment is fundamental to model implementation. Organizations would benefit from investing more in staff mental health, such as by addressing working conditions, workload expectations, and expanding health and wellness activities. A commitment from funders and decision-makers to build and sustain mental health promotion capacity in the immigrant and refugee serving sector would also positively impact organizational capacity.

## **IMPLEMENTATION SITE: CATHOLIC CROSSCULTURAL SERVICES (CCS)**

Building off of the previous presentation, Zohra Gillani presented on Catholic Crosscultural Services' (CCS) journey and experience implementing the Mental Health Promotion Integrated Service Model.

- CCS's initial goals for the project were to 1) enhance mental health and wellness support for newcomer youth; 2) enhance and grow staff wellness initiatives and further the importance of a healthy work-life balance; 3) reduce stigma and normalize mental health conversations by integrating regular mental health check-ins in settlement service delivery and enhancing needs assessment tools; 4) build community collaborations specific to mental health and wellness to fill gaps in service and extend reach to support the wider community.
- With the support of OCASI, CCS implemented mental health peer support sessions to groups of newcomer youth during summer programming and NOW programs, as well as peer support Chat Cafes to promote staff mental health and wellness. A high number of CCS staff also participated in mental health-related trainings and workshops hosted by OCASI, to build staff capacity.
- CCS initiated work with their Human Resources department to develop internal mental health promotion policies and protocols. They also utilized the Project Advisory Committee as a platform to learn and build connections with other service providers. CCS started collaborations with Access Alliance, Hong Fook Mental Health Association, Scarborough Centre for Healthy Communities and Achev's Women Employment programs on wellness-related initiatives.

## **BREAKOUT ROOMS & GROUP DISCUSSION**

Following the morning presentations, participants were split into virtual breakout rooms to share their perspectives and ideas on how immigrant and refugee serving organizations can better promote mental health. Below you will find the recommendations from participants:

## WHAT CAN WE DO DIFFERENTLY TO ADDRESS STAFF BURNOUT AND PRIORITIZE STAFF MENTAL HEALTH AND WELL-BEING?



Provide access to counselling services, mental health resources and employee assistance programs



Provide full medical/ dental insurance



Provide childcare options



More flexibility working hours and with remote work/ hybrid workspaces, accommodate staff based on their needs



Implement a 4 day work week



Provide pay equity



Actively engage in the right to disconnect and encouraging work life balance



Consider implement wellness/ mental health days instead of sick days so they can be scheduled ahead of time



Wellness walks, opportunities for taking breaks together, going out on breaks



Have physical spaces within the workplace that offer a safe and relaxing environment for staff to take wellness breaks



Create a supportive and fun environment for frontline staff by offering wellness activities and self-care workshops



Form staff peer support group and engage in social activities and talk about issues



Appreciate staff and organize staff retreats to show genuine appreciation



Team members/ managers advocating for each other, holding each other accountable to take breaks, support each other



Offer more support at work/ implement regular check ins, debriefs, and feedback with staff to discuss issues and ask questions



Educate managers about the necessity of prioritizing mental health, especially when they are not frontline workers and might not understand the impacts

HOW CAN WE INCREASE ORGANIZATIONAL CAPACITY TO INTEGRATE MENTAL HEALTH PROMOTION INTO ALL ORGANIZATIONAL STRUCTURES, POLICIES, AND PRACTICES?



