November 2021

HOW ARE THE FORMAL AND INFORMAL ONLINE SUPPORTS OF MENTAL HEALTH ACCESSIBLE FOR REFUGEES AND THEIR CHILDREN IN CANADA?

Maria Jose Gonzalez Sanchez
Mgonza29@uwo.ca

HOW ARE THE FORMAL AND INFORMAL ONLINE SUPPORTS OF MENTAL HEALTH ACCESSIBLE FOR REFUGEES AND THEIR CHILDREN IN CANADA?

by

Maria Gonzalez

A research paper accepted in partial fulfilment of the
requirements for the degree of
Master of Arts

Department of Sociology
The University of Western Ontario
London, Ontario, Canada

Supervisor: Dr. Abada

2021

ABSTRACT:

Refugees fleeing from extreme human rights violations are highly vulnerable and predisposed to a variety of mental health illnesses. The issue that this study addresses are the barriers refugees encounter when navigating mental health resources in Canada. Across the literature it has been found that refugees tend to underutilize mental health resources for a variety of reasons despite their poor mental health outcomes. Some factors of underutilization include, linguistic, religious, cultural, and economic (Chaze et al., 2015). To address this problem, the purpose of this study will be to evaluate the online accessibility of available resources. A content analysis on the Ontario and British Columbia settlement websites was conducted. This paper will address the following research questions: (1) What are the formal and informal support channels for the mental health of refugees? (2) What services are provided by these supports to serve the mental health of refugees? and (3) What are the online barriers refugees may face when navigating these websites? This data will likely lead to the following themes: Government versus NGOs, Type of Services Offered, and Online Barriers. These themes are useful to understand the gaps in the literature that indicate refugees underutilize mental health resources. Furthermore, it will provide insight as to why refugees may undergo hardship when navigating mental health websites.

Keywords: Integration;
Online Accessibility; IFHP;
Refugee; Mental Health

INTRODUCTION

Before Canada launched its Syrian Refugee Initiative, Canada was resettling approximately 12,000 refugees per year (IRCC, 2019). According to the 2016 Census, 25,000 Syrian refugees had resettled in Canada between January 2015 to May 2016. Thus, the total number of refugees per year had doubled with the consideration of only one source country. Canada continued to receive refugees from other source countries throughout the Syrian Refugee Initiative; less than 40% were from other source countries (Census of Population, 2016).

In order to make a refugee claim, individuals must complete and submit an application package from within Canada. Once the application is complete, claimants are expected to undergo a medical examination, and have an interview with an Immigration officer. Once the immigration officer approves, the claim is eligible for refugee status. Refugees are given a confirmation referral letter to make their claim at the Immigration and Refugee Board of Canada. If the IRB approves the claim, refugees are given *protected persons* status and become eligible to apply for permanent residency. If the IRB rejects the claim, the claimant is ordered to leave the country, unless eligible to appeal the IRB's decision (Canada. Immigration and Citizenship, 2019).

Once an individual is granted refugee status, Canada provides three main resettlement programs in which refugees are admitted to: Government Assisted Refugees, Private Sponsored Refugees, and Blended Visa Office- Referred Refugees (Labman and Pearlman, 2018). These settlement programs are implemented to aid refugees' integration in Canadian society. Settlement programs can be influential not only in terms of financial security, but overall in terms of social integration to education, official languages, and community engagement. For example, in London, Ontario, the Cross Cultural Learner Centre provides newcomers with employment opportunities and pre employment workshops to aid newcomers with financial security.

In addition, this settlement service provides newcomers with community connections and language programs to support their social integration. In terms of health, The Interim Federal Health Program is a health insurance plan funded by the government of Canada for refugees. This program lasts until refugees become permanent residents and are eligible for their provincial insurance plans (Olsen et al., 2016).

Across the literature, it has been addressed that immigrants tend to underutilize mental health resources in comparison to native born Canadians (George et al, 2015). There are multiple related factors that contribute to this underutilization including; social, cultural, linguistic shortcomings, and a lack of knowledge of the overall healthcare system (Whitley, 2006). According to the Interim Federal Health Program Database, out of all the medical services refugees were covered under, counselling services were the least utilized (IFHP Database, 2017). Considering that refugees are the most susceptible group of immigrants to experience PTSD, depression, and anxiety, it is exceedingly important to address this issue of underutilization in refugees (Li et al., 2016). In addition to these barriers, refugees have expressed that social services that provide websites and phone numbers to contact mental health resources, can be insufficient and increase additional barriers (Newaz, 2020). For example, those who have low English or French proficiencies will have a difficult time interacting with a service that is only provided in English and French online or by phone.

A major theme used to address this issue is the Western model of health. The Western model of health implicates a one-way relationship between patients and providers, where the patient seeks help and gets treated (Newaz, 2020). This is not effective for refugees as they have unique profiles that need accommodations for (Wylie et al., 2018). Many refugees have disclosed that a healthcare provider's lack of knowledge of a refugee's cultural and or religious identity has deterred them from seeking help and negatively affects their overall experience in the healthcare sector (Ahmed et al., 2015). This vulnerable group has premigration and post migration stressors, and are overall most likely to have a different conceptualization of mental health than Westernized countries like Canada. Consequently, it is increasingly important that refugees are given the chance to form more meaningful relationships with service providers in order to truly address their mental health concerns (Groen et al., 2017).

This study is different from earlier relevant research because it aims to provide a new understanding to the underutilization of mental health resources seen in the refugee population. This study's goal is to do so by analyzing the content on mental health websites and discover potential emerging barriers that may cause further underutilization. This study aims to analyze the overall online accessibility in which mental health resources are expected to address a population that has low language abilities, a different conceptualization of mental health, and is susceptible to mental illness. This current research seeks to answer the following research question: "How Are the Formal And Informal Mental Health Supports Accessible to Refugees And Their Children in Canada?" by conducting a content analysis of official settlement service websites in Ontario and British Columbia. These provinces are home to Canada's MTV (Montreal, Toronto, Vancouver) metropolitan cities that intake the most immigrants (Canada. Census Program, 2017). Quebec was excluded from this research because Quebec does not offer IFHP organizations, and it selects its own refugees (Canada. Refugees and Asylum, 2020).

Segmented assimilation theory and the healthy immigrant effect will be used as the theoretical frameworks of this paper. Segmented Assimilation Theory highlights the importance of social capital for immigrants. This theory illustrates that the social class upon entry or shortly after can determine the upward or downward mobility of immigrants. If individuals enter the middle class upon or shortly after entry they are most likely to properly assimilate and achieve upward mobility (Zhou, 1997).

Refugees are at risk for a downward mobility in comparison to their other immigrant stream counterparts because of their particular vulnerable experiences. For example, some factors that contribute to the segmented path of integration include low human capital, low social capital, and host society reception (Basilio et al., 2017). Refugee immigrants are more likely to have less human and social capital, as they enter their host societies with little to no resources (Basilio et al., 2017). Furthermore, if refugees are not provided the support they require, the downward mobility pathway becomes an increased reality.

However, if immigrants enter the lower class, more social inequalities are likely to emerge and hinder their assimilation process (Zhou, 1997). In addition, the Healthy Immigrant Effect is a phenomenon

that suggests, the initial health advantage immigrants have upon entry to the host society that diminishes over time as a result of the integration hurdles that may emerge (Vang, 2015). Using segmented assimilation and the healthy immigrant effect as theoretical frameworks, this study seeks to highlight how premigration stressors, postmigration stressors, and limited accessibility to mental health resources, negatively impact the mental health of refugees and may place refugees at risk to a downward mobility of assimilation in Canada.

HEALTHY IMMIGRANT EFFECT & PREMIGRATION STRESSORS:

The healthy immigrant effect is a phenomenon that has often been referenced to as an explanation to the better health standings viewed in recent immigrants in comparison to native born Canadians and long term immigrants (MacDonald and Kennedy, 2004). The HIE suggests that an immigrant's health deteriorates and becomes similar to that of native born Canadians throughout their time and adjustment to Canadian society. Recent research is currently incorporating the mental health of immigrants in HIE, which reason that the integration hurdles contribute to the stress and poor mental health of immigrants (Robert, 2012).

Another explanation to the HIE is determined by Canada's immigrant selection and merit system. Canada mostly welcomes economic immigrants who are often healthier than refugee and family class immigrants (Ng and Zhang, 2020). Host countries typically do this type of 'favoritism' as a means to avoid societal burdens (Vang, 2015). Refugees are more likely to be accepted into Canada despite their worsened health because of their asylum status. Refugees are defined under international law and the United Nations Commission for Refugees as "persons in need of international protection because of a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence, or serious public disorder".

When discussing the pre-migratory factors that cause mental health illness in refugees, it is important to disclose their lived experiences in their countries of origin and their migration journey. There is strong evidence in the literature that addresses the poor mental health of refugees that are carried from the country of origin to the host country. Many refugees encounter extremely traumatic events in the country of origin

such as war, rape, persecution, torture, and more (Li, 2015). Fleeing such extreme factors has been correlated to mental health disorders like depression, anxiety, and PTSD (Joly, 2020). Some studies also argue that premigration stressors heavily influence the acculturation process for refugees in their host countries. In particular, that premigration traumatic events can influence post migration stressors and hinder the integration process of refugees further (Carlsson and Sonne, 2018).

