

Mental Health Promotion in Action



Considerations for Newcomers and Refugees

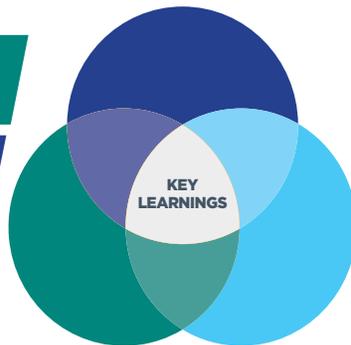
The KDE Hub develops new knowledge across projects funded by the Public Health Agency of Canada's Mental Health Promotion Innovation Fund (MHP-IF).

This Mental Health Promotion in Action series shares findings from a study that used story-telling methodology and thematic analysis. All 20 projects participated in two rounds of conversations one year apart during Phase 1 of the MHP-IF. This phase coincided with the first two years of the COVID-19 pandemic in Canada. This tool reports findings related to pandemic adaptations specific to supporting newcomer and refugee populations. All quotations are provided with consent from MHP-IF project team members.

For more information on the KDE Hub, the MHP-IF, and the Phase 1 projects, [visit kdehub.ca](http://visitkdehub.ca).

KEY LEARNINGS

- Ensuring cultural and community embeddedness of staff
- Understanding the importance of relationship-building
- Acknowledging climate, context, and intersecting traumas



RELATIONSHIP-BUILDING

Related to community embeddedness was the central role of relationships in the practice of working alongside newcomer and refugee communities. One participant framed this as a “practice of relationality”, which helps to build trust and enhance inclusion within projects. An important component of relationship-building was ensuring that program facilitators who are either a member of the community or have a strong cultural understanding of the communities with whom they are working.

CULTURAL COMMUNITY EMBEDDEDNESS

Projects highlighted the importance of being embedded within the cultural communities they serve, which includes community representation in the program, an openness to listening to newcomer and refugee communities, and ensuring that program activities and adaptations are culturally appropriate. Having members of staff or facilitators who were embedded within the cultural community helped to ensure a level of affinity and connectedness.

CLIMATE, CONTEXT, INTERSECTING TRAUMAS

Projects discussed the importance of considering both pre-and post-arrival factors for newcomer and refugee communities in the context of the COVID-19 pandemic. This includes acknowledging the multiple traumas they may be navigating pre-arrival (e.g., war and violence in their home country) and post-arrival barriers (e.g., language barriers, digital literacy, and social isolation). It was important for projects to understand that each experience is unique.

“The moment has come for us to be brave as communities and say that other systems have had fair opportunity to work within our communities and get equitable results and it hasn't happened. It's time to now empower and embolden the communities to do their own work.”

“...we're still in the process of building that bonding, and we take the time...so that is the strength that we work upon, is that we are a part of their community, they're familiar with us, they have trust in us.”

“When we start to work with our community, and now we have two fires, the first fire which is the war and we come out from Syria and the second fire, that's you know, the COVID-19 [pandemic].”

DID YOU KNOW?

In a qualitative research study, refugee youth identified three key components that support their health and wellness: sense of belonging/positive identity; mental and emotional well-being; and supportive environments and relationships (Edge, Newbold & McKeary, 2014).

KEY TERMS

CULTURAL HUMILITY

A lifelong learning process that requires openness, self-awareness, being egoless, self-reflection throughout interactions across cultural differences (Foronda, Baptiste & Reinholdt, 2015).

CONCLUSION

Key learnings related to supporting newcomer and refugee populations were strongly intertwined, and centered the importance of relationality, trust-building, and cultural community embeddedness. All factors strongly related to the third key learning for this population, which was a need to acknowledge intersecting and overlapping traumas (e.g., war and COVID-19). Being embedded within the cultural community facilitated program staff's ability to acknowledge and navigate complex overlapping traumas with their participants.

Phase 1 MHP-IF project stories highlighted important lessons related to supporting specific populations, including newcomers and refugees, 2SLGBTQI+, and First Nations, Inuit, and Métis communities.

Across all populations, projects highlighted a need to acknowledge underlying systems and root causes, as well as intersections and diversity within the population. In addition, rootedness in the community was an important learning across populations and was vital for building the necessary trust to support communities through pandemic adaptations.

REFERENCES AND ADDITIONAL RESOURCES

Edge, S.A., Newbold, K.B. & McKeary, M. (2014). Exploring socio-cultural factors that mediate, facilitate, & constrain the health and empowerment of refugee youth. *Social Science & Medicine*, 117, 34 – 41

Foronda, C., Baptiste, D.L., Reinholdt, M.M., & Ousman, K. (2015). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210 – 217



Tips for Supporting Newcomer and Refugee Populations



PRACTICE CULTURAL HUMILITY

Learn about cultural humility as a lifelong process of working across cultural difference. This approach ensures openness and self-awareness.



WORK ALONGSIDE COMMUNITY

Involve community members in the decision-making process related to your program. This can help to ensure that community needs are addressed and helps to build trust.



BE INFORMED ABOUT CONTEXTS

Take the time to learn about program participants' home countries, including relevant political and social contexts that may have led to their migration to Canada.

For more Mental Health Promotion in Action Tools, visit:

kdehub.ca/mhp-in-action/

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