

# Integrated Mental Health Care for Refugees in Canada

## KEY FINDINGS

- **Building trust** can be achieved through strong relationships between services and providers, as well as users.
- **Breaking down service silos** can be promoted by shared knowledge and resources.
- **Provider moral commitment** promotes integration through advocacy and policies that promote health equity.
- **Applying intersectional, culturally tailored approaches** helps align services with refugees' diverse identities and lived experiences, social determinants of mental health i.e. housing, language etc.
- **Investing in nonclinical, cross-sector roles** (cross cultural health brokers, community health workers) addresses social determinants of mental health and addresses service gaps.



## Interest group holders and actions across clients, providers, and services



### Cultural and relational factors

- Eurocentric health service care models
- Gender, culturally, and linguistically responsive care



### Complexity of health and social systems

- Cross-sector referrals i.e. between agencies, primary health care and settlement services
- Advocacy-driven approach



### Organizations and the workforce

- Roles and responsibilities
- Health equity mandates



### Policy, funding and governance

- Equitable resource allocation across sectors
- Prioritize refugee mental health

This can lead to good and bad changes...

#### GOOD CHANGES

- **TRUST** – Between health providers and clients.
- **MORAL COMMITMENT** – Strong sense of professional duty to support clients through challenges.
- **CONNECTION** – Clients and providers experience a sense of shared understanding.
- **PRO-ACTIVITY** – A provider's added effort to move through a complex care system.

#### NEGATIVE CHANGES

- **ALIENATION** – Clients experience isolation.
- **STAGNATION** – Care routines slow, and even stop over time.
- **BURNOUT** – Providers become overwhelmed and fatigued.
- **FRAGMENTATION** – Service system becomes less coordinated.

This can lead to...



**Improved client engagement** and access to care.



**Greater client satisfaction,** coordination of care, efficiency, and accountability.



**Improved cross-agency collaboration** and integration, and communication.



Client **dissatisfaction and disengagement** with care, delays to care, and poor health.



Duplication of services, moral distress, and **increased burden**.

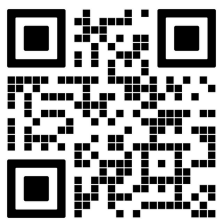


Siloed systems, **fragmentation** and fractured care delivery.

# Want more information?

Here are some resources...

## Project Information



## Contact us!

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