The migration journey is also one worth mentioning when discussing the premigration mental health of refugees, because it incorporates the consequences prior to fleeing and seeking refuge. Refugees are forced to leave their social networks, employment, culture, and communities behind which can be emotionally straining (Lamba and Krahn, 2003). Many refugees are left with daunting emotions of leaving loved ones behind in unsafe environments. In addition to the constant strain of worry for loved ones' safety, refugees may encounter the harrowing experiences of staying in refugee camps (Rasmussen et al., 2018).

Refugees who experience their displacement in refugee camps alone suffer significantly more mental health consequences than those displaced with friends or family (Wilson et al., 2010). The precarious living conditions in camps and overall stress about refugee status has a severe impact on their mental health (Esses, 2017). In particular, refugees who have had to experience their displacement in transition countries where discrimination, forced labour, and a lack of resources like food and shelter take place (Wilson et al., 2010). Some studies suggest that refugees encounter more unique employment hurdles in comparison to other immigrants because of their prolonged duration in refugee camps (Kaida, et al., 2019). Refugees that endure years in camps face irreversible consequences for their future integration to society. For example, they may experience detriment in their economic development, education and employment because of their prolonged stay in camps (Kaida, et al., 2019).

Postmigration factors are equally important when analyzing the mental health of immigrants. Postmigration factors are associated with a refugee's process of acculturation and assimilation in host societies. It is important to acknowledge how the hurdles of integrating into a new society exacerbate a refugee's mental health.

POSTMIGRATION STRESSORS:

Although PTSD in refugees is often referred towards the traumatic events that cause these groups to seek refuge, the literature addresses that mental illness is heightened post migration (Joly, 2020). Post migration stressors are factors that create hardship for migrants to assimilate to the host society. These factors include the non recognition of foreign credentials, language barriers, a lack of understanding the new country's systems, and navigating through new socio-cultural norms (Ruiz, 2016). The first factor of mental distress in refugees to consider is financial hardship. A study conducted to analyze PTSD in adult refugees found that, this group was ten times more likely to have PTSD symptoms than the general population, in particular for high income host countries (Flanagan, 2020). Findings demonstrate that refugees are disproportionately affected by economic immobility (O'Donnell, 2020).

1. FINANCIAL BARRIERS

Financial hardships in refugees have been explicitly shown in underemployment, low access to financial aid, and having to provide financial assistance to dependants abroad (O'Donnell, 2020). Many qualitative interview studies have demonstrated the mental burden that refugees express in the credentials system. The recognizing of foreign credentials is an obstacle that many migrants face in Canada. Studies indicate that foreign work experience is increasingly being discounted in Canada's labour market (Picot, 2005). As a result, many immigrants have had to endure precarious work conditions and deskilling. Deskilling is the process by which immigrants who have attained high credentials in their countries of origin are forced into low skilled jobs (Dean and Wilson, 2009). The process of deskilling has been indicated to affect an immigrants sense of identity severely, through emotions of guilt, shame, and constant strain (Racine and Lu, 2015).

In addition, Canadian work experience is increasingly heavily emphasized and prioritized by Canadian employers (Ku et al, 2018). Canadian experience has often been criticized as a form of labour market exclusion that often leads the onus on immigrants and refugees. CE is viewed by the public and employers as a deficit that immigrants have with a lack of preparedness, unexplainable foreign credentials, low status, and lack of soft skills (Ku et al, 2018) . This ultimately negatively impacts immigrants and refugees in terms

of labour market outcomes and mental stability. The foundations of the Canadian labour market for immigrants is grounded in a meritocratic system.

Findings indicate that language at landing and Canadian work experience are the best predictors for economic immigrants (Bonikowska et al., 2015). Thus, individuals that have such assets are most likely to succeed in the Canadian labour market. This is extremely harmful for refugees, as they are socially disadvantaged, especially those who migrate to the host society with poor official language abilities and nothing in their pockets. Many refugees have expressed the hardship of fully integrating in the economic sector of Canadian society (Wilkinson and Garcea, 2017).

Having to neglect years of study and work experience when migrating to the host country is a tremendous mental toll many immigrants and refugees must endure (Baranik et al., 2017). Unemployment has shown to increase rates of psychological distress, anxiety, and depression (Li et al., 2016). It is crucial to note the value of employment for refugees because the labour market creates networking opportunities and an opportunity to adopt official languages through exposure and practice. Social capital is an extremely important determinant for the mental health of immigrants and refugees. If these groups have family, friends, and a community to support their integration hurdles, their mental health would be less perilous (Chadwick and Collins, 2015).

2. LANGUAGE PROFICIENCY

Language proficiency is another exacerbating factor that imposes a toll on the integration for refugees. Low levels of language proficiency and a lack of employment programs have intensified the struggle in the social cohesion refugees have to the larger Canadian society (Beiser, 2015). Language proficiency contributes to a refugees' experience in creating and expanding their social networks. The lack of language skill is a barrier not solely for employment, but also for creating relationships with Canadians for proper assimilation. A lack of language proficiency contributes to social isolation among refugees (Watkins et al., 2012).

Refugees that come to Canada without knowing anyone, most of which have had to endure family separation, struggle the most in adapting and developing their language acquisition (Morrice, 2018). Refugees

have expressed that not having friends and family in the host country has been an obstacle. This undoubtedly isolates them and leaves them in a limbo of unawareness. They are unaware of how to access resources for employment, health, and social services. Despite the existence of language programs that help refugees learn English, the lack of language training and development is a challenge encountered among many refugees (Morrice, 2018). These challenges have been associated with: age of arrival, premigration educational attainment, length of stay, and mental health status (Asfar, 2019).

There is a limited amount of literature that focuses on the mental health and language acquisition of refugees. Most of the literature focuses on the language acquisition of other migrant groups. However, existing literature has demonstrated that low language acquisition has influenced the mental health of refugees through general distress, anxiety, and PTSD symptoms (Kartal, 2019). Current research is seeking the connection between these vulnerable groups having the capacity to be successful in language acquisition given their mental health problems prior to acculturation (Kartal, 2019). Scholars argue that the more mental health problems a refugee has, the more hindered their cognitive learning is in a new language (Morrice et al., 2019). This developing research demonstrates the deterrence that mental health can have on the ability for language acquisition, as it ultimately disrupts various areas of integration, in particular employment and network opportunities.

3. NAVIGATING THE HOST SOCIETY

Lastly, navigating a host country's cultural and social norms is extremely important and difficult for refugees. This is particularly so for individuals that are fleeing from non-westernized countries, in which there are notable cultural differences between where they come from and the host country. Findings have demonstrated that refugees within their ethnic enclaves are resilient when it comes to dealing with the traumatic events they experienced in their country of origins (Lin, 2020). The role ethnic enclaves play in addressing mental health in communities, although necessary is minimally observed. There exists a scholarly dilemma that views ethnic enclaves as positive and negative contributors to an immigrants' mental health (Li and Li 2016).

Some scholars suggest that ethnic enclaves incorporate a sense of belonging and economic opportunities for immigrants (Ojo and Shizha, 2018). This is vital when addressing the mental health of immigrants because many address poor mental health, state factors of isolation and unemployment. However, other scholars suggest ethnic enclaves act as barriers for immigrants to fully assimilate and create further isolation from the greater Canadian society (Schüller, 2016). It is unclear to know the exact health outcomes of refugees who are well connected to their ethnic enclaves, however it is important to note that ethnic enclaves contribute positively to individuals' mental health (Chiu et al., 2018).

The overall mental health discourse initiated within immigrant and refugee communities is minimal due to cultural norms and values of not discussing mental health (Lin, 2020). There exists a strong presence of stigmatization of mental illness across immigrant groups. Refugees and immigrants from non-western countries have different cultural and religious perspectives of mental health than western countries (Newbold, 2009). This is important to consider because the lack of knowledge of mental illness and the negative narratives surrounding mental health may contribute to the reluctance of accessing resources.

Studies argue the importance of understanding the varying contexts in which immigrants and refugees view mental health, in particular, through religious, cultural, and political lenses (Wylie et al., 2018). For example, some argue that mental illness is something that God gives and takes. Other refugees have expressed that mental illness is something the community is embarrassed of and causes extreme socio-cultural burdens, such as the lack of opportunities and social isolation (Byrow et al., 2020). Other studies have demonstrated that because of a lack of knowledge and or acceptance of mental illness, refugees associate mental illness to physical pain. For example, some will describe physical pain because they find it difficult to articulate their emotions and find it easier to compare it to something tangible (Donnelly et al., 2011). The mental health discourse in these communities is often regarded as a personal battle that must not be vocalized outside of the family (Shannon et al., 2015). Participant refugees have disclosed that because norms of mental health are neglected in their ethnic communities, the role the larger Canadian society plays in discourse is crucial for their development and education on mental health (Yu et al., 2018).

