WHAT IS THE STATE OF IMMIGRANT MENTAL HEALTH IN ONTARIO? A SCOPING REVIEW OF THE EVIDENCE

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Key Messages:

- **Immigrants in Ontario face barriers to accessing appropriate mental health services** including: lack of information about the services and how to enter the system (point of access); limited availability of interpretation/translation services; and few mental health promotion programs
- **There are limited services available for immigrant communities** such as: services in languages other than English; culturally-safe assessment tools; cultural brokers and trained community link leaders; and community based, culturally-safe, and linguistically appropriate anti-stigma programs
- **Key social determinants contributing to mental health disparity and inequity among immigrants include:** un/under-employment and lack of/limited recognition of international education and credentials; social isolation, lack of social support, and lack of safe neighborhoods/housing; few public policies targeting immigrant health; and social exclusion, racism, and discrimination

Other barriers:
- The stigma of mental illness may prevent individuals from seeking help
- Some may be reluctant to seek help from psychiatrists and/or take psychotropic medications

Key Policy and Service Delivery Recommendations:

- **Policymakers need to address the key social determinants contributing to mental health disparity and inequity** – collaboration and commitment to change in the health sector, social services and the settlement sector is necessary
- **Policymakers need to address root causes of mental health disparities among newcomer immigrants** – cross-sectoral policies are needed that facilitate entry into workforce, and address un/under-employment
- **Ontario needs to implement community-based strategies and interventions for multicultural mental health promotion**
- **Current service delivery needs review and evaluation:**
    – timely, culturally safe, coordinated and accessible services are needed
    – services need to incorporate community values and strengths, recognize social inequities, and implement new models of collaborative and integrated care
    – programs to address mental health literacy and anti-stigma
- **Ontario needs more mental health workers** with training in cultural safety and language competency in order to provide effective mental health care to immigrants.

Background:
The Mental Health Commission of Canada's (MHCC) strategy calls for the improvement of mental health outcomes and well-being for all Canadians. MHCC advocates for the creation of a mental health system that meets the needs of people of all ages living with mental health problems and illnesses. Each year, one in every five Canadians experiences a mental health problem or illness, creating a significant cost to health system (MHCC). This scoping review synthesizes the last two decades of Canadian research about immigrant and refugee mental health. This scoping review was completed by the Ontario Multicultural Health Applied Research Network with funding from the Ontario Ministry of Health and Long-Term Care.

Scoping Review Strategy/Methodology:
The purpose of this scoping review was to synthesize key findings, identify gaps in prior research, and make recommendations for future research in two selected areas: (1) health equity/inequity; and (2) access and barriers to services. A systematic literature search was conducted from September 2011 – February 2012 using the following databases: Medline, PsychInfo, Healthstar, Embase, ERIC, and CINAHL. We searched for peer reviewed research articles about mental health and immigrants in Canada that were published in English from 1990–2011. The database search was carried out using combinations of the following keywords: culture/cultural/multicultural; diversity/diverse; ethnic/minority/ethno-cultural; religious/religion; health/dieases/ chronic condition/health beliefs/mental health and immigrant/immigration/refugee/newcomer/precarious. The guiding question for the review was: What is known in literature regarding mental health of multicultural population with the special emphasis on access/barriers to services and equity/inequity of health?

