

Appendices

Appendix 1: Background to and methods used in preparing the evidence brief

This evidence brief mobilizes global and local research evidence about a problem, three elements for addressing the problem, and key implementation considerations. It draws insights from a virtual panel composed of 14 participants (including young adults and parents who are newcomers, as well as caregivers providing support to newcomers) from across Canada hosted on 27 October 2023 (see the panel summary report for more details about the profile of participants). The panel sought diversity in terms of lived experiences and access to mental health services. It also draws on the experiences from a purposive sample of jurisdictions, which were gathered through reviews of government documents and websites, as well as through key-informant interviews. Whenever possible, the evidence brief summarizes research evidence drawn from evidence syntheses and occasionally from single research studies. An evidence synthesis is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select and appraise research studies and to synthesize data from the included studies. The evidence brief does not contain recommendations, which would have required the authors of the brief to make judgments based on their personal values and preferences, and which could pre-empt important deliberations about whose values and preferences matter in making such judgments.

The preparation of this evidence brief involved six steps:

- 1) regularly convening the project Steering Committee composed of representatives from partner organizations, key stakeholder groups and the McMaster Health Forum to help inform the framing of the evidence brief
- 2) conducting key informant interviews
- 3) identifying, selecting, appraising and synthesizing relevant research evidence for each section of the brief
- 4) conducting additional jurisdictional scans to identify initiatives related to the three proposed elements
- 5) hosting a panel of immigrant and refugee parents and caregivers to seek their input on the problem, the elements of a comprehensive approach to address the problem, and implementation considerations
- 6) drafting the evidence brief in such a way as to present concisely and in accessible language the global and local research evidence, and insights from the panel and the jurisdictional scan.

The three elements for addressing the problem were not designed to be mutually exclusive and could be pursued in a number of ways. The goal of the dialogue is to spark insights and generate action by participants and by those who review the dialogue summary.

Mobilizing research evidence about approach elements for addressing the problem

To identify the best-available research evidence about the approach elements, we primarily searched Health Systems Evidence (www.healthsystemsevidence.org), which is a continuously updated database containing more than 9,400 evidence syntheses and more than 2,800 economic evaluations of delivery, financial and governance arrangements within health systems. We also searched Social Systems Evidence (www.socialsystemsevidence.org), which is a continuously updated database containing more than 4,500 evidence syntheses and more than 300 economic evaluations about strengthening 20 government sectors and program areas, and achieving the Sustainable Development Goals. We also complemented this with searches in PubMed, and hand searches of the McMaster Health Forum's recently prepared evidence syntheses if there was overlap in the issues addressed or the elements considered. The authors' conclusions were extracted from the syntheses whenever possible. Some syntheses may have contained no studies despite an exhaustive search (i.e., they were 'empty' syntheses), while others may have concluded that there was substantial uncertainty about the approach elements based on the identified studies. Where relevant, caveats were introduced about

Improving access to mental health services for immigrant, refugee and asylum seeker children, youth and their families in Canada

28 November 2023

these authors' conclusions based on assessments of the syntheses' quality, the local applicability of the syntheses' findings, equity considerations and relevance to the issue.

Being aware of what is not known can be as important as being aware of what is known. When faced with an empty synthesis, substantial uncertainty or concerns about quality and local applicability or lack of attention to equity considerations, primary research could be commissioned, or an element could be pursued and a monitoring and evaluation plan designed as part of its implementation. When faced with a synthesis that was published many years ago, an updating of the synthesis could be commissioned if time allows. No additional research evidence was sought beyond what was included in the evidence syntheses. Those interested in pursuing a particular element may want to search for a more detailed description of the element or for additional research evidence about the element.