A contributing factor to the lack of discourse within these communities involves a lack of representation in the host country's greater media (Lin, 2020). The lack of representation can lead to a disregard surrounding this issue part from the wider Canadian population. This is harmful because it leads to less funding in resources and programs refugees may need. Further, community intervention can be beneficial in reducing barriers of communication between refugees and service providers (Goodkind et al., 2014). In addition, community resources can ameliorate the challenges refugees face from social isolation (Liddell and Bryant, 2018).

Communities can also help provide information on resources and refugees (O'Mahony and Donnelly, 2007). For example incorporating workshops in more common meeting places where refugees are likely to be at has been reported to be extremely helpful. Evidence in the literature suggests that migrants struggle with concrete programs in Canada that allow them to properly assimilate (Leigh, 2016). Further this lack of unawareness to access to programs that encourage upward mobility for refugees has contributed to migrants viewing themselves as resilient in which they end up pulling all their resources together in a family unit (Denov, 2020).

It is crucial to address the value the greater host society plays in the mental health of refugees, in particular how discrimination plays in immigrants' and refugees' integration (Berry and Hou, 2017). A common theme addressed by scholars is the stigmatization refugees are associated with in the host country. Refugees are often viewed as burdens to society because of their low labor market contributions, along with their high needs to welfare resources (Dhalimi et al., 2018). These negative perceptions perpetuate discriminatory beliefs and actions towards refugees, and cause further harm to their mental health (Ellis et al., 2008). Evidence shows that discrimination is highly associated with refugees experiencing depressive and PTSD symptoms (Sangalang et al., 2019).

Other refugee groups have experienced overall discrimination in terms of their ethnic origins because of the stereotypes attached to their religious or cultural identities. For example, Arab Muslims have experienced increased rates of discrimination due to the events of 9/11 (Lyer, 2017). Discrimination against

refugees not only affects the individual at a personal level, but also creates systematic barriers when navigating the host society. Discrimination against refugees and negative narratives play a crucial role in how refugees are positioned in host societies' cultural framework (Mölsä et al., 2016). Discrimination ultimately hinders other areas of integration such as housing, medical, education, and social services (Szaflarski and Bauldry, 2019). Discrimination in these areas hinder the acculturation of refugees which is already a difficult process to navigate given the limited amount of knowledge in navigation of Canadian systems. Some refugees have encountered denial of services because of the negative perceptions attached to their identity. These negative perception further contribute to the difficulties they face in integrating in the host country, making it all increasingly difficult to assimilate and feel welcomed (Pollock et al., 2019).

HEALTHCARE AVAILABLE:

The Interim Federal Health Program is a program funded by the federal government of Canada that provides healthcare coverage for refugees. The IFHP lasts until refugees are eligible for provincial or territorial health insurance. Resettled refugees, refugee claimants, protected persons, victims of human trafficking, and detainees are all eligible groups for the IFHP. The program covers basic, supplemental, and prescription drug coverage in Canada (Canada. Interim Federal Health Program, 2020). The basic coverage is similar to the healthcare coverage from provincial and territorial health insurance. The supplemental coverage and prescription drug coverage is similar to the coverage given to social assistance recipients in provinces and territories.

In order for refugees to have their healthcare needs covered they must first find a health care provider that is registered with the IFHP administrator called Medavie Blue Cross. Medavie Blue Cross administers all healthcare claims for refugees that are eligible under the IFHP. The official government of Canada website provides a direct link to the Medavie Blue Cross website in order to find what providers are registered. After finding a healthcare provider registered with Medavie, refugees show the chosen healthcare provider their

IFHP document confirming their eligibility. Refugees are then asked to sign a document confirming the services they received and send it back to Medavie.

Once refugees obtain their permanent status, the IFHP expires, and they are transitioned into their provincial health insurance plans. The overall transition from the federal health plan to provincial health plans is one that is precarious for refugees (Caulford and D'Andrade, 2012). Many are caught in a limbo of unawareness of what resources are available to them and where to access new resources. Since the IFHP offers basic coverage similar to that of the provincial's basic coverage, refugees are expected to navigate what supplemental and drug coverages are available in social services in provinces (Abdihalim, 2016). There are settlement services available for refugees to ask questions regarding all aspects of integration including language, employment, education, and health. Such settlement services provide mental health resources by government funded and non government funded organizations for refugees. Non government funded resources can be found on settlement websites or settlement service office locations.

The great issue often criticized in settlement services and the overall healthcare sector is the lack of stronger interpersonal relationships between refugees and service providers (Hadfield et al., 2017). Refugees most likely differ in their conceptualizations of mental health, have low language abilities, and have pre-migration and post-migration stressors that give them unique profiles. The unique profiles refugees have make it exceedingly important to recognize that these groups require extensive, careful and active care. It is important that service providers develop stronger relationships with refugees to effectively address their mental health care needs.

NAVIGATING THE SYSTEM:

Existing literature demonstrates problems with the current IFHP because of the lack of communication that exists between health services and the government. This lack of communication ultimately affects the information that is being offered amongst refugees, the government and the healthcare sector. It has been demonstrated that refugees have been refused care and charged for their healthcare needs because of the lack of knowledge healthcare providers have on the IFHP (Ruiz-Casares, 2016). One study done in Montreal,

Quebec, was designed to ask healthcare providers about their knowledge on the healthcare coverage for refugees in the IFHP. This study found that 39% of respondents had not one successful entry out of the whole questionnaire (Ruiz-Casares, 2016). The major finding in this study like many others is that the implementation of IFHP procedure for healthcare providers needs immediate attention and adjustment.

The clear majority of the literature addresses that refugees use resources and healthcare needs to a lesser degree than the general population (Newaz, 2020). If healthcare providers are struggling to understand the IFHP, keeping up with policy changes (what is and is not covered by the IFHP), the recipients with language barriers and no knowledge of the host country's system will be increasingly neglected. Findings have illustrated that many refugee groups have expressed they do not know how to make appointments and get referrals, and that website links and phone numbers are merely not enough. Website links have been expressed as difficult to navigate because of language barriers and the inaccessibility to a computer and the Internet (Guruge, 2018). There is an obvious gap in which resources exist to help these individuals with emotional, health, and financial support; however the means to provide refugees with this information is missing. There must be more mediating groups that are designed or hired by the government, and/or social assistance programs that go out of their way to make this information accessible to refugee groups.

Studies have shown that refugees often express confusion and angst in terms of navigating support for once their financial assistance program expires. Recipients of these financial programs have benefitted from resources that are not in the provincial and territorial health insurance. This may include counselling, medications, physiotherapy, psychotherapy, and other supplemented coverages. There exists a great gap in the literature and immigration policy that addresses how refugees seek the social assistance programs for when their IFHP expires.

1. MENTAL STATUS

In addition to the language barrier issues that refugees come across in navigating these resources, their emotional stability must be taken into consideration. The mental health of these individuals reiterates the vulnerable state they are in. These individuals have fled from traumatic experiences and simply applying for

aid resources can be a daunting step. It takes a lot of emotional strength as well as mental soundness to reveal personal hindrances. A refugee's application is no quick fast-track process; on the contrary it is very long. Additionally if no one is explaining the procedures properly, refugees may end up in all sorts of trouble like getting charged for services they are not supposed to. Distress may emerge and seeking resources for actual mental health may be more challenging.

2. CULTURAL/ RELIGIOUS BARRIERS

The literature has addressed cultural barriers to accessing mental health for refugees such as, cultural norms from country of origin, and stereotypes attached to certain groups of refugees in the host society. Mental health in migrant literature has been often disclosed as a subject extremely stigmatized across cultural groups. The stigmatization of mental health in refugees and migrant groups has hindered their ability to seek out mental health tools. Studies have shown that refugees express feelings of shame and fear towards their mental health problems (Shannon, 2015). The lack of mental health discourse and openness in a country of origin has contributed to refugees neglecting their own mental health symptoms in host societies (Majumder, 2019). Studies show that speaking on mental health automatically alienates refugees from their family and community (Quinn, 2014).

In particular, mental illness has been often associated with societal isolation and discrimination in employment, education, and housing according to some ethnic groups (Quinn, 2014). Moreover, it has been demonstrated that individuals who have experienced political oppression and violence that have caused their mental distress, have the tendency to refrain from addressing their mental health challenges. The trauma related experiences have generally caused a withdrawal from addressing one's mental health, as this can trigger greater vulnerability among this particular group (Shannon, 2015). Taking into account the unmet needs of refugees' mental health the accessibility of mental health resources needs to be critically analyzed. Making this process as easily accessible as possible through outreach programs is extremely important. Another barrier worth mentioning is the stereotypes and biases that the host society attaches to refugee groups. There are huge disparities that the medical sector has not taken into consideration for refugee groups.

Understanding that refugee groups are not homogenous and certain cultural norms and religious practices may need further accommodation is important. In particular, in Canada and the United States, the literature often refers to a Western Model Medical System which often overlooks the cultural and religious backgrounds of ethnic minorities (Almontaser, 2017).

