

Enhancing Cultural Literacy to Improve Refugee Mental Health Services: An Innovative Educational Initiative for Supporting Culturally Appropriate Service Provision in the Waterloo Region

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WHAT THE RESEARCH IS ABOUT

OVERVIEW: This study explored the challenges related to cultural literacy in mental health care for families with refugee experience in the Waterloo Region.

OBJECTIVE:

- To examine the cultural appropriateness of assessment tools used to diagnose mental health problems in refugee clients in the Waterloo Region.
- To understand Service Provider Organizations' (SPOs') efforts to address challenges with cultural literacy.
- To propose strategies to improve service delivery by enhancing cultural literacy.

RESEARCH JUSTIFICATION: Research shows that although they often have higher rates of poor mental health compared to the general population, refugee populations are less likely to seek help from mental health professionals. Refugees' reluctance to seek help from mental health services could be related to the low cultural appropriateness of services available.

HOW THE DATA WAS OBTAINED

The research team first reviewed the literature on the meaning of cultural literacy, its relevance for refugee mental health care, challenges faced by healthcare providers in providing culturally appropriate services, existing strategies to promote culturally sensitive mental health services, and relevant subjects for a curriculum to prepare mental healthcare professionals to provide culturally appropriate services to refugee families. They then conducted online focus group discussions and individual interviews with 12 participants (10 mental health professionals and 2 SPO administrators from refugee-serving health centres in the Waterloo Region). In analysing

their findings, the research team used an analytic framework informed by the Organizational Cultural Competence model.

WHAT THE STUDY FOUND

Challenges to Providing Refugee Mental Health Services:

- The cultural appropriateness of diagnostic approaches and assessment tools is seen as an issue. The tools were generally criticized for being Western standardized and participants questioned their relevance and appropriateness for the refugee population.
- Time allocated for refugee screening, assessment and diagnosis is not long enough to respond sensitively to clients who have to explain significant histories of trauma.
- Time allocated to serving refugee families is constrained by concerns about reaching targeted number of patients.
- There is stigma associated with mental health in some refugee communities.
- Language barriers and cultural interpretation hinders effective communication between service providers and refugee clients.
- Interpretation, while necessary, also raises issues of confidentiality and privacy.

SPOs' Worked to Increase Cultural Literacy in Refugee Mental Health Services by:

- Increasing diversity and cultural representation in staff and governance by attracting and retaining culturally diverse staff.
- Providing cultural orientation for new staff and volunteers.
- Increasing access to interpretation services.
- Developing strategic partnerships with more experienced and/or more culturally diverse SPOs.
- Involving community members, especially those with the same background as the refugee population serviced.
- Investing in the creation of interdisciplinary teams to offer holistic approaches.

RECOMMENDATIONS

- Increasing diversity in the staff and governing bodies of SPOs to achieve greater cultural representation of the refugee population could help make services more culturally appropriate.
- Using Internationally Trained Mental Health Professionals (IMHPs) could help fill gaps in SPOs ability to provide diagnostic assessment of refugees' mental health problems in a culturally appropriate manner.

- Supporting refugee communities to develop informal counselling initiatives, provided by lay counsellors, community advisors, or community elders, in a non-professional setting could increase the accessibility of mental health supports. However, the use of these non-professional counselling services would require a well-researched and well-organized program, as well as trained counsellors.
- Creating interdisciplinary teams could help address the multidimensional needs of refugee clients. These teams could assist the healthcare system in taking cultural needs and beliefs into account and integrating them into the diagnosis and treatment processes.
- Allocating more time to screening refugee clients should be considered as cultural sensitivity.

View Project Webpage

ABOUT CYRRC

The Child and Youth Refugee Research Coalition (CYRRC) is a network of researchers, service providers, and government partners working together to produce and share research that facilitates the integration of young refugees and their families in Canada and beyond.

The views and opinions expressed in this article are those of the researchers and do not necessarily reflect the official position of the Child and Youth Refugee Research Coalition.

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