

**OCASI**

Ontario Council of Agencies  
Serving Immigrants

Expert on Immigrant and  
Refugee Issues.

Advocate for the  
Immigrant-serving sector.

# **Mental Health Promotion in Immigrant Refugee Serving Organizations**

Evaluation Report - Preliminary Findings  
and Recommendations

March 2, 2021

# Evaluation Goals

- Complete a evaluation of the Mental Health Promotion (MHP) project, examining the structure, processes and outcomes of the MHP Project, paying particular attention to the developmental and iterative nature of the project
- Provide recommendations that can be considered by settlement organizations and the settlement sector, as well as recommendations that address system change needs

# Evaluation Activities

Between October 2019 and March 2021, the following activities were conducted for the evaluation of the project

- Reviewed the project logic model and developed the evaluation framework for the project
- Collected and reviewed project data (project outputs; survey results)
- Conducted interviews and focus groups to collect qualitative information:
  - ✓ 1 focus group with OCASI staff
  - ✓ 2 focus groups with the OCASI project staff team
  - ✓ 3 focus groups with the Project Advisory Committee
  - ✓ Focus groups and/or interviews with staff and management at each of the 4 pilot sites
  - ✓ 1 focus group with clients from each of the 4 pilot sites
  - ✓ 1 focus group with Peer Facilitators from each of the 4 pilot sites

# **EVALUATION FRAMEWORK**

# Four Main Areas of Project Activity

- **Foundation for Success:** Established the Advisory Committee and conducted the Needs Assessment/Environmental Scan
- **MHP Model:** Designed and pilot tested the MHP Model with 4 sites
- **Training and Capacity Building:** Developed and delivered professional development program
- **Knowledge Exchange:** Undertook evaluation, learning and knowledge exchange

# Evaluation Framework – Outline

Area of Activity				
Project Activities	Outputs	Immediate Outcomes	Intermediate Outcomes	Outcome Indicators
<i>Test MHP Model</i>	<i># of MHP initiatives</i>	<i>Early identification of mental health (MH) issues, concerns &amp; early intervention</i>	<i>Improved mental health promotion, prevention, and early intervention</i>	<i># of clients reporting improved understanding of MHP</i>
Information Collection Strategy				
Key Question			Information Collection Method and Tools	
<i>Have MHP initiatives for clients been developed? What was the impact?</i>			<i>Focus groups with clients</i>	

*“staff are more aware; they have improved their understanding of mental health plus they know where to go to get resources outside of the organization” Pilot Site Manager*

*“when staff are comfortable then they provide better services” Pilot Site Manager*

## **RESULTS**

# Year 3 Focus

- Pilot Tested the MHP Model
- Staff Training and Capacity Building
- Knowledge Exchange

**PIVOT IN  
RESPONSE TO  
COVID**



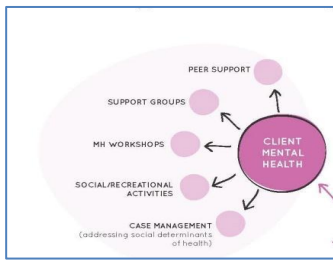
# Mental Health Promotion Model

6 month pilot:

- Mennonite New Life Centre of Toronto (MNLCT)
- The Neighbourhood Organization (TNO)
  - Focus on youth – peer training and peer led youth groups



Mennonite  
**new life**  
centre



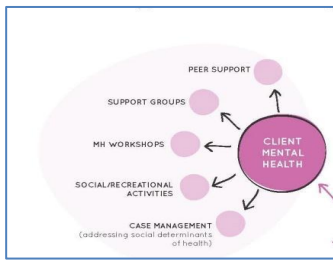
# Client Mental Health

- Clients expressed satisfaction with the MHP groups, and offered recommendations for improving engagement post-COVID
- Peers highlighted the important role of people with lived experience in supporting newcomer youth with MH, especially during COVID
- Positive clients outcomes - improved self esteem and confidence and improved knowledge and skills to address loneliness, depression, anxiety, relationships, etc.