Muslim Arabs are the most subjected to this form of neglect from the medical sector. Accommodations for dietary requests for halal foods and gender preference healthcare professionals are mostly requested by Muslim patients (Almontaser, 2017). The Islamic faith has dietary regulations that include the non-consumption of pork, gelatin, and any foods or medications that have alcohol (Almontaser, 2017). Further, the gender preference requested by certain groups is important as some participants have stated they will refuse to seek care if their preferences are not addressed (Vu et al., 2016). One common scenario is reflected in Muslim women participants stating they would not speak about their mental health and traumas in the presence of a man (McBride et al., 2016). Therefore, it is important that healthcare professionals are aware and educated on accommodating the specific needs of these groups. Overall, there is a need for policy for more diversity training among healthcare providers. This is especially important to address the specific needs of ethnic minority groups that align with their cultural and religious beliefs.. These individuals should not be looked at as one homogenous group because there are intricacies that will differ on a case-to-case basis. Undoubtedly, openness and education from healthcare providers is pivotal to addressing certain cultural and religious needs.

SUMMARY

The mental health of refugees is an extremely complex issue that should be carefully examined. Throughout the literature review, pre-migratory and post-migratory stressors were outlined as causes that affect the mental health of refugees. Premigration stressors were listed as push factors of the overall migration journey. The premigration stressors are important to consider because they highlight the mental health vulnerability of refugee groups. Many individuals' push factors include traumatic events such as political

corruption, armed conflict, gender violence, war, and more. Further, the overall environment of refugee camps can be equally emotionally and mentally draining for refugees. Some camps force individuals into labour and others fail to provide basic resources like food and shelter. Therefore, considering the exposure to such events, it is important to analyze the mental health risks refugees encounter before migration.

Post migration stressors are just as important because such factors consider the overall integration process of individuals. Refugees are forced to adapt into a new culture, language, labour market, system which can be extremely difficult. Many encounter financial difficulties, language barriers, and discrimination, which inherently contribute to the poor mental health of refugees. Considering this group tends to suffer from PTSD, depression, and anxiety, it is important to address the resources available to these groups. There are a variety of government and non government funded organizations that aim to address the mental health of refugees. However, a major issue is the underutilization of mental health resources among refugees. Current literature, mostly through qualitative interviews, has addressed the underutilization of resources in terms of language barriers and computer illiteracy. This research seeks to advance the current literature by providing a content analysis on settlement websites for additional barriers that may contribute to such underutilization.

METHODOLOGY

Content analysis has often been referred to as a research method that allows for "subjective interpretation of content of text data through the systemic classification process of coding and identifying themes or patterns" (Hsieh and Shannon, 2005). I decided that content analysis is the best fitted methodology for this project considering the units of analysis are two websites. The purpose of this study is to analyze the accessibility of settlement websites by examining the website layouts through text and content. A coding schedule was developed from a list of categories I constructed to determine the organizations' and website's accessibility for refugee users, the potential patients of these mental health organizations.

To address how settlement websites structure their mental health resources, I conducted a content analysis of the official settlement websites of Ontario and British Columbia. A total of 27 websites were

collected for this project, 15 from Ontario and 12 from British Columbia. Each province has a settlement guide PDF implemented on their page that addresses all resources available for newcomers, including language training, employment training, housing needs, health/ mental health resources and more. In addition to these guides, the websites contain additional mental health resources for refugees. Mental health resources from the PDFs and additional website links were all gathered for data collection. These resources contain links and phone numbers to government and non government funded organizations. The official settlement websites were chosen because they have a variety of resources available for refugees and are often the primary source needed for a refugees' integration in Canadian society.

I created four tables on Microsoft Excel to organize and register my data. Two of the four tables contain key questions such as name of the organization, type of organization, type of the mental health service, and additional services offered. The first spreadsheet contains a table of Ontario websites chosen, whether organizations are government funded or non government funded, the types of mental health services offered, and additional services available. The same was done for the British Columbia websites on the second excel spreadsheet. The government and non government funded category was chosen to determine whether there exists significant differences between the two types of organizations. For example, whether non government organizations have more community engaged therapy in comparison to government organizations.

Further, this category is set to demonstrate if there exists a spectrum of services available considering both types of organizations provide free of charge services for refugees. The mental health services offered category was chosen to determine the variety of mental health resources available for the refugee population. This category was highly important to add because I wanted to highlight whether organizations were specializing in particular refugee mental illnesses and/or treatments. This category is implemented to demonstrate the degree of personable services available for all refugee groups. For example, tortured refugees may need different specialized treatments in comparison to other refugee groups. The additional services category was chosen to highlight if organizations were equipped to help refugees with other post migration stressors, such as housing, legal aid, and language training.

The other two tables were used to determine the coding scheme by listing 8 categories that would classify the website as positive, neutral, or negative. The 8 categories were chosen as a means to answer research question 2 and 3, and the overall quality of the organizations. The 3 categories set to determine the quality of the organizations are: additional resources from the mental health services, if interpreters or translation services are available, and if organizations had community engagement opportunities for refugees. These categories were chosen by pulling emerging themes from the literature review. As discussed earlier, post migration stressors play a crucial role in determining the mental health of refugees therefore, additional resources available would illustrate the organization is multifaceted and efficient to address various stressors in a refugee's integration.

In addition, interpreter and translation services addresses an aspect of cultural sensitive care by having elected individuals bridge vital information from mental health practitioner to patient. Furthermore, community engagement opportunities was chosen to highlight if organizations were making efforts to network refugees with the greater community. The rest of the 5 categories were strictly used to determine the online accessibility of the website. They go as follows: translation option for the website, alternate forms of communication (Podcasts, videos, webinars), layout of website is simple, organized, and consistent, Language and text used in website is clear and easy to follow, and lastly, help options available for website navigation are present such as chat box, FAQs and search bars.

Translation options for websites were accepted if the translation option was available for the entirety of the website. This category was chosen to consider newcomers who may face language barriers on online platforms. This category was vital to ensure websites made attempts to facilitate the information delivery and overall content for their users. Alternate forms of communication such as podcasts, videos, and webinars were chosen to analyze whether organizations were open to accommodate for patients due to COVID -19, as well as provide different sources of communication for their services other than text form. Providing alternate forms of communication also demonstrates that organizations are attempting to provide various sources

of accessibility in information delivery. For example, videos, webinars, and podcasts, may be more helpful to visual learners. Further, these alternate forms of communication show that organizations are aware that their users have unique characteristics that set them a part from the average fluent English speaking user.

The layout of website was coded positive if it was visually consistent, simple, and organized to ensure content was easy to follow and not distracting for individuals that are either computer illiterate or have language barriers. Visual consistency was determined by taking note if each page of the website had the same, if not most similar formatting, font size and font clarity. In addition, if websites had an excessive amount of images or moving images they were coded as negative in the category for distraction. The language and text used category was set to analyze whether websites were refraining from using jargon and information overload. Information overload was highlighted if websites had large amounts of paragraphs addressing any service, tab, and section of the website. Lastly, The help option category was implemented to determine the ways in which websites would facilitate the overall navigation for its users. For example, help tabs, search engines, and chat boxes were noted as helpful navigation sources. As for the coding schedule, organizations and their websites were coded positive from the list if they scored 7/8 and 8/8 , neutral if they scored 4/8, 5/8, and 6/8, and negative if they scored 3/8 and below.

ANALYSIS

1. TRENDS IN COVERAGE

Out of the 27 organizations, COSTI Immigrant Services and Inter-cultural Association of Greater Victoria were ranked the highest for positive online and service quality (8/8), followed next by Sherbourne, DIVERcity, Immigrant Service Society of BC (7/8), next were the neutral coded websites ConnexOntario, VIRCS, Archway Community Services (6/8), then by CCVT, AWO, Access Alliance Multicultural Health & Community services, Skills for Change, Multicultural Mental Health Resource Centre, Vancouver Association for Survivors and Torture (5/8), then by Midaynta Community Services, CMHA- Newcomers' Health and Wellbeing, Cedar Centre, MosaicBC, Vancouver Island Counselling Centre for Immigrants and

Refugees (4/8), Lastly the negative coded websites were IG Vital Health, ReNu, OCISO, Kingston Community Health Centre, S.U.C.C.E.S.S BC, Reach Multicultural Family Health Centre (3/8).

Although there were overall more organizations from Ontario in Ontario's settlement website list than British Columbia organizations in British Columbia's list, it would be misleading to state that there exists less resources in British Columbia in comparison to Ontario. There are numerous resources outside of what these settlement websites contain, however in order to narrow down the numbers, these units of analysis were chosen. 81% of organizations received at least some if not all government funding. Therefore, between the formal and informal supports, differences between government and non government funded organizations were not critical. When comparing the types of mental health services offered between the provinces, four particular trends were found. First, British Columbia had five organizations that took cultural sensitive care approaches to their treatment methods, where as Ontario had one. Second, Ontario had two organizations that provided anti racist, xenophobia, and anti oppressive treatments for newcomers, where British Columbia had none. Third, both provinces had organizations that provided programs for LGBTQ+ refugees with Ontario having two, and British Columbia having one. Fourth, the most mental health service specialization offered in both provinces entailed war, displacement, and trauma.