Promote partnerships with government-funded mental health organizations



Create a TVIC body/ committee



Have a mental health/ wellness planning day every year



Create a position specific to creating this change



Create clear HR guidelines/ policies regarding the maximum workload for staff/ managers



Create wellness and mental health policies to give an understanding to improve workplace environment



Increase funding for mental health capacity building internally and externally



Hire more staff and take a more balanced approach considering staff to client ratio



Build in funds for staff wellness



Higher pay and more staff specifically trained to support trauma informed care



Start at the board level and train board members on mental health issues



More training for staff and especially management to recognize the importance of mental health and staff wellness



Leaders should demonstrate their commitment to mental health by prioritizing and advocating for mental health initiatives within the organization



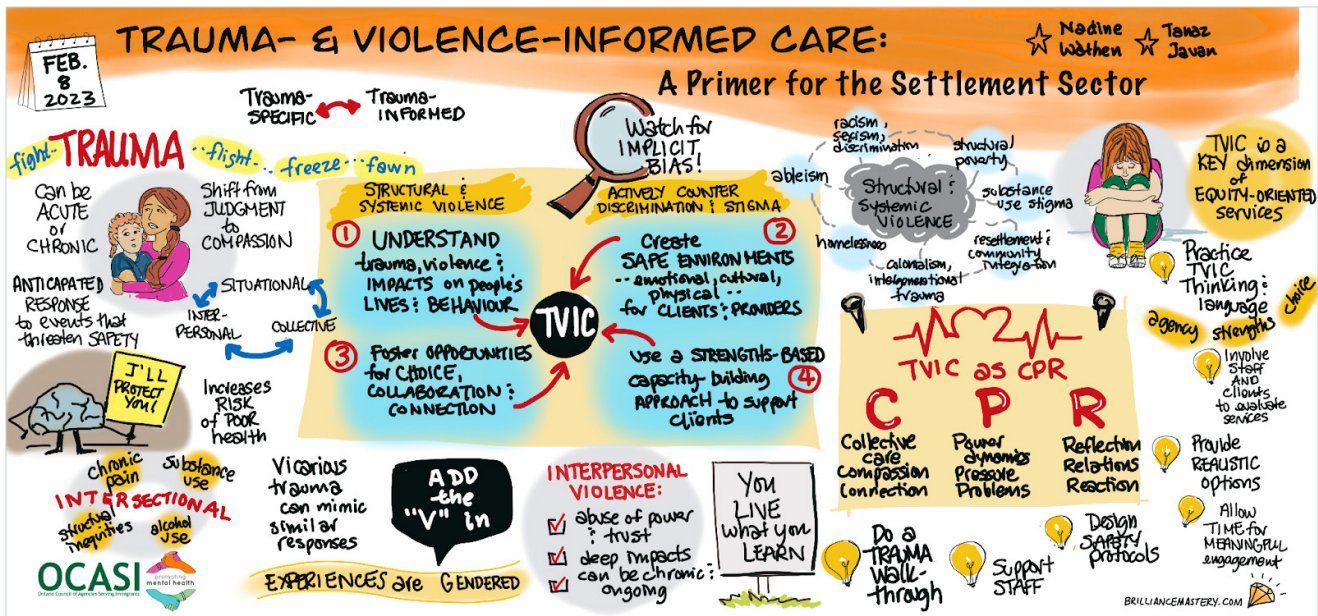
Communication with staff, have staff input (anonymous survey) and involvement in policy creation and implementation of mental health and wellness initiatives



Flexibility from funders on targets and metrics - taking a human approach



Revisiting operational approaches and requirements and requesting some autonomy from funders in advocacy for frontline staff.