***“the groups help me to learn to manage my stress” Pilot site client***

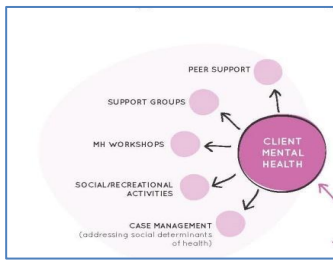
***“the group is inspiration for the rest of my week. I know that I am not alone; I am inspired by the older women and by the younger women” Pilot site client***

***“I learned that things can help improve mental health on daily basis – who (to) reach out (to) and how to reach out” Pilot site client***



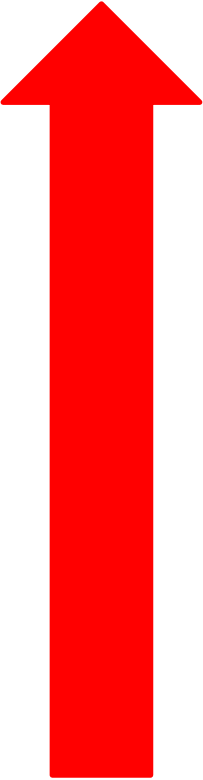
# Client Mental Health

- ***“Peer led initiative is phenomenal; they had an honorarium; they got leadership skills; mentorship skills; knowledge of mental health; they made sure that it was an inclusive group that was diverse and so that no one stigmatized” Pilot site staff***
- ***“(Peers are) providing platform for them (participants) to feel safe... and share their story...” Peer Facilitator***
- ***“I loved this session because watching someone go from an introvert to an extrovert is really hard and we did it!” Peer Facilitator***
- ***“Meaningful doing outreach; connecting to people and getting to know people ....giving advice about time management and how to cope with the quadmester” Peer Facilitator***



# Client Mental Health

## Opportunities

- 
- Scale up to more sites across Ontario
  - Transition back to in-person MHP – virtual is not an effective replacement
  - Duration of groups and groups for diverse populations
  - Peer led programming
  - Supports to address digital fluency and barriers to digital access
  - Tailored MHP activities for youth and other newcomer populations
  - Integration of MHP across all settlement services and programs
  - Collaboration with schools
  - Collaboration with health and mental health organizations
  - On-site counselling and treatment services

***“COVID highlighted the need to Integrate racism, violence and trauma in MHP” OCASI Project Team***



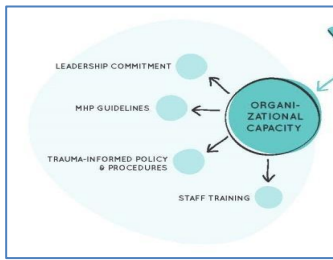
# Staff Mental Health

## Challenges

- Digital is not optimal for supporting staff mental health or the delivery of Wellness activities
- Addressing basic needs of clients (food, housing) and community members and facilitating their digital access took priority
- Racism, violence and trauma exacerbated by COVID
- Staff mental health needs exacerbated by COVID - grief, secondary trauma, impact of COVID at home, etc.

## Opportunities

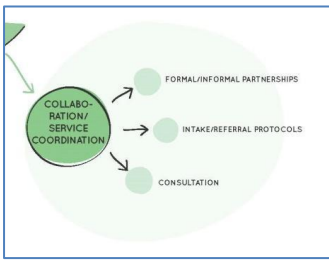
- Provide leadership and management supports to sustain commitment
- Assess staff wellness needs on a regular basis
- Sustain Wellness Committees
- Tailored, flexible and dynamic wellness activities - agency wide, team specific and individual supports for all full and part time staff across all locations
- EAP for part time staff
- Integrate anti-racism, gender based violence and other traumas into MHP strategy