2. ADDITIONAL RESOURCES

Two major themes derived from the research questions are additional resources and online accessibility. When examining the additional resources, the 27 organizations were also analyzed and ranked in terms of which additional resources were present in how many organizations. Translation services ranked the highest present additional resource, in all of the 27 organizations, ranking (17/27). Following this, community engagement (16/27), Language training (12/27), specified age group programs (11/27), employment training (10/27), settlement services (8/27), women based programs, legal services with permanent residency, immigration, and citizenship (7/27), food and housing (6/27), LGBTQ+, International students, and migrant workers (2/27). The lowest present additional resources were identity specified programs.

LGBTQ+, women based, international students, and migrant workers programs were the least seen in all organizations.

I argue that this is because most organizations might not have the time and resources to create such specific programs, and that it is easier to generalize their services in order to serve a greater amount of refugees. Further, based on these data results, one can argue that translation services and community engagement opportunities are often the priority services mental health organizations offer. This can be argued because if organizations invest in interpreters and translators, the more likely refugees will be to use these resources effectively. Having interpreters and translators and community engagement opportunities in refugee mental health services, provides cultural sensitive care. Culture sensitive care is important for refugees to understand the resources they need in order to heal and integrate to Canadian society.

3. ONLINE ACCESSIBILITY

In terms of online accessibility, the highest ranked feature for this category was help options. 17 out of the 27 organizations had at least some sort of help option that would aid an online user navigate the website. This category was split into three subcategories: chat boxes, search bars, and additional help tabs. 14 out of 17 organizations had search bar engines, 4 out of 17 had chat boxes, and 10 out of 17 had additional help tabs. The additional help tabs included pop ups for immediate support, booking appointments, website accessibility adjustment, multilingual COVID-19 updates, site maps, font adjustment icons, surveys of websites, and FAQ's. Although the search bar engines were the most present help option throughout the organizations, I argue that this is not necessarily the most influential contributing help feature. Some search engines were excluded because they were not always effective.

For example, there were issues with the search engine the second and third time I went through S.U.C.C.E.S.S BC's website. I had keyed in terms such as "counselling" and "mental health" and nothing popped up. I was then left to search the organization name along with the key terms in the google engine for the desired information. In addition, although these search engines can be used as site maps that help users filter the website through key terms, I argue this is only a superficial feature.

The search engines are not as reliable to ensure that users get the answers they are looking for. For example, even if a link or information from the key words do pop up on the website, the information may not be as useful as one needs be. In particular, with some search engines, a key word would lead me to an in depth description of whatever it was I was searching. This may not be an issue for any other user that can easily skim through and find the answer they are looking for, however this may not be the same experience for a refugee who has language barriers or is computer illiterate.

The most effective online accessibility feature I argue is the translation option for the entire website which was seen in 7 organizations out of the 27. That being stated, it is important to take note of the limitations that come with the translation options of websites. For example, some websites contained automatic google translate tabs which may not be as effective as those websites that have professional translators translate the entire websites. Another example would be languages that have multiple dialects and differ greatly, such as Arabic. All the websites that did have website translation for the Arabic language were for Modern Standard Arabic. This may be an issue because Arabic has more than 22 dialects and, not everyone who speaks Arabic will understand Modern Standard Arabic (Sadat et al., 2014). Whilst the translation option feature may be flawed circumstantially, it is extremely vital to have on newcomer websites. Newcomers having access to such a feature could have many potential barriers lifted. This type of feature could cancel out the other categories created in this research project to determine online accessibility. For example, videos, webinars, podcasts, FAQ's, search bars, all would not be so much of an necessity if each website is properly translated in whatever dominant language of the user.

All in all, it is critical to support the literature that argues for a model of healthcare that serves the refugee population with intentional and unique care. This population tends to suffer from mental illness at higher rates than the rest of Canadian society, while experiencing multiple barriers when navigating healthcare systems. With careful consideration to this, it is with great importance that the Canadian healthcare system prioritize and understand this population needs differ from a regular citizen's healthcare service. The refugee population needs special accommodations for their heterogeneity in

order to receive effective care. In addition, this content analysis gives evidence to support that barriers in the healthcare system for refugees are not only in in person services, but extend to online healthcare platforms. Further, this study argues that, the more personable features in person services and online platforms have, the more likely refugees will be well taken care of, and more likely to utilize resources available.

CONCLUSION:

Settlement websites from British Columbia and Ontario were collected in order to gather data on the mental health services offered for refugees in these provinces. A content analysis was conducted on the links and resources both settlement websites provided for refugee mental health. 27 websites were collected in addition to the settlement websites. Each website was read through a total of 4 times, and key questions were taken note of such as, name of the organization, type of organization, type of the mental health service, and additional services offered. 8 categories were then developed to determine the overall online accessibility and quality of service of the organizations. Websites were then coded into positive, neutral, and negative depending on how they scored from the categories developed. Emerging themes were heavily considered for the analysis and results sections.

Additional resources and online accessibility were used as themes and inductively subcategorized. Additional resources had 12 subcategories; language training, settlement websites, community engagement, translation services, women based programs, LGBTQ programs, housing and food, employment training, legal services, age based programs, and international/migrant workers programs, and online learning (webinars, videos, podcasts). Online accessibility had 4 subcategories; help options (chat box, search engine, additional help tabs), visual layout of website, overall language and writing used, and online translation option for entire website.

BC and Ontario resources had most of the same mental health services and additional resources available. In addition, the government and non government funded organizations were not drastically

different considering most organizations received at least a portion of government funding. Trauma related counselling was the most related trend across all the organizations. The least present additional services were highlighted into three trends, culture sensitive care, anti-oppressive treatments, and LGBTQ refugee counselling. One notable difference is that 5 of British Columbia's organizations and 1 of Ontario's had culturally sensitive care frameworks. Therefore, 22% of organizations collected in this project provide culture sensitive care to their refugee patients. This is concerning, considering the large amounts of literature that highlight the importance of abandoning the western model of health and shifting towards a productive culturally sensitive healthcare system. Without culture sensitive care, patients may deter from seeking aid, be misinformed, and misunderstood (Betsch et al., 2016).

Findings also demonstrate that the additional resources provided in mental health organizations have similar priority patterns. For example, 62% of the organizations all had translating services for their patients. Meanwhile, specialized refugee programs were those missing out of the additional services available, 7% of organizations had LGBTQ programs and another 7% had programs for international students and migrant workers. The major finding for online accessibility is that 25% of websites have a translation option for the whole website. Thus, less than half of the organizations in this study did not tailor this accessibility feature for their multilingual user population.

The findings from this research project support the existing literature because it is clear that changes need to be made in the overall mental healthcare system for refugees in Canada. There are several mental health resources available for refugees, however, a great influence on whether these resources are being utilized depend heavily on how the resources are presented to their users and potential patients. As discussed previously in the literature review, the IFHP database highlights that refugees use mental health services the less out of all the health benefits this insurance plan offers (IFHP Database, 2020). Although the literature provides a variety of reasons why this underutilization occurs, I hypothesize a new contribution that focuses on online accessibility. Most of the literature demonstrates that the underutilization of mental health resources

in refugees is due to cultural, social, economic, transportation, lack of knowledge of resources available, lack of host language and more (Augsberger et al., 2015).

This research project aims to demonstrate a new critical component that may provide insight to the underutilization of mental health resources. If websites are not being created as a means to fit personable features of users, then websites will most likely not be effective. Translation options provide users comfortable access to vital information in their native language. Further, a simple and consistent website layout can be rewarding, in that it is not overwhelming and distracting to follow for users. Furthermore, additional help tabs go a long way for users. For example, pop ups that provide immediate assistance for users demonstrate an accessibility feature where users do not have to scan the whole website for their inquiries, or assistance.

As mentioned earlier there were two major limitations that came across this project, Firstly, the data used for this project is limiting because it does not encompass all of the available mental health resources in British Columbia and Ontario. The 27 organizations chosen were used to narrow the scope of the resources available. In addition, because of this smaller collection it is important to reiterate that British Columbia does not necessarily have less resources than Ontario. Further, that because certain services such as anti oppressive and anti racist therapy were present in Ontario and not in British Columbia, this does not mean that this type of service for refugees does not exist in all of British Columbia. Secondly, a translation option for an entire website was noted in this project as the most important and yet absent online feature. Translation options for entire websites can be limiting if the websites are solely used through google translate instead of professional translators. This can be limiting because google translate is not always an accurate and effective tool of translation. Another limitation to consider is the subjectivity that comes with content analysis, the coding schedule developed by the coder is usually determined through their own personal analysis.

Future research should focus on a quantitative methods approach where refugees are given surveys on their experiences navigating mental health websites. Different variables in the sampling population may create a vast difference in experiences. For example, age can be a variable that plays a crucial role in how a r

refugee adapts, or overall navigates websites. Another variable to consider is the type of refugee using the website. For example, a refugee fleeing from extreme poverty conditions in comparison to a refugee fleeing from political corruption with a more secure economic background may have more knowledge on internet and computers.