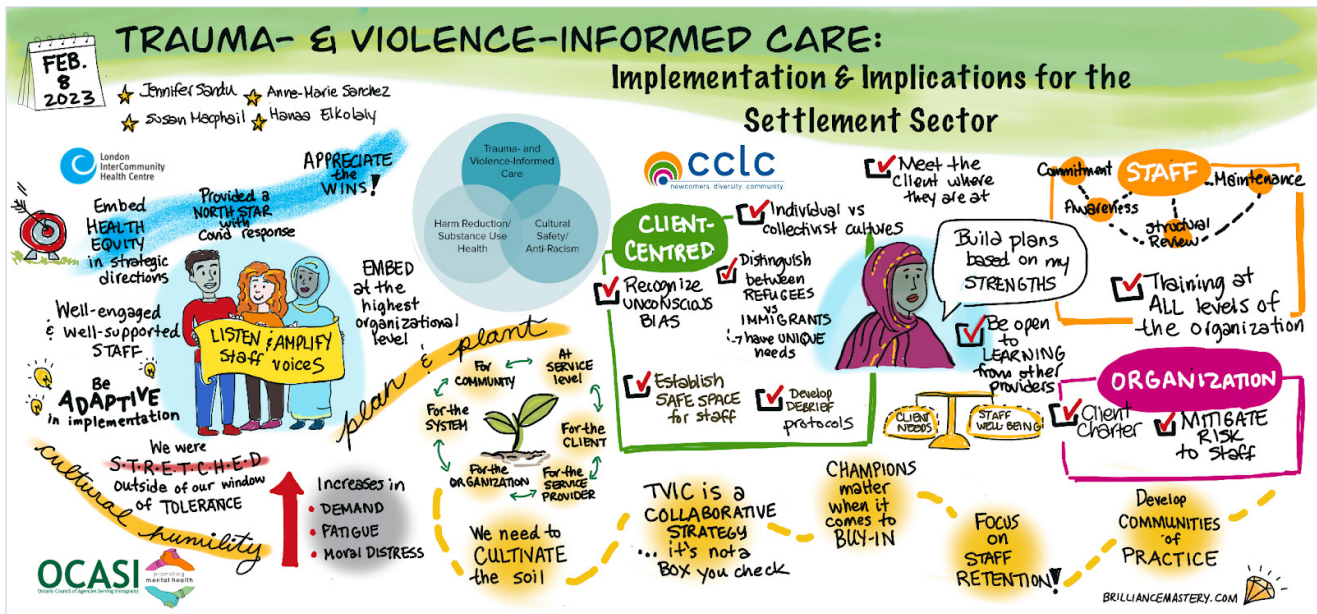


## TRAUMA- & VIOLENCE-INFORMED CARE: A PRIMER FOR THE SETTLEMENT SECTOR

This session provided an overview of Trauma- and Violence-Informed Care (TVIC) to the immigrant and refugee serving sector and shared tools and strategies for implementation. Trauma and violence are highly prevalent and have serious impacts on health and well-being. Providing trauma- and violence-informed care (TVIC) means being aware of how trauma and violence can present during service interactions and prioritizing emotional, cultural and physical safety for everyone involved in service encounters. Supported by organizational changes that promote TVIC approaches, service providers working with newcomer, refugee and immigrant communities are well-placed to integrate TVIC in their interactions with clients. Nadine Wäthen spoke to the prevalence and impacts of trauma, interpersonal and structural violence, and how their effects can present in service interactions. It is important to differentiate trauma-specific care from trauma-informed practices and trauma- and violence-informed approaches, with a focus on the importance of the “V” in TVIC being transformational to how we view and interact with clients.

- TVIC’s four Principles: 1) Understand trauma & violence and their impacts on people’s lives and behaviours; 2) Create emotionally, culturally & physically safe environments for all clients and providers; 3) Foster opportunities for choice, collaboration and connection; 4) Use a strengths-based and capacity building approach to support clients

- Tanaz Javan discussed practical strategies and actions to integrate TVIC in Settlement Services through a framework of TVIC as CPR. Highlights included: doing a “trauma walk through” to identify if your space is safe and welcoming, involving staff and clients in implementation and evaluation strategies, provide realistic options for next steps, and allow time for meaningful engagement.
- TVIC is a key dimension of Equity-Oriented Services, along with Harm Reduction/ Substance Use Health, and Cultural Safety/ Anti-Racism. The presenters included additional resources about TVIC and equity-promoting approaches to service delivery for newcomers, with practice-relevant examples provided.



