THINK TANK
COMMUNITY REPORT:

COMPOUNDED IMPACTS OF COVID-19 ON IMMIGRANTS LIVING WITH MENTAL HEALTH & ADDICTION DISORDERS

Immigrants are often more vulnerable to the impacts of crises like the COVID-19 pandemic due to several factors, including economic instability, social isolation, limited access to healthcare, language barriers, and fear of seeking help due to immigration enforcement. These factors can exacerbate existing mental health and addiction (MH&A) disorders. The pandemic has intensified these challenges. Additionally, there has been an increase in xenophobia and discrimination, particularly against immigrants from regions associated with the virus's origins, which can further impact mental health.

In our previous work where we looked at administrative healthcare data in Ontario, we found that the combination of immigration status and preexisting MH&A issues significantly influenced COVID-19 adverse outcomes. Overall, immigrants with and without MH&A were significantly more likely to be diagnosed with COVID-19, hospitalized, admitted to ICU and die from COVID-19 than non-immigrants without MH&A.

All *Think Tank* activities were conducted in English by a team of external professional facilitators. Interpretation services were offered and provided upon request.

To better understand the impact of COVID-19 on immigrants and refugees living with mental health and addiction disorders, we held an online *Think Tank*:

The ***purpose*** of the *Think Tank* was to present study findings to participants and then engage in critical dialogue on strategic action to address health disparities through policy and programming. On September 28 2023 we held an online Think Tank session to understand the impact of COVID-19 on immigrants and refugees living with Mental Health and Addiction disorders. We engaged 41 people living with or affected by Mental Health and Addiction disorders, service providers, policy/ decision-makers, and researchers.

Think Tank PARTICIPANT NUMBERS

What did we hear during the *Think Tank?*

After the presentation of the research findings by Drs. Mandana Vahabi and Aisha Lofters the participants discussed the results and all agreed that the data concurred with their personal and professional experiences. They commented that the data was very powerful and provided the kind of "hard data we need to back up what we are seeing in the field".

The lack of access to primary care providers was a central theme of the discussion and the impact of that on vaccination rates, misinformation, access to services, testing and diagnosis was also noted.

Other points of the discussion prompted by the research findings were:

- the impact of the social determinants of health and the intersectionality between the different social determinants
- we are not talking about one community but about a series of communities.
- the complexity of issues
- services pivoted to virtual delivery, but during the transition many fell off, and virtual delivery also created new barriers – generational, language, access to technology, etc.

Panelists and participants then discussed a number of issues the data raised:

- the data did not include immigrants/refugees with "no status"
- students who graduated during COVID suffered
- lockdowns led to social isolation, "a lot of doors were closed to those in need"
- many systemic barriers were identified during COVID, and changes were made to remove the barriers, but now that the system is "getting back to normal" many of these new access points are being removed / taken away
- one size fits all does not work, community vaccine clinics worked best when worked with community leaders
- we need to identify what did work locally and replicate that elsewhere.
- need to broaden our partnerships between decision-makers, service providers, communities, faith-based groups and patients
- refugees faced additional barriers since the federal program was not recognized

We then asked participants to break into smaller groups:

Following the Panel Discussion, participants were placed in small groups of 7 to 11 participants, to discuss their own experiences, observations and suggestions as to why immigrants experienced more compounded disadvantages during COVID.

The themes identified and quantified below are broken down into things that participants commented on as part of their collective experiences during COVID and the recommendations that participants had to improve compounding disparities of immigrants who are affected by mental health and addictions disorders.

Mental Health & Addictions *Think Tank*
THEMATIC ANALYSIS

What participants experienced:

(Number of times each theme was brought up)

- Lack of Access to Services & Care - Key Services were Closed; Lack of Information, Lack of Navigation — **11**
- Very Difficult for Children & Youth - Major Anxiety & OCD from Negative Media — **5**
- Going Virtual, it Became too Complex for Many — **4**
- Overcrowding Led to Isolation & an Increase in Family Violence — **3**
- System Became even More Silo'd — **2**

Think Tank Hosted
September 28, 2023

Thematic analysis conducted based on the approached suggested by Nowell et al, 2017 and Braun & Clark, 2006

What participants suggested:

(Number of times each theme was brought up)

- Improve Communications - Build Trust, Multilingual, Keep Doors Open, Involve Community Leaders — **23**
- Stop Cookie Cutter Approach - Promote more Intersectoral Work, Collect and Spread Success Stories, Be Responsive to Community Needs, Give more Control To Communities, Ask & Listen — **12**
- Make Bold Innovative Changes, Like Increasing CHCs — **6**
- Increase Mental Health Supports, Services & Check-ups — **9**
- Support Community Health Care Service Providers & Family Caregivers — **7**
- Provide Service Providers & Admin Staff MH & Cultural Competency, Sensitivity, Safety Training — **3**
- Allow Foreign Trained Service Providers into the System — **3**

What are the recommendations and action items that came out of this *Think Tank?*

BRAINSTORMED IDEAS

In the final hour of the Think Tank, participants discussed the priority actions recommended by the small groups. An Action List was developed on screen as the discussion unfolded and then participants voted on their top three actions and also on the top three actions they thought would be the easiest/simplest to implement. The list of action item list develop by the participants is depicted below.