Ontario Websites

Organization	Governent vs. Non Government	Type of Mental Health services	Additional Services Offered	POSITIVE	NEGATIVE	SCORE
CCVT	Government and Non Government Funding	Counselling Crisis Intervention Referrals to treatments Individual and family counselling Music and art therapy Support groups	Language training Settlement services Community engagement Translation services offered	Additional resources Translation services google translate option for website community engagement language/text is simple	Layout of website is distracting/ fast moving, No alternate forms of communication No search tab, help tabs, or chat box	5/8 Neutral
IG Vital Health	Government Funding	Psychotherapy Reprocessing Therapy Mindfulness-Based Cognitive Therapy Psychoanalysis Person Centered Therapy Cognitive Assessment Psychometric Assessment Psycho Educational Assessment	Immigration, Family, Employment, and Criminal law Personal injury processes Community engagement Translation services available	Layout of website is simple Language used is simple Services are available in different languages	One additional resource No community engagement opportunities No translation option for website No alternate forms of communication No search tab, help tabs, or chat box	3/8 Negative
ReNu	IFHP Coverage For Eligible Candidates	Counselling Psychotherapy Trauma informed approaches Anti-racist and anti-oppressive approaches structural therapy	Panels Podcasts	Layout of website is simple Alternate forms of communication Help feature: guide to book appointment	No additional resources No community engagement No translation option on website Language/ information on website is overload	3/8 Negative

		(families), CBT+			No search tab, help tabs, or chat box	
OCISO	Government and Non Government Funding	Counselling Psychotherapy	Employment training Language training Youth program School support Community engagement Translation services available	Additional resources Community engagement Services are offered in multiple languages	No translation option for website Layout of website is distracting, many images and texts No alternate forms of communication No search tab, help tabs, or chat box	3/8 Negative
AWO	Government and Non Government Funding	Mental health workshops Crisis counselling Individual counselling	Settlement services Employment training Community engagement Language training Senior, youth, Women, and family support programs Translation services	Additional resources present Translation services Community engagement, Alternate forms of communication Layout of website is consistent and organized	No translation option for website Information overload No search tab, help tabs, or chat box	5/8 Neutral
Access Alliance Multicultural Health and Community Services	Government Funding	Counselling for PTSD, anxiety, Depression	Community programs Food programs LGBTQ+ programs Settlement services Translation services	Additional resources Community programs Translation services Website contains simple English Search bar is present	No translation for website Layout of website is distracting- many images/ colours No alternate forms of communication	5/8 Neutral
Sherbourne	Government and Non	Psychiatric counselling	Chronic conditions	Additional resources	No community engagement	7/8 Positive

	Government Funding	education Psychotherapy Counselling education War, trauma, displacement, PTSD Racism, xenophobia, immigration, poverty, LGBTQ+ phobia	Homelessness+ underhoused Socially isolated individuals that need to recuperate from an acute medical condition, injury, surgery + Community groups and drop ins Translation services available	Translation option for website Translation services available Website layout is simple and consistent Website language is simple Chat box, search bar+ site map + and font adjustments Alternate forms of communication		
Skills for Change	Government and Non Government Funding	Support & counselling, crisis intervention	Employment training Employer engagement Job seekers Settlement services Language training Women's programs and services	Additional resources Community engagement- panels with community members Alternate forms of communication - virtual access to services because of covid, Search bar is present Language of website is simple	No translation option for website No translation option for services Layout is distracting, fast moving images	5/8 Neutral
Connex Ontario	Government Funding	Listening, support and information about counselling/ treatment services available in community General information on mental health	Translation services Additional guides for extra settlement resources available are multilingual	Help options are available- chat box Additional links are available for more resources Services are available in different languages Alternate forms of communication	No community engagement No translation option for website	6/8 Neutral

		Substance abuse, and gambling		are available (phone, chat, mobile app) Layout of website is consistent Language is simple		
Kingston Community Health Centres	Government and Non Government Funding	Individualized mentoring and solution focused counselling	Assistance with government documents Community connecting Services in multiple languages Support finding a home Support in enrolling children in school and daycare	Services available in multiple languages Community connecting Search bar is present	Layout of website is distracting- many pop ups, distracting and unorganized, Additional resources- guides are translated – not the whole website No translation option for website No alternate forms of communication Language of website is geared towards experienced residents and not so much new comers (services aren't explained in depth	3/8 Negative
COSTI Immigrant Services	Government Funding	Counselling Psychiatric assessments Case management, Education Therapeutic groups and workshops	Language training Employment training Children and Youth Programs Housing Women's services Skills training, Settlement/ citizenship	Additional resources Community engagement Translation option for website Multiple language services Alternate forms of communication Help option: chat box	N/A	8/8 Positive

			Community engagement Translation services	Layout of website is simple organized and consistent, Language used is simple		
Midaynta Community Services	Government Funding	Counselling and support	Youth outreach program Culturally relevant and responsive mentorship Seniors support Low income housing Prevention and intervention Settlement services Community engagement/ events	Additional resources available, Alternate forms of communication (videos) Community engagement-events Search bar is present	Services are offered only in French and English No translation option for website Layout is fast moving, overwhelming amount of images Language is not simple. Words like "mitigate" , “holistic” , “framework”, “intergenerational trauma”, are not plain simple English for newcomers	4/8 Neutral
Canadian Mental Health Association-Newcomers' Health and Well being	Government and Non Government Funding	Counselling and support Conflict resolution Trauma therapy Grief and loss therapy Stress management	N/A	Community engagement Alternate forms of communication-videos Search bar, pop up to set website ex: hiding images, enlarging cursers Layout of website is consistent , simple	No additional resources No translation option Language used is simple, paragraphs are short and to the point No translation services	4/8 Neutral
Multicultural Mental Health resources	Non Government Funding	Medical interpreters Cultural mediators	Additional information on IFHP Immigrant and refugee Red cross	Website is available in multiple languages Alternate forms of	Additional resources are not available Community engagement is not available	5/8 Neutral

		Counselling psychologists with same cultural background as patients	Additional mental health resources (articles, websites)	communication like guides and step by step links to resources Language used in website is simple, concise Layout of website- is consistent, organized and easy to follow Search bar is present		
Cedar Centre	Government and Non Government Funding	Trauma therapy Family Child & Youth programs Adult programs Outreach and Prevention Program	N/A	Program guides are offered in multiple languages Layout of website is organized and Consistent Language used in website is in simple English No information overload- no long paragraphs	Search bar is not present No chat box, No additional resources No community engagement	4/8 Neutral

British Columbia Websites

Organization	Government vs. Non Government	Type of Mental Health services	Additional Services Offered	POSITIVE	NEGATIVE	TOTAL SCORE
AMSSA	Government and Non Government Funding	Mental health seminars Online courses, videos, podcasts, webinars	Language training Networking and training events	Additional resources Alternate forms of communication - online learning (videos, podcasts, e learning),	No translation for website No translation for services Information overload- guides, toolkits/	5/8 Neutral

		Community engagement therapy	Diversity and inclusion workshops Info sessions on pathways to PR and employment, migrant workers support program	Community engagement webinars and workshops Layout of website is consistent Search bar is present	reports, info sheets- may be distracting and difficult to follow + overwhelming to navigate	
DIVERSEcity	Non Government Funding	Family counselling Child and youth mental health counselling Substance use counselling Journeys Program for Concurrent disorders	Language training Employment programs Interpretation and translation services Community connections Citizenship preparation, Skills training Youth programs, Senior programs, Translation services	Additional resources Community engagement opportunities Translation services available Alternate forms of communication- multilingual YouTube videos Layout is organized and consistent Language and writing is simple Search bar is present	Only one page of the website is available in multiple languages	7/8 Positive
Immigrant Service Society of BC	Government and Non Government Funding	Pre-migration trauma Domestic violence Integration counselling	Language training Settlement orientation services – go through claim process, youth programs, senior programs, legal clinic Community connections women peer support	Additional resources Community engagement Alternate forms of communication- videos, webinars, Layout of website is consistent Language is simple Help options are search bar and survey of overall website for users shows initiative and willingness of the organization to improve website	Translation for website only available for one section of the whole website	7/8 Positive

S.U.C.C.E.S.S. BC	Government and Non Government Funding	Help lines, Gambling, Individual and family counselling Support groups	Language training Community engagement Employment training Housing Seniors, Youth, Settlement, Family, Entrepreneurship and Health Education counselling services are multilingual	Additional resources Available Community engagement opportunities Counselling services are available in multiple languages	No alternate forms of communication translation option for website is only the two Chinese languages Search bar is ineffective Layout of website is image overload, distracting platform Language is simple but overwhelming with information - not concise	3/8 Negative
VIRCS	Non Government Funding	Personal Holistic support for youth, adults, families, and seniors, Art therapy	Employment training Women's project Legal aid Food supplies Language training Translation services	Additional resources Help- pdf in different languages pops up to inform users of covid updates, Website is very simple, straightforward, Language is simple Translation services available	No translation option for whole website No alternate forms of communication online	6/8 Neutral
MosaicBC	Government Funding	Counselling Domestic violence prevention LGBTQ immigrants multicultural victim services	Refugee claimants Language training Employment training Children and family programs Settlement services International students, migrant workers, women programs,	Additional resources Translation services available, Community engagement opportunities Help- search bar is present, phone number icon is first tabs available, Alternate forms of communication- meetings on zoom for services	Translation online is only on one section of the whole website Layout of website is overwhelming moving images, multiple different images on main page that make the platform difficult to follow Language used is simple but	4/8 Neutral

