

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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