1. Strengthening Community Engagement:

- **Empower Grassroots Organizations and Community Leaders to address mental health and addiction challenges** by providing them with the resources and support they need to lead local initiatives.
- **Develop Emergency Plans for Grassroots Organizations** that equip community-based organizations with the skills and knowledge to manage emergency situations and sudden mental health or addiction crises.
- **Create a Buddy System That Involves Family, Friends, and Caregivers** to provide more support for individuals suffering from mental health or addiction issues.

2. Policy and Systems Integration:

- **Mandate Cross-Sector Collaboration** that integrate policies across health, social services, immigration, housing, and finance.
- **Establish Formal Channels for Policymakers** to receive real-time input from communities and service providers.

3. Improving Access to Services and Resources:

- **Address Social Determinants of Health for Immigrants** such as housing, employment, and financial needs, to create more stability and contribute to better mental health outcomes.
- **Simplify Language in Health Communication** by ensuring that health information is provided in simple, clear language to improve understanding among immigrants and other vulnerable groups.

4. Building Cultural Competence in Service Delivery:

- **Provide Cultural Sensitivity Training for Service Providers** to improve the quality of care for diverse populations
- **Expand Networks of Support Through Family Doctors,** encouraging them to play a more active role in the coordination of care.

ACTION ITEMS

Top 3 Action Items:

1. Remove Silos by Promoting Intersectoral Collaboration:

Break down the silos between health, social services, immigration, housing, and finance policies. Integration of these sectors is essential for delivering comprehensive care, especially for immigrants who often face multiple, interconnected challenges.

2. Empower Communities and Build Capacity:

Engage and empower grassroots organizations, cultural groups, and community leaders. By asking communities what they need and providing them with the necessary resources, including capacity building, these groups can lead the charge in mental health and addiction services. The mantra should be "Nothing about us without us."

3. Move Away from a Cookie-Cutter Approach:

Tailor mental health and addiction programs to the specific needs of different communities. This involves actively consulting with communities and adapting services to their unique cultural, social, and economic contexts. Programs must be co-designed to ensure relevance and effectiveness.

Top 3 Easiest to Implement:

1. Address Computer Literacy for New Immigrants and Seniors:

Providing training to new immigrants and seniors in computer literacy will help them navigate online health services and other systems, improving access to mental health and addiction resources. This is a straightforward initiative that can be implemented through community organizations or libraries.

2. Stop the Cookie-Cutter Approach:

Asking communities what they need and adapting programs to fit their needs can begin immediately by holding consultation sessions and focus groups. This approach fosters trust and ensures services are relevant and effective.

3. Provide Cultural Sensitivity and Safety Training:

Training administrative staff, gatekeepers, and service providers in cultural sensitivity, competence, and safety is an easy first step to improve the accessibility and inclusivity of mental health and addiction services. This training should be mandatory to ensure equitable service delivery.

OUR TARGETED RECOMMENDATIONS BASED ON *THINK TANK* FINDINGS:

1. Promote Intersectoral Collaboration Across Services:

Integrate health, social services, immigration, housing, and finance policies to ensure comprehensive care. Breaking down silos between these sectors will provide a more holistic approach to mental health and addiction care, addressing the interconnected needs of individuals.

2. Empower Communities and Tailor Programs to Local Needs:

Engage communities in decision-making processes by asking them what they need and adapting services to fit their specific cultural and social contexts. This approach fosters trust and ensures that mental health and addiction programs are relevant, effective, and culturally safe.

3. Enhance Access to Mental Health Services Through Cultural Competency Training:

Provide mandatory cultural sensitivity, competence, and safety training to front-line staff and service providers. This will improve the inclusivity of services and ensure that immigrant and marginalized populations receive equitable mental health and addiction care.

4. Increase Digital and Health Literacy for Newcomers and Vulnerable Groups:

Implement programs to improve computer literacy and health navigation skills, especially for new immigrants and seniors. This will enhance their ability to access mental health resources and navigate the Canadian healthcare system more effectively.

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