

A large, stylized graphic of a human figure is positioned on the left side of the page. The figure is composed of simple shapes: a grey base for the torso and legs, a pink arc for the head, and two circles (one pink, one grey) for the eyes. The figure appears to be looking upwards and to the right.

ABRAR Trauma and Mental Health's Theory of Change

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ABRAR Trauma and Mental Health
Services'

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Background

Theory of Change

Many organizations, government agencies and research institutions use Theory of Change (ToC) models to design, implement, and evaluate initiatives aimed at creating both short and long-term changes.

With roots in disciplines such as organizational psychology and sociology, Theory of Change was originally developed by Peter Drucker in the early 1950s to analyze managerial goals (Stachiowiak, 2010). Carol Weiss later formalized the model in the 1990s as a tool to evaluate sociopolitical change (Weiss, 1995). Since then, the ToC method has continued to gain traction in various fields, with the approach notably being used to address issues of community development, education, human rights and public health. Today, ToC models are widely used across different sectors to understand desired changes and the steps needed to achieve them.

A ToC model typically consists of the following key components: the goals of the organization, the strategies that are to be implemented, the expected outcomes of the strategies and the underlying assumptions inherent to the pathway of change (The Annie E Casey Foundation, 2022). These components allow initiatives to answer questions such as ‘what actions need to be undertaken for the desired change?’, ‘what new changes will occur along new actions?’ and ‘who will benefit from changes?’ (The Annie E Casey Foundation, 2022). They also help identify indicators of success.

Project Objectives

Established in 2020, ABRAR Trauma and Mental Health is a Hamilton-based organization dedicated to offering culturally safe and trauma-informed mental health services for a diverse range of newcomer and immigrant populations. After transitioning to a non-profit model, ABRAR is now seeking direction for their organizational efforts. To facilitate this, the McMaster Research Shop partnered with ABRAR to create a Theory of Change model for the organization. The ToC model will be helpful for ABRAR to clearly articulate their objectives and define strategies of action and measure success both internally and to potential funders/other stakeholders and supporters.

Process

The McMaster Research Shop team created the ToC model collaboratively and iteratively with ABRAR. We identified model components from organizational documents, including annual reports and strategic documents, and during consultations with ABRAR’s leadership team. Our model has three components that delineate 1) the problem, 2) the solution (i.e., actions and interventions ABRAR is taking to resolve the problem), and 3) the impact (i.e., the social change resulting from actions and interventions). For each part of the model, we reviewed relevant academic literature to support the theory, particularly the causal connections between interventions and outcomes.

Each part of the model is described in more detail below. It is important to acknowledge that models are an approximation of reality and by definition cannot fully capture the truth. Newcomer mental health is a complex social issue, and this ToC is one plausible way to achieve change. This model is intended to be continuously evaluated and revised, serving merely as a starting point for ARAR to map its impact.

The Model

Theory of Change

Abrar Trauma and Mental Health Services



The Problem

Canadian newcomers and immigrants face unique mental health issues that differ from the general population.

Pre- and post-migration trauma

Culture and mental health stigma

Barriers to safe and effective mental healthcare

Our Solution

ABRAR seeks to fill this gap by leading in the provision of culturally safe and trauma-informed mental health care that meets newcomer's needs.

Trust and positive reputation with the newcomer and immigrant community

Trained and passionate mental health professionals with lived experience and multiple language fluency

Networks of newcomer and immigrant-serving community organizations

ABRAR leverages strong community foundations to drive three aligned strategies that create lasting change.

Networking, partnerships & collaboration

Culturally safe & trauma-informed mental health services

Building awareness for mental health wellness and stigma



Increased mental health literacy

Reduced mental health stigma

Positive reinforcing change

Clients receive effective and ongoing care

Individuals seek mental health support

Increase adoption of culturally competent and trauma-informed care options by clinicians.

Decrease disparity in mental health care access.

Greater integration and sense of belonging among newcomers and immigrants.