**TRAUMA- & VIOLENCE-INFORMED CARE: IMPLEMENTATION AND PRACTICAL IMPLICATIONS FOR THE SETTLEMENT SECTOR**

This panel discussion was moderated by Jennifer Sandu with panelists Anne Marie Sanchez, Susan Macphail, and Hanaa Elkolaly. Each panelist spoke to their experience implementing TVIC within organizations. Sharing lessons learned, challenges faced with implementation, and promising practices. The panelists underscored the importance of cross-sectoral collaboration, the impact of structural violence, the inclusion of not having a 'one size fits all approach' and unpacked case studies to reinforce learning.

- Anne Marie Sanchez spoke to London InterCommunity Health Centre's experience embedding Equity-Oriented Care and Trauma and Violence Informed Care (TVIC) into working with newcomer clients. Lessons learned were that this work needs to be embedded at the highest level of organizational strategy, that it is important to listen and amplify staff voices, and be adaptive in your implementation.

- Susan Macphail reflected on her experience planting and growing TVIC in settlement services. She spoke to the collective trauma impact of the pandemic and how it has increased demands on organizations and service providers who are experiencing high levels of stress and fatigue. She outlined the four basic principles of TVIC (inclusion, collaboration, knowledge exchange, mentoring), and described TVIC as a collaborative multi-strategy that needs to be cultivated and practiced to support growth.
- Hanaa Elkolaly presented on London Cross-Cultural Learner Centre's (CCLC) journey towards Holistic Organizational Trauma and Violence-Informed Care (TVIC). She discussed the importance of acknowledging system challenges, and outlined the steps to becoming a TVIC Organization (commitment, awareness, structural review, maintenance), highlighting that successful outcomes are dependent on keeping TVIC "alive" in practice. Creating a Client Charter, working towards establishing 'safe spaces' for staff, and implementing debriefing protocols, all work to balance clients vs staff well-being in the workplace.

## NEXT STEPS

We would like to thank and acknowledge the hard work and involvement of our partners throughout the process of the project. At this stage, OCASI is wrapping up implementation and evaluation of the Mental Health Promotion Integrated Service Model 2022-2023, and has begun recruitment for new agencies to implement the model in 2023-2024. The lessons learned, resources and recommendations of this project will be shared widely in 2023.

Over the next year, OCASI will continue to refine and disseminate the Model, work closely with new implementation sites and continue to offer capacity building mental health trainings for service providers and leaders in the sector. The project and our partners will continue to work closely across health and mental health sectors to form a systems response to improving cross-sectoral collaboration between settlement, health and mental health sectors.

## STAYING CONNECTED

We want to stay connected with you. Resources and updates from the project will be shared on our [webpage](#).

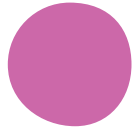
We will be continuing our learning, hosting discussions and sharing resources through [SettleNet.org](#). You are invited to join the conversation at the Mental Health Promotion in Immigrant and Refugee Communities [group](#) on SettleNet - a new national online Community of Practice for the Settlement Sector where you can ask questions, engage in discussion, and search for resources that serve your professional development needs.

Click [here](#) to register on SettleNet. After you have registered and logged in, type in Mental Health Promotion in Immigrant and Refugee Communities in the search tab at the top right of your screen to join.

Interested in contacting us directly? Send us an email at [mhpresearch@ocasi.org](mailto:mhpresearch@ocasi.org)

## RESOURCES

1. Zoom Recording - [OCASI Mental Health Promotion Knowledge Exchange 2023](#)
2. Presentation - [OCASI Mental Health Promotion Project Journey](#)
3. Presentation - [Implementation Site: Catholic Crosscultural Services \(CCS\)](#)
4. Presentation - [Trauma- & Violence-Informed Care: A Primer for the Settlement Sector](#)
5. Presentation - [Trauma- & Violence-Informed Care: Implementation and Practical Implications for the Settlement Sector](#)
  - a. [Equity-Oriented Care at the Health Centre and with our Newcomer clients](#)
  - b. [Notes from the Ground](#)
  - c. [Holistic Organizational Trauma and Violence-Informed Care](#)



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