Appendices 5, 7 and 8 provide detailed information about the evidence syntheses identified that relate to the three elements. In the first column we list the sub-elements, and provide hyperlinks to the search strategies used, as well as the breakdown of number of identified syntheses for each sub-element according to their quality. In the second column, we provide a hyperlinked 'declarative title' that captures the key findings from each synthesis. Columns 3 to 6 list data related to the criteria that can be used to determine which reviews are 'best' for a single category (i.e., living status, quality, last year literature searched and availability of a GRADE profile, which provides insights about the strength of the evidence included in a particular synthesis), and column 7 highlights the type of questions addressed by each synthesis.

As noted above, the fourth column presents a rating of the overall quality of the review. The quality of each review has been assessed using AMSTAR (A MeaSurement Tool to Assess Reviews), which rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial or governance arrangements within health systems. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. [SUPPORT Tools for evidence-informed health Policymaking \(STP\): 8. Deciding how much confidence to place in a systematic review](#). *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

Appendix 2: Overview of the mental health needs of children, youth and their families who are newcomers

Types of migrants	Mental health issues/challenges	Implications for policy and practice
Overall	<ul style="list-style-type: none"> Pre- and post-migration factors impact needs and access to mental health services for newcomers <ul style="list-style-type: none"> pre-migration experiences and culture act as coping mechanisms (69-70) trauma experienced pre-migration has varying effects on mental health of immigrant and refugee children (69) post-migration factors include discrimination, family environment, family structure and number of years since immigration (71-72) Distinctive facets of mental health issues and mental health service utilization among immigrant and refugee youth: <ul style="list-style-type: none"> immigrant and refugee youth under-utilize mental health services compared to Canadian-born peers (73-74) mental health issues include stress, anxiety, depression and emotional and conduct issues (69) rates of mental health issues vary by immigration status, gender and ethnicity (75) seeking mental health services and supports varies by socio-economic status, culture, age and gender (69; 73; 76-77) 	<ul style="list-style-type: none"> Schools offer non-stigmatizing, accessible settings to best support immigrant and refugee children and their parents (78-80) Clear need for culturally competent and inclusive care (75; 81) <ul style="list-style-type: none"> for culturally sensitive services to be effective, pre-migration traumas and post-migration stressors need to be considered in order to better support coping skills and adaption (82) Barriers and challenges to accessing mental health services among immigrant and refugee children are diverse <ul style="list-style-type: none"> barriers include cultural and linguistic barriers, mistrust in institutions (i.e., authorities), stigma, and a lack of knowledge (83-85) the level of hesitancy in seeking mental health services is impacted by cultural factors, discrimination and language barriers (73) due to stigma and cultural beliefs, family and social support is often preferred over professional help (73; 79) Cultural considerations and perspectives impact the mental health of immigrant and refugee children <ul style="list-style-type: none"> Western conceptualizations of mental health may not fully capture or address the diverse needs of immigrant and refugee children (86) protective factors that may contribute to lower prevalence rates include cultural support systems and having a strong ethnic identity (71) interdisciplinary care models that involve schools, family and community settings are vital for addressing the diverse needs of immigrant and refugee children (62; 79; 87) Culturally relevant medical education, including improving healthcare providers' cultural awareness and incorporating cultural competency training, is necessary to provide culturally competent care (60; 86; 88-89)
Immigrants	<ul style="list-style-type: none"> Low mental health service access related to attitudes about healthcare system and providers (94) <ul style="list-style-type: none"> under-utilization related to stigma associated with formal services, dissatisfaction with impersonal care, preference for informal support from family and ethnic communities, and differing perceptions of mental distress (94) Immigrant children's mental health is influenced by their parent's mental health, stressing the need for holistic, whole-family approach to promoting mental well-being for immigrant children (95-97) Mental health care utilization patterns influenced by the level of availability in the immigrant's source country, with immigrants from more industrialized countries, with more services available, using mental health services more (98) Student mental health and service utilization: <ul style="list-style-type: none"> immigrant students tend to under-utilize mental health services compared to domestic students (6) factors contributing to the under-utilization of mental health services include stigma, stereotypes, discrimination, masculinity norms, cultural barriers, knowledge barriers, practical barriers (time, cost), confidentiality concerns, and social/relational barriers (6; 99-101) Regional disparities exist among immigrants, with some regions exhibiting lower rates of mental health service utilization <ul style="list-style-type: none"> potential factors influencing this disparity include cultural beliefs, fear of stigma, language barriers and limited familiarity with available services (59) 	