Our Impact

Newcomers and immigrants heal trauma, improve mental wellness, and thrive in their new environment.

The Problem

Newcomers face unique challenges in accessing mental health services despite being a demographic with clear needs. Research conducted by Patterson and colleagues (2018) highlighted that newcomers' mental health needs are often tied to pre-immigration stressors, such as from poverty and food scarcity. Additional stressors include immigration procedures and adjusting to new societal norms (Patterson et al, 2018). Mental health issues can be particularly pronounced among refugees fleeing war torn countries. For example, Melese and colleagues (2024) found that over a third of Eritrean refugees suffered from severe anxiety linked to post-traumatic stress disorder resulting from imprisonment, abuse, and traumatic refugee camp experiences.

Stigma can also impact how newcomers engage with mental health services. Sharma et al (2020) describes how cultural stigma impacts the mental health seeking behaviour of South Asian (SA) youth. As part of a collectivist society, SAs often view themselves in relation to their community and value conformity. This makes it difficult to confide in others when one feels different from their community with regards to mental health and wellbeing. "Courtesy stigma" may also arise when mental health stigma is passed by an individual experiencing mental health on to their loved ones. Because of this courtesy stigma, it can be challenging for SA youth to confide in their loved ones when experiencing mental health challenges (Sharma et al., 2020). Nyikavaranda and colleagues (2023) also indicate how stigma can be a barrier to accessing services for immigrant women in Europe. In this systematic review, themes of self-stigma and perceived stigma by loved ones and healthcare providers were common themes (Nyikavaranda et al., 2023).

In addition to stigma, newcomers face many other barriers in accessing mental health services upon resettlement. Nyikavaranda et al. (2023) conducted a systematic review summarizing the barriers and facilitators to seeking and accessing mental health support among female migrants in Europe. The review identified multiple barriers, including difficulties accessing support information and religious and cultural intersectional barriers surrounding mental health. Mohammadifrouzeh et al. (2023) investigated factors associated with professional mental help-seeking among U.S. immigrants. The study identified several barriers to seeking professional mental health care, including stigma, cultural beliefs, lack of English proficiency, and mistrust in healthcare providers. Pandey et al. (2021) conducted a qualitative study focusing on the perceptions of mental health and the utilization of mental health services among new immigrants in Canada. The study revealed that access to existing healthcare was hindered by various factors, including language barriers, inadequate information about available healthcare services, and individuals' perceptions about when and how services should be accessed (Pandey et al, 2021). Participants emphasized the importance of family physicians and healthcare providers in reducing stigma and initiating discussions about mental health, highlighting the crucial role of culturally sensitive and accessible care (Pandey et al, 2021). Language can also hinder newcomers from receiving high quality mental health services. As detailed by Öztürk et al. (2024), Syrian refugees settled in Turkey describe how it was difficult to explain the extent of what they were going through to providers and often dealt with misdiagnoses because of incomplete translations.

In sum, evidence suggests that newcomers face unique mental health stressors while simultaneously facing barriers to effective mental healthcare. Addressing these barriers requires a multifaceted approach that includes culturally safe service delivery, language accessibility, and building trust between providers and newcomers.

The Solution

Strategy 1: Networking, partnerships and collaboration

The provision of training on culturally safe and trauma-informed care has proven effective in improving clinician's ability to provide care to immigrants and newcomers. Berg-Poppe et al (2022) demonstrated that after completion of the Trauma-Informed

Care (TIC) curriculum, child health providers had improved knowledge of TIC and greater self-efficacy in providing such care. Additionally, in a community-based project, a diverse group of mental health professionals received training on the Cross-Cultural Trauma-Informed Care curriculum. Qualitative feedback from participants showed an increase in knowledge and awareness about refugee trauma during migration and resettlement processes, trauma responses and cultural beliefs that impact refugees' mental health experiences. Participants also reported gaining empathy and compassion for different cultural groups and learned to recognize and understanding their own cultural biases (Im & Swan, 2022). Such training is effective and invaluable to building competency in culturally safe and trauma-informed care for clinicians.