Results:
The scoping review search resulted in 11, 854 abstracts that were reviewed for relevance. We selected 479 articles for full review and were left with a final number of 148 articles that specifically focused on the topic. Of these, 108 articles focused on adults, 20 focused on older adults, 11 focused on children, and nine focused on youth.
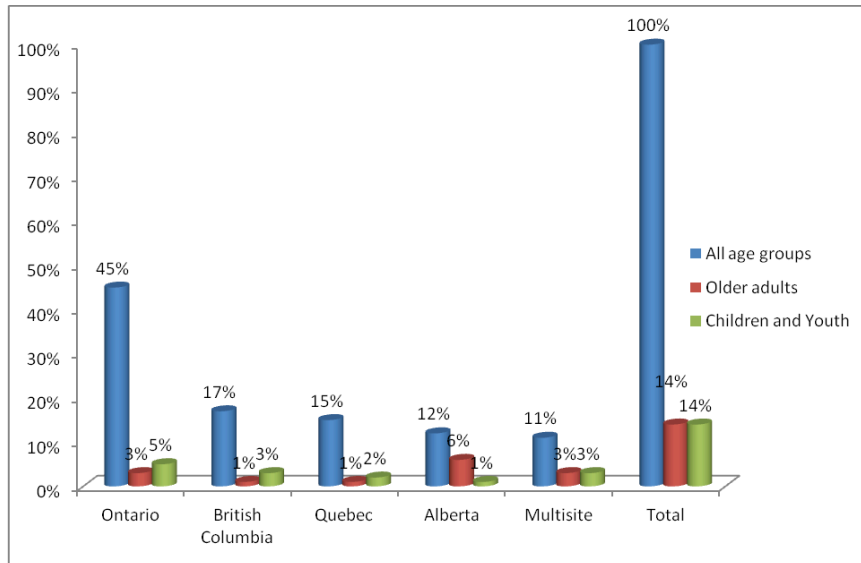
Below is a summary of the study methods:
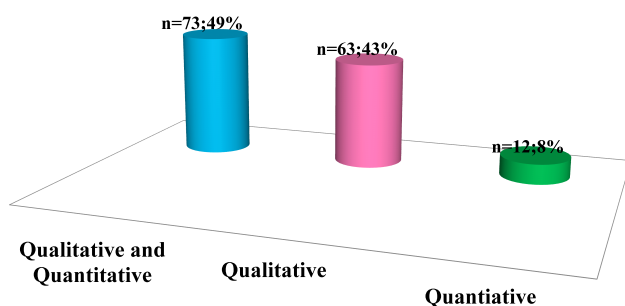
Of the 148 studies, 13% were longitudinal studies, 19% cross-cultural, and average sample size of 104 (mode).

Below is the distribution of studies:

Below is a summary of the findings:

BARRIERS TO SERVICES	
Awareness of services:	**Availability of services:**
➢ Lack of awareness of available mental health services ➢ Lack of awareness of existing interpretation/translation services ➢ Lack of awareness of mental health promotion programs and community resources.	➢ Lack of services (e.g., psychiatric care) in languages other than English ➢ Lack of culturally-safe assessment tools ➢ Lack of cultural brokers and community link leaders ➢ Lack of culturally-safe and linguistically-appropriate anti-stigma programs ➢ Lack of affordable and accessible transportation.
Other barriers:	
➢ Stigma and lack of knowledge about mental illnesses and reluctance to seek 'outside' help ➢ Belief in and use of alternative therapies ➢ Social isolation, lack of social support, and social exclusion.	

SOCIAL DETERMINANTS CONTRIBUTING TO MENTAL HEALTH DISPARITIES and INEQUITIES

GENERAL FINDINGS

- **Education –** lack of recognition of international education and challenges in credentialing process; and unfair treatment and stream-lining in the education system

- **Employment and Income –** un/underemployment, poverty, financial insecurity/economic hardships

- **Housing/Neighborhood –** lack of safe and appropriate housing, and unsafe neighborhoods

- **Public policies –** limited policies to support the health of multicultural populations.

FOR CHILDREN and YOUTH	FOR OLDER ADULTS
• **Income and social status –** poverty and financial insecurity • **Education and literacy –** poor home/school relationship, poor integration into the school system, poor academic achievement • **Social environments –** region of resettlement • **Physical environments –** lack of safe and appropriate housing, homelessness, and unsafe neighborhoods • **Gender –** harassment and bullying, and other forms of victimization • **Public policies –** limited policies to support the mental health of children and youth • **Racism –** marginalization, disengagement from the culture of origin, and devaluation of language.	• **Income and social status –** e.g., financial insecurity, increased dependence • **Education and Literacy –** e.g., limited awareness of mental illnesses; limited capacity understanding to navigate the health system • **Social support –** e.g., being single, social isolation, social exclusion • **Physical Environments –** e.g., lack of appropriate housing • **Health Services –** e.g., inadequate numbers of mental health workers with cultural-safety training; lack of age- and gender-specific services for older women from immigrant communities • **Racism–** marginalization, stigmatization, and devaluation of language and culture.