# Organizational Capacity

- Significant training undertaken - improved access to training for staff due to transition to virtual platforms
- Staff have increased capacity to identify and address client MH and better understanding of personal wellness and self-care needs and strategies
- Evidence based guidelines and frameworks produced by OCASI well received – especially trauma guidelines and trauma training
- Difficult to move forward with implementation of MHP policy/guidelines at pilot sites due to client and community priorities during COVID
- Sense of urgency to address growing client needs, including securing funding for dedicated MH staff/social workers at ISOs

***“Understand my clients better ... they are even more frustrated now due to COVID, and it is really important to not take things personally. I got attacked by a client (on-line) ... I reflected and started to better understand the impact of my own trauma and history on the way I react to clients and the way I provide services” Pilot site staff***



# Collaboration

## Challenges

- MH system is stretched thin with increased competition for limited resources
- Lack of formal protocols or partnerships
- COVID exacerbated persistent barriers to access health/mental health:
  - Long wait times for MH counselling and treatment services
  - Lack of linguistically and culturally appropriate services
  - Barriers due to digital literacy and digital access

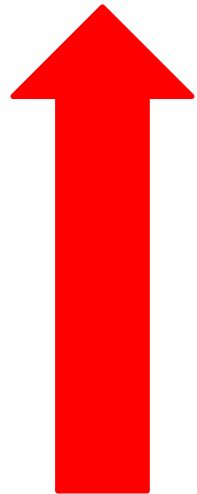
## Opportunities

- Build on partnerships already in place for MHP
- Leverage the cross-sector collaboration at the Advisory Committee level
- Strengthen collaboration with schools
- Implement range of partnerships to address needs – shared care, referral pathways, etc.
- Advocate to prioritize and plan for newcomer mental health at local health planning tables, OHTs, LIPs

***“Technology adds a layer of anxiety” Pilot site staff***

# Training and Capacity Building

- ~ 1,949 people participated in training over 3 years
- Year over year increase:
  - Year 1 -248
  - Year 2 – 328
  - Year 3 – 1,373



- increased knowledge of strategies for conflict resolution, de-escalation, and management
- increased knowledge of how culture, identity, and stigma impact newcomer mental health
- increased knowledge of how to identify signs of mental health problems or distress
- increased knowledge of intervention strategies and how to support those experiencing a mental health problem or crisis

*“cannot do an good employment plan if you do not address the mental health issues so that they can function better; their settlement outcomes will be better if we have some level services; at least to connect to services”*

Implementing MHP

## **RECOMMENDATIONS**

# For Settlement Service Providers

- Provide sustained leadership commitment
- Build management competency and provide supports for MH needs
- Carry out up front planning and continuous improvement
- Develop staff and peer competency and roles
- Make the time
- Commit financial resources
- Pursue strategic collaboration
  - Local health/mental health providers
  - Ontario Health Team
  - LIPs
- Advocate for funding for on-site mental health services



# For OCASI

- Scale up implementation of the MHP guidelines and the integration of MH, racism, violence and trauma
- Launch ***Mental Health is a Settlement Issue*** campaign with funders and mental health/health system
- Advocacy strategy to secure ongoing and dedicated funding for MHP services on site at ISOs
- Continue to build MHP capacity among members
- Undertake system level strategy for formal inter-sectoral partnerships and agreements between immigrant settlement and health/mental health sectors



# Policy and Decision Makers

- Recognize that mental health enables newcomers to achieve immediate and intermediate settlement and integration outcomes
- Add mental health services to the list of core settlement programs
- Provide funding to ISOs for mental health services
- Develop and test performance outcomes for mental health service delivery
- Undertake cross governmental collaboration to foster and promote sustainable models of MH



Ministry of  
Children, Community &  
Social Services

# Health and Mental Health

- Collaborate with ISOs to identify newcomer MHP priorities and develop collaborative, evidence based programs that address needs
  - On-site MH service delivery for highest needs newcomer clients
  - Referral pathways
  - Wrap around service delivery
- Make space for ISOs at planning tables (i.e., OHTs)
- Incentivize (financial) physicians and MH providers to serve newcomers
- Equitable allocation/reallocation of MH system resources



**Ontario  
Health**



# Discussion