ABRAR will continue to network and collaborate with other similar organizations serving newcomers and immigrants within Canada. Engagement will occur through community events, networking, and through training community organizations on culturally-safe and trauma-informed care practices. Community events will serve as platforms to introduce culturally safe and trauma-informed approaches to mental health care, fostering a sense of belonging and trust within the community. Partnerships will facilitate referrals, resource-sharing, and collective efforts to address the mental health needs of newcomers effectively while reducing mental health stigma amongst clinicians. Furthermore, training sessions on culturally safe and trauma-informed care practices will focus on understanding the unique cultural backgrounds and trauma experiences of newcomers, as well as implementing evidence-based approaches to support their mental health and wellbeing.

Strategy 2: Culturally safe and trauma-informed mental health services

Cultural safety in healthcare is achieved when a healthcare provider respects and aligns with the cultural identity and values of the person receiving care, without compromising their beliefs or background (Hole et al., 2015). Trauma-informed services recognize and are sensitive to the possibility of trauma-related issues in patients (Butler et al., 2011), which can be particularly important for newcomer populations who may have experienced past traumas (Im et al., 2021). Research has shown that providing culturally safe care can improve mental health outcomes of newcomer populations. For instance, following a short-term culturally safe intervention, a significant reduction in mental health symptoms like stress and anxiety, was observed among migrants (Orang et al., 2022). Moreover, individuals who received culturally tailored mental support showed greater improvements in mental wellbeing compared to individuals who did not (Osman et al., 2017).

ABRAR will continue to implement service delivery activities rooted in cultural safety and trauma-informed care. These activities include using arts-based approaches such as music or writing therapy; providing individual, couples and family counseling; and offering peer support programs. These interventions aim to help newcomers engage in therapeutic activities that resonate with their cultural backgrounds and experiences.

Strategy 3: Building awareness about mental health stigma and mental wellbeing

Research shows that increasing awareness about mental health stigma and wellbeing can decrease stigma. For example, a study found that exposure to social media campaigns aimed at reducing mental health stigma increased uptake of mental health treatments and decreased stigma related to mental health topics (Collins et al., 2019). Similarly, individuals exposed to a digital media campaign to build awareness surrounding mental health had fewer stigmatizing views and improved attitudes toward seeking mental health support (Diouf et al., 2022). Educational workshops aimed at decreasing stigma similarly reduced stigma toward various mental conditions among participants (Hamann et al., 2016).

ABRAR will continue to implement social media campaigns targeting newcomer and immigrant populations and will host health education workshops for newcomers to raise awareness about mental health stigma. Through social media, ABRAR actively engages with a wide audience and facilitates discussions about mental health. Health workshops offer a more formal avenue to further educate individuals on mental health and wellbeing and provide them with effective assistance.

The Impact

As a direct consequence of ABRAR's actions, newcomers and immigrants will experience increased mental health and wellness literacy and decreased mental health stigma among both newcomers and immigrants and clinicians. By strengthening the understanding of mental health symptoms and the negative impacts of mental health stigma, individuals can make more informed decisions about seeking help, while clinicians can better understand the type of support needed within newcomer and immigrant populations. Increased awareness of the services provided by ABRAR, along with newly formed partnerships with other organizations, improves access to culturally safe and trauma-informed mental health services. As a result, through these initiatives, newcomers and immigrants will experience reduced barriers to care, will have access to effective care and will be encouraged to engage with these effective services.

In the long-term, ongoing networking and collaboration will help to increase the adoption of culturally safe and trauma-informed care options by clinicians. Additionally, efforts with community outreach and the provision of culturally safe and trauma-informed services will allow for greater integration and sense of belonging amongst newcomers and immigrants. The implementation of these strategies will therefore further remove barriers to care and reduce the disparities in mental health care access between newcomer and non-newcomer populations. Ultimately, newcomers and immigrants will experience healing, improved mental wellbeing and will be encouraged to thrive in their new environment.

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