Types of migrants	Mental health issues/challenges	Implications for policy and practice
Refugees and asylum seekers	<ul style="list-style-type: none"> • Factors that can exacerbate mental health issues for refugees include internment, unclear resident status, inadequate housing, multiple relocations, limited job and education opportunities, and poor social support (83; 102) • Refugees exhibit lower positive mental health levels compared to other immigrant categories (95) • Key strategies for addressing the complex mental health issues of refugees are early interventions and specialized care (90) • Refugees are more likely to have experienced war and displacement-related trauma and complex health issues due to injury, food shortages and poor healthcare while in refugee camps • Discrimination plays a significant role in the mental health challenges faced by refugees, especially among refugee men (83; 92; 102-103) 	<ul style="list-style-type: none"> • Effective interventions for refugee health require a multidisciplinary approach that is culturally sensitive and linguistically appropriate (55; 69; 90-92) • Educational support programs have a significant impact on the psychological capital and life satisfaction of refugees (93) • Use of primary care to support refugees and asylum seekers: <ul style="list-style-type: none"> ○ integrating specialized components specific for refugees and asylum seekers within general practice can facilitate more effective care (55; 60) ○ explicit time and resources should be allocated for trust-building, communication and cultural understanding during appointments (55; 60) ○ policymakers should prioritize policy choices that ensure continuity of relationship with healthcare providers for refugees and asylum seekers (55; 60)

Appendix 3: Overview of key challenges to access mental health services facing children, youth and their families who are newcomers (organized by system dimensions and individual abilities to access)

Stages	Level	Dimensions	Examples
Health and social care needs	System	Approachability <ul style="list-style-type: none"> Relates to steps to ensure immigrants and refugees can identify that relevant services exist, are reachable and can support their health needs e.g., transparency, outreach, information, screening 	<ul style="list-style-type: none"> lack of prevention and early identification and support (8) difficult to navigate the system (8) need to prioritize settlement needs over mental health concerns (8) stigma and fear of negative repercussions (8; 59; 84; 99) tendency to seek help when already in crisis (8) more likely to use expensive services like emergency rooms if their mental health reaches a crisis point (101; 104) conceptualization of mental health by the system may differ from the perspective of children, youth and their families who are newcomers (83-85) a lack of research on how to distinguish the mental health needs of racialized immigrants and refugees from those of racialized populations born in Canada (104) experiencing inconsistent healthcare support (e.g., no follow-up care) (55; 60)
	Individual	Ability to perceive <ul style="list-style-type: none"> e.g., health literacy, health beliefs, trust and expectations 	<ul style="list-style-type: none"> limited mental health literacy (6; 8) limited awareness or knowledge of services available (8) lack of educational support programs to support psychological capital and life satisfaction of IRAS children, youth and families (93)
Perception of needs and desire for care	System	Acceptability <ul style="list-style-type: none"> Relates to the social and cultural factors that affect whether immigrants and refugees feel comfortable seeking care and whether they believe it is appropriate to do so e.g., professional values, norms, culture, gender 	<ul style="list-style-type: none"> lack of knowledge and skills to understand and respond to their mental health needs (8) gaps in cultural and language competencies (8; 98) mainstream mental health care is inconsistent with the values, expectations and needs of immigrants and refugee populations (86) the ways people manifest, describe and interpret mental health symptoms vary across cultures (73-74) culture influences where people seek help and which treatments they prefer (73; 101; 104) many models of care are not culturally tailored/responsive (90)
	Individual	Ability to seek <ul style="list-style-type: none"> e.g., personal and social values, culture, gender, autonomy 	<ul style="list-style-type: none"> how IRAS children, youth and families manifest, describe and interpret mental health symptoms vary across culture negative experiences with healthcare system (i.e., institutions and professionals) can lead immigrants and refugees not to seek necessary medical care (83-85) seeking assistance from family and friends prioritized over professional help (73; 79) lack of cultural consideration may lead to unmet mental health service gaps due to Western viewpoints on mental health not comprehensively recognizing or catering to the unique needs of IRAS children, youth and families (86) lack of strong cultural support systems significantly influences extent to which mental health support and services are sought (71)
Health and social care seeking	System	Availability and accommodation <ul style="list-style-type: none"> Relates to how services, including the staff who work there, are accessible and can be reached easily and quickly 	<ul style="list-style-type: none"> staff shortages and burnout (8) a lack of cultural accommodation (91) lack of racial diversity in health workforce (8; 91)