			Workplace training, Translation services Community engagement		multiple paragraphs and not organized, a lot of information in a single page No alternate forms of communication	
The Multicultural Mental Health Resource Centre	Non Government Funding	Multicultural Health promotion programs Social work, counselling, Culturally appropriate mental health services Stigma reduction multilanguage information on mental health illness and treatment	N/A	Translation services, Translation option for website Search bar is present Layout of website is consistent Language is simple to understand- point form with enough context	No additional resources no community engagement no alternate forms of communication	5/8 Neutral
Inter-Cultural Association of Greater Victoria	Government and Non Government Funding	Art based therapy as a means for healing, reconciliation and integration for refugees,	Language training Workshops Employment services Translation services Youth and family programs, online learning available	Language translation for all website Additional resources Translation services available Community engagement opportunities Alternate forms of communication- videos explaining services and organization available Layout of website is consistent and organized, information is given in point form, and videos therefore Language is simple Search bar is present	N/A	8/8 Positive

Reach Multicultural Family Health Centre	Non Government Funding	Counselling, social work services	Dental care Pharmacy services Multicultural Family Centre - services and programs that specialize in the determinants of health Translation services	Additional resources Video program service available as alternate form of Communication Layout of website is consistent and simple	Information delivery is overwhelming- paragraphs that take up all pages+ some fonts are blurry No translation services No translation option for website No search bar, FAQs No community engagement	3/8 Negative
Vancouver Association for Survivors of Torture	Government and Non Government Funding	Counselling, Psychiatric assessments,	Documentation, Education, Referrals, Health, Housing, Settlement services Community engagement Translation services	Additional resources available Community engagement Chat box present+ FAQs Translation services available Information is simple and consistent	No translation option for website No alternate forms of communication, Layout of website is distracting- multiple images in single pages, delivery of Information is hard to follow - there's no context to the actual programs available - just states what they are + paragraphs take up the whole page and or are blended all together	5/8 Neutral
Vancouver Island Counselling Centre for Immigrants and Refugees	Government and Non Government Funding	Culturally sensitive Counselling on displacement and trauma	Finance Human resources Legal matters Childcare Translation services Community engagement	Community engagement Translation services Multiple FAQs available for help+ big pop up icon to get support now Information is consistent and simple- does not overtake all the pages on the website	No additional resources No translation for website No alternate forms of communication Layout of website is distracting- multiple images, fast	4/8 Neutral

					moving, and blended with descriptions	
Archway Community Services	Government and Non Government Funding	Counselling in person and online on victimization, sexual abuse Life skills training victimization, domestic violence, CBT, group and individual counselling	Housing Food security health Education Addiction, Legal services Youth, parents, seniors, women Programs Low income Employment Skills training Community engagement Translation services available	Additional resources, Community engagement, Layout is consistent and simple, information delivery is simple, Translation services available, Search bar is present and effective Language/information delivery is simple	No alternate forms of communication, No translation option for website	6/8 Neutral

References

Ahmed S, Shommu NS, Rumana N, Barron GR, Wicklum S, Turin TC. Barriers to Access of Primary Healthcare by Immigrant Populations in Canada: A Literature Review. J Immigr Minor Health. 2016 Dec;18(6):1522-1540. doi: 10.1007/s10903-015-0276-z. PMID: 26364053.

Almontaser, E., & Baumann, S. L. (2017). The Syrian Refugee Crisis: What Nurses Need to Know. *Nursing Science Quarterly*, *30*(2), 168–173. https://doi.org/10.1177/0894318417693307
Baranik, L., Hurst, C., & Eby, L., (2018). The stigma of being a refugee: a mixed methods study of refugees' experiences of vocational stress. https://doi.org/10.1016/j.jvb.2017.09.006

Augsberger, A., Yeung, A., Dougher, M. *et al.* Factors influencing the underutilization of mental health services among Asian American women with a history of depression and suicide. *BMC Health Serv Res* **15,** 542 (2015). https://doi.org/10.1186/s12913-015-1191-7

Basilio, L., Bauer, T. K., & Kramer, A. (2017). Transferability of human capital and immigrant assimilation: An analysis for Germany. *Labour*, *31*(3), 245-264.
Berry, John W, & Hou, Feng. (2017). Acculturation, discrimination and wellbeing among second generation of immigrants in Canada. *International Journal of Intercultural Relations*, *61*, 29-39.

Bonikowska, A., Hou. F., and Picot, G., 2015. "Which Human Capital Characteristics Best Predict the Earnings of Economic Immigrants?" http://www.statcan.gc.ca/pub/11f0019m/11f0019m2015368-eng.pdf

Byrow Y, Pajak R, Specker P, Nickerson A. Perceptions of mental health and perceived barriers to mental health help-seeking amongst refugees: A systematic review. Clin Psychol Rev. 2020 Feb;75:101812. doi: 10.1016/j.cpr.2019.101812. Epub 2019 Dec 24. PMID: 31901882.

Carlsson J., Sonne C. (2018) Mental Health, Pre-migratory Trauma and Post-migratory Stressors Among Adult Refugees. In: Morina N., Nickerson A. (eds) Mental Health of Refugee and Conflict-Affected Populations. Springer, Cham. https://doi.org/10.1007/978-3-319-97046-2_2

Caulford P, D'Andrade J. Health care for Canada's medically uninsured immigrants and refugees: whose problem is it? Can Fam Physician. 2012 Jul;58(7):725-7, e362-4. PMID: 22798455; PMCID: PMC3395500.

Chadwick KA, Collins PA. Examining the relationship between social support availability, urban center size, and self-perceived mental health of recent immigrants to Canada: a mixed-methods analysis. Soc Sci Med. 2015 Mar;128:220-30. doi: 10.1016/j.socscimed.2015.01.036. Epub 2015 Jan 22. PMID: 25621402.

Chaze, F., Thomson, M.S., George, U., & Guruge, S. (2015). Role of cultural beliefs, religion, spirituality in mental health and/or service utilization among immigrants in Canada: A scoping review. *Canadian Journal of Community Mental Health, 34(3),* 87-101.

Chiu, M., Amartey, A., Wang, X., & Kurdyak, P. (2018). Ethnic Differences in Mental Health Status and Service Utilization: A Population-Based Study in Ontario, Canada. *The Canadian Journal of Psychiatry*, *63*(7), 481–491. https://doi.org/10.1177/0706743717741061

Denov, M., Fennig, M., Aude Rabiau, M., & Shevell, M., (2019) Intergenerational resilience in families affected by war, displacement, and migration: "It runs in the family", Journal of Family Social Work, 22:1, 17-45, DOI: 10.1080/10522158.2019.1546810

Dhalimi, A., Wright, A. M., Yamin, J., Jamil, H., & Arnetz, B. B. (2018). Perception of Discrimination in Employment and Health in Refugees and Immigrants. *Stigma and health*, *3*(4), 325–329. https://doi.org/10.1037/sah0000068

Ellis BH, MacDonald HZ, Lincoln AK, Cabral HJ. Mental health of Somali adolescent refugees: the role of trauma, stress, and perceived discrimination. J Consult Clin Psychol. 2008 Apr;76(2):184-93. doi: 10.1037/0022-006X.76.2.184. PMID: 18377116.

Esses, V., Hamilton, L., Gaucher, D., (2017) The Global Refugee Crisis: Empirical Evidence and Policy Implications for Improving Public Attitudes and Facilitating Refugee Resettlement: The Global Refugee Crisis. DOI:10.1111/sipr.12028

Flanagan,N., Travers, A. , Vallières, F., Hansen, M., Halpin, R., Sheaf, G., Rottmann, N., & Johnsen, A., (2020) Crossing borders: a systematic review identifying potential mechanisms of intergenerational trauma transmission in asylum- seeking and refugee families, European Journal of Psychotraumatology, 11:1, 1790283, DOI: 10.1080/20008198.2020.1790283

George, U., Thomson, M. S., Chaze, F., & Guruge, S. (2015). Immigrant Mental Health, A Public Health Issue: Looking Back and Moving Forward. *International journal of environmental research and public health*, *12*(10), 13624–13648. https://doi.org/10.3390/ijerph121013624

Goodkind JR, Hess JM, Isakson B, LaNoue M, Githinji A, Roche N, Vadnais K, Parker DP. Reducing refugee mental health disparities: a community-based intervention to address postmigration stressors with African adults. Psychol Serv. 2014 Aug;11(3):333-46. doi: 10.1037/a0035081. Epub 2013 Dec 23. PMID: 24364594; PMCID: PMC4107192.