McMaster Health Forum

Stages	Level	Dimensions	Examples
		<ul style="list-style-type: none"> e.g., geographic location, accommodation, hours of operation, appointments mechanisms 	<ul style="list-style-type: none"> governments are encouraging regional settlement (in less 'popular' areas), which may affect physical access to specialized services leveraging non-stigmatizing and easily accessible environments (e.g., schools) to effectively support the mental health needs of IRAS children, youth and families (78-80) lack of integration of specialized components tailored to the needs of refugees and asylum seekers within primary care (55; 60) lack of long-term care solutions tailored to the specific needs of IRAS children, youth and their families (55; 60)
	Individual	Ability to reach <ul style="list-style-type: none"> E.g., living environments, transport, mobility, social support 	<ul style="list-style-type: none"> lack of policies to address language and cultural barriers at clinics to enhance communication with healthcare providers such as clear instructions in multiple languages (55; 60)
Health and social care reaching	System	Affordability <ul style="list-style-type: none"> Relates to whether immigrants and refugees have the financial ability to spend money and time to use services that are appropriate for their needs e.g., direct and indirect costs, opportunity costs 	<ul style="list-style-type: none"> delays/complexity in getting coverage lack of access to publicly funded mental health services (8) mental health services being chronically underfunded not all physicians, clinics and hospitals accept insurance from the Interim Federal Health Program
	Individual	Ability to pay <ul style="list-style-type: none"> e.g., income, assets, social capital, health insurance 	<ul style="list-style-type: none"> delays and complexity in getting coverage unability to pay private insurance
Health and social care utilization	System	Appropriateness <ul style="list-style-type: none"> Relates to whether services are provided in a timely manner, involve sufficient care in assessing health problems, and determine the appropriate treatment options for immigrants and refugees E.g., technical and interpersonal quality, adequacy, coordination and continuity 	<ul style="list-style-type: none"> lack of collaborative, trauma-informed and culturally adaptable approaches (55; 69; 82-83; 90-92) unclear pathways to care (90) lack of early intervention and specialized care (90) new linguistic policy in Quebec may affect communication with newcomers who do not speak French lack of training in cultural competency for healthcare professionals (60; 86; 88-89) lack of interdisciplinary care models (62; 79; 87)
	Individual	Ability to engage <ul style="list-style-type: none"> e.g., empowerment, information, adherence, caregiver support 	<ul style="list-style-type: none"> communication challenges (if there is language discordance) (55; 60) lack of educational opportunities to help IRAS children, youth and their families have the necessary knowledge/resources to actively engage in their health decisions and treatment plans (18; 21-23) lack of adequate time for comprehensive discussions (22; 25) lack of collaborative decision-making (22; 25)
Health and social care consequences	n/a		

Appendix 4: Categories of migrants and their rights, benefits and health coverage in Canada

Category of migrant	Description	Requirements	Rights, benefits and health coverage
1. Permanent residents	<ul style="list-style-type: none"> Individuals granted permanent resident status in Canada 	<ul style="list-style-type: none"> Must live in Canada for at least 2 years within a 5-year period 	<ul style="list-style-type: none"> All rights guaranteed under the Canadian Charter of Rights and Freedoms Eligible for public healthcare coverage and other social benefits Health coverage: <ul style="list-style-type: none"> Federal level (Interim Federal Health Program, IFHP): <ul style="list-style-type: none"> Coverage applies to: <ul style="list-style-type: none"> resettled refugees (e.g., privately sponsored refugees) protected persons in Canada refugee claimants The IFHP offers basic and temporary health care coverage to newly arrived refugees, refugee claimants and certain other groups who are not yet covered by a provincial/territorial health insurance plan The program does not cover the cost of healthcare services or products that a person may claim (even in part) under a public or private health insurance plan Co-payments are not possible since the program does not coordinate benefits with other insurance plans or programs Basic coverage includes inpatient and outpatient hospital services and services from medical doctors, registered nurses and other healthcare professionals licensed in Canada, including pre- and post-natal care, laboratory, diagnostic and ambulance services Supplemental coverage includes vision and urgent dental care, home care and long-term care, services from allied healthcare practitioners (such as psychologists, occupational therapists and physiotherapists), assistive devices and medical equipment (such as mobility aids, hearing aids and oxygen equipment), and medical supplies (such as diabetic and incontinence supplies) Prescription drug coverage is also provided for prescription medications and other products listed on provincial/territorial public drug plan formularies Provincial/territorial level: <ul style="list-style-type: none"> Provides public health insurance coverage to permanent residents once they obtain a health insurance card Eligibility and coverage may vary by province/territory Permanent residents are entitled to the same health care benefits as Canadian citizens Coverage includes doctor visits, hospital stays, and some medical procedures Waiting periods:

Category of migrant	Description	Requirements	Rights, benefits and health coverage
			<ul style="list-style-type: none"> ▪ The time period in which coverage becomes active can vary by province/territory ▪ For example, in Quebec, permanent residents must wait three months after establishing residency in the province before becoming eligible for provincial health insurance coverage ▪ Some other provinces, such as Ontario, have no waiting period for permanent residents to become eligible for coverage
1a. Family class	<ul style="list-style-type: none"> • Permanent residents sponsored by a Canadian citizen or permanent resident 	<ul style="list-style-type: none"> • Must be sponsored by a Canadian citizen or permanent resident 	<ul style="list-style-type: none"> • Can sponsor: <ul style="list-style-type: none"> ○ Spouses and partners (common law or conjugal) ○ Parents and grandparents ○ Dependent children, orphaned relatives or children under 22 who will be adopted by the sponsor in Canada • The sponsor: <ul style="list-style-type: none"> ○ Responsible for supporting the sponsored persons and their families during the undertaking period ○ Must provide basic necessities such as food, shelter, clothing, utilities and personal items ○ Also responsible for providing additional services, such as dental and eye care, that are not covered by public healthcare ○ Must make reasonable efforts to provide for themselves and their families during the undertaking period
1b. Economic class	<ul style="list-style-type: none"> • Permanent residents selected for their skills and ability to contribute to Canada's economy 	<ul style="list-style-type: none"> • Must meet specific eligibility requirements under one of several subcategories, including skilled workers, business immigrants, provincial or territorial nominees, live-in caregivers, or the Canadian experience class 	<ul style="list-style-type: none"> • Eligible for public healthcare coverage and other social benefits
1c. Government-Assisted Refugees (GARs)	<ul style="list-style-type: none"> • Permanent residents selected abroad for resettlement in Canada and receive resettlement assistance from the federal government 	<ul style="list-style-type: none"> • Must be selected as a Convention refugee under the <i>Immigration and Refugee Protection Act</i>, or as a member of the Convention Refugees Abroad class 	<ul style="list-style-type: none"> • Eligible for public healthcare coverage and other social benefits • Eligible for IFHP
1d. Privately sponsored refugees	<ul style="list-style-type: none"> • Permanent residents selected abroad for resettlement in Canada and sponsored by 	<ul style="list-style-type: none"> • Must be selected under one of several refugee classes, including the Convention refugees abroad class, the 	<ul style="list-style-type: none"> • Eligible for public healthcare coverage and other social benefits • Eligible for IFHP

Category of migrant	Description	Requirements	Rights, benefits and health coverage
	organizations, individuals or groups	source country class, or the country of asylum class	
1e. Refugees landed in Canada	<ul style="list-style-type: none"> Permanent residents who have had their refugee claims accepted and subsequently applied for and been granted permanent residency 	<ul style="list-style-type: none"> Must have had their refugee claims accepted 	<ul style="list-style-type: none"> Eligible for public healthcare coverage and other social benefits Eligible for IFHP
1f. Refugee dependents	<ul style="list-style-type: none"> Permanent residents who are family members of a refugee landed in Canada 	<ul style="list-style-type: none"> Must be family members of a refugee landed in Canada at the time of application 	<ul style="list-style-type: none"> Eligible for public healthcare coverage and other social benefits Eligible for IFHP
1g. Other immigrants	<ul style="list-style-type: none"> Permanent residents who do not fall under any of the above categories 	<ul style="list-style-type: none"> Varies depending on the specific subcategory 	<ul style="list-style-type: none"> Eligible for public healthcare coverage and other social benefits
2. Temporary residents	<ul style="list-style-type: none"> Foreign nationals living in Canada on a temporary basis 	<ul style="list-style-type: none"> Varies depending on the specific subcategory 	<ul style="list-style-type: none"> Must leave Canada when their temporary status expires or is revoked Health coverage: <ul style="list-style-type: none"> Visitors are not eligible for public health insurance coverage Some work/study permit holders may be eligible for public health insurance coverage if their permit is for a minimum duration and they meet other provincial/territorial eligibility criteria Temporary residents who are not eligible for public health insurance coverage must obtain private health insurance to cover medical expenses
2a. Refugee claimants (also known as asylum seekers)	<ul style="list-style-type: none"> Temporary residents who request refugee protection upon or after arrival in Canada 	<ul style="list-style-type: none"> Must make a refugee claim and waiting on their claim 	<ul style="list-style-type: none"> Eligible for IFHP
2b. Foreign students	<ul style="list-style-type: none"> Temporary residents in Canada principally to study in the observed calendar year 	<ul style="list-style-type: none"> Must have a study permit 	<ul style="list-style-type: none"> Private health insurance is mandatory for international students in many Canadian provinces Some provinces offer coverage for international students under their provincial health insurance plans Educational institutions provide health insurance packages to international students Some institutions require students to enroll in their health insurance packages, while others allow students to opt out if they can provide proof of private health insurance from another source
2c. Temporary foreign workers	<ul style="list-style-type: none"> Temporary residents in Canada principally for professional or work-related reasons in the observed calendar year 	<ul style="list-style-type: none"> Must have a work permit 	<ul style="list-style-type: none"> Eligible for public healthcare coverage

Category of migrant	Description	Requirements	Rights, benefits and health coverage
2d. Other humanitarian cases (e.g., temporary resident permits)	<ul style="list-style-type: none"> Foreign nationals other than refugee claimants allowed to remain in Canada such as on humanitarian or compassionate grounds 		<ul style="list-style-type: none"> Eligible for public healthcare coverage
3. Out-of-status or undocumented migrants	<ul style="list-style-type: none"> An undocumented migrant refers to a person who lacks legal permission to reside or work in Canada Out-of-status refers to individuals who entered Canada as visitors, students or workers, but whose visas have expired or otherwise become invalid, resulting in their loss of legal status in the country 		<ul style="list-style-type: none"> Limited access to public healthcare coverage and social benefits

Appendix 5: Evidence syntheses relevant to element 1 – Co-designing a framework