Guruge, S., Sidani, S., Illesinghe, V., Younes, R., Bukhari, K., Altenberg, J., & Fredericks, S., (2018) Healthcare needs and health service utilization by Syrian refugee women in Toronto, Conflict and Heath, https://doi.org/10.1186/s13031-018-0181-x

Interim Federal Health Program (2020). Retrieved from https://www.canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/eligibility.html

Joly, M., and Wheaton, B., (2020) Human rights in countries of origin and the mental health of migrants to Canada , Population Health, . https://doi.org/10.1016/j.ssmph.2020.100571

Kaida, L., Hou, F., & Stick, M., (2020) The long-term economic integration of resettled refugees in Canada: a comparison of Privately Sponsored Refugees and Government-Assisted Refugees, Journal of Ethnic and Migration Studies, 46:9,1687-1708, DOI: 10.1080/1369183X.2019.1623017

Kartal, D., Alkemade, N., (2018)Trauma and Mental Health in Resettled Refugees: Mediating Effect of Host Language Acquisition on Posttraumatic Stress Disorder, Depressive and Anxiety Symptoms, Transcultural Psychiatry, DOI: 10.1177/1363461518789538

Kavukcu, N., Altintas, K., (2018) The Challenges of the Health Care Providers in Refugee Settings: A Systematic Review, Prehospital and Disaster Medicine, https://doi.org/10.1017/S1049023X19000190

Ku, J., Bhuyan, R., Sakamoto, I., Jeyapal D., & Fang, L., (2019)"Canadian Experience" discourse and anti-racialism in a "post-racial" society,Ethnic and Racial Studies, 42:2, 291-310, DOI: 10.1080/01419870.2018.1432872

Labman, S.., & Pearlman, M., (2018). "Blending, Bargaining, and Burden-Sharing: Canada's Resettlement Programs," Journal of International Migration and Integration, Springer, vol. 19(2), pages 439-449, DOI: 10.1007/s12134-018-0555-3

Leigh, J. P. (2016). Skilled immigrants and the negotiation of family relations during settlement in calgary, alberta. *Journal of International Migration and Integration*, *17*(4), 1065-1083. doi:http://dx.doi.org.proxy1.lib.uwo.ca/10.1007/s12134-015-0454-9

Li, M. Pre-migration Trauma and Post-migration Stressors for Asian and Latino American Immigrants: Transnational Stress Proliferation.*Soc Indic Res* **129,** 47–59 (2016). https://doi.org/10.1007/s11205-015-1090-7

Li, E.X., Li, P.S. Immigrant Enclave Thesis Reconsidered: Case of Chinese Immigrants in the Enclave and Mainstream Economy in Canada. *Int. Migration & Integration* **17,** 131–151 (2016). https://doi.org/10.1007/s12134-014-0391-z

Lin, N. J., Suyemoto, K. L., & Kiang, P. N. (2009). Education as Catalyst for Intergenerational Refugee Family Communication About War and Trauma. *Communication Disorders Quarterly*, *30*(4), 195–207. https://doi.org/10.1177/1525740108329234

Marwah, S., (2014) Refugee Health Care Cuts In Canada System Level Costs, Risks and Responses, Urban Health, https://www.wellesleyinstitute.com/wp-content/uploads/2014/02/Refugee-Health-Care-Cuts-In-Canada-.pdf

Majumder P. Exploring stigma and its effect on access to mental health services in unaccompanied refugee children. BJPsych Bull. 2019 May 24:275-281. doi: 10.1192/bjb.2019.35. Epub ahead of print. PMID: 31122304.

MacDonald, J,. Kennedy, S., (2004) Insights into the 'healthy immigrant effect': health status and health service use of immigrants to Canada, Social Science and Medicine, https://doi.org/10.1016/j.socscimed.2004.02.004

McBride, J., Russo, A., & Block., A.,(2016) The Refugee Health Nurse Liaison: a nurse led initiative to improve healthcare for asylum seekers and refugees, Contemporary Nurse, 52:6, 710-721, DOI: 10.1080/10376178.2016.1238774

Morrice, L., K Tip, L., Collyer, M., Brown, R., (2019)'You can't have a good integration when you don't have a good communication': English-language learning among resettled refugees in England, *Journal of Refugee Studies*, https://doi.org/10.1093/jrs/fez023

Mölsä M, Kuittinen S, Tiilikainen M, Honkasalo ML, Punamäki RL. Mental health among older refugees: the role of trauma, discrimination, and religiousness. Aging Ment Health. 2017 Aug;21(8):829-837. doi: 10.1080/13607863.2016.1165183. Epub 2016 Apr 15. PMID: 27080403.

Newaz, S., Riediger, N., (2020) User and Provider Perspectives on Improving Mental Healthcare for Syrian Refugee Women in Winnipeg, Manitoba, Canada, Refugee and Global Health, https://doi.org/10.18297/rgh/vol3/iss1/7

Ng E, Zhang H. The mental health of immigrants and refugees: Canadian evidence from a nationally linked database. Health Rep. 2020 Aug 19;31(8):3-12. doi: 10.25318/82-003-x202000800001-eng. PMID: 32816413.

O'Donnell, A., Stuart, J., O'Donnell, K., (2020) The long-term financial and psychological resettlement outcomes of pre-migration trauma and post-settlement difficulties in resettled refugees, Social Science & Medicine, https://doi.org/10.1016/j.socscimed.2020.113246

Ojo, T. H., & Shizha, E. (2018). Ethnic enclaves in Canada: Opportunities and challenges of residing within. *Living beyond borders: Essays on global immigrants and refugees*, 162-179

Quinn, N., (2014) Participatory action research with asylum seekers and refugees experiencing stigma and discrimination: the experience from Scotland, Disability & Society, 29:1, 58-70, DOI: 10.1080/09687599.2013.769863

Rasmussen, A., Miller, K., Verkuilen, J., (2018) Conceptualization and Measurement of Traumatic Events among Refugees and Other War- Affected populations: Theory, Research and Clinical Practice, Mental Health of Refugee and Conflict-Affected Populations (pp.327-339), DOI:10.1007/978-3-319-97046-2_16

Ruiz-Casares, M., Cleveland, J., Oulhote, Y., Dunkley-Hickin, C., Rousseau, C., (2016) Knowledge of Healthcare Coverage for Refugee Claimants: Results from a Survey of Health Service Providers in Montreal. PLOS ONE 11(1): e0146798. https://doi.org/10.1371/journal.pone.0146798

Sadat, F., Kazemi, F., & Farzindar, A. (2014, August). Automatic identification of arabic language varieties and dialects in social media. In *Proceedings of the Second Workshop on Natural Language Processing for Social Media (SocialNLP)* (pp. 22-27).

Sanou D, O'Reilly E, Ngnie-Teta I, Batal M, Mondain N, Andrew C, Newbold BK, Bourgeault IL. Acculturation and nutritional health of immigrants in Canada: a scoping review. J Immigr Minor Health. 2014 Feb;16(1):24-34. doi: 10.1007/s10903-013-9823-7. PMID: 23595263; PMCID: PMC3895180.

Schick, M. (2018). Changes in post-migration living difficulties predict treatment outcome in traumatized refugees. *Frontiers in Psychiatry.*, *9*(OCT). https://doi.org/10.3389/fpsyt.2018.00476

Schüller, S. (2016). The effects of 9/11 on attitudes toward immigration and the moderating role of education. *Kyklos*, *69*(4), 604-632.

Shannon, P., Wieling, E., Simmelink-McCleary, J., & Becher, E., (2015) Beyond Stigma: Barriers to Discussing Mental Health in Refugee Populations, Journal of Loss and Trauma, 20:3, 281-296, DOI: 10.1080/15325024.2014.934629

Szaflarski, M., & Bauldry, S. (2019). The Effects of Perceived Discrimination on Immigrant and Refugee Physical and Mental Health. *Advances in medical sociology*, *19*, 173–204. https://doi.org/10.1108/S1057-629020190000019009

Vang, Z., Sigouin, J., Flenon, A., and Gagnon, A., (2015) "The Healthy Immigrant Effect in Canada: A Systematic Review," Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series, https://ir.lib.uwo.ca/pclc/vol3/iss1/4

Watkins, P. G., Razee, H., & Richters, J. (2012). 'I'm Telling You … The Language Barrier is the Most, the Biggest Challenge': Barriers to Education among Karen Refugee Women in Australia. *Australian Journal of Education, 56*(2), 126–141. https://doi.org/10.1177/000494411205600203

Wilson, RM., Murtaza, R., & Shakya, Y., (2010) "PRE-MIGRATION AND POST-MIGRATION DETERMINANTS OF MENTAL HEALTH FOR NEWLY ARRIVED REFUGEES IN TORONTO", Retrieved from https://acs-aec.ca/wp-content/uploads/2019/05/CITC-2010-Summer-Ete-L-1.pdf#page=47

Wylie L, Van Meyel R, Harder H, Sukhera J, Luc C, Ganjavi H, Elfakhani M, Wardrop N. Assessing trauma in a transcultural context: challenges in mental health care with immigrants and refugees. Public Health Rev. 2018 Aug 22;39:22. doi: 10.1186/s40985-018-0102-y. PMID: 30151315; PMCID: PMC6103972.

Zhou, M. (1997). Segmented Assimilation: Issues, Controversies, and Recent Research on the New Second Generation. *The International Migration Review, 31*(4), 975-1008. doi:10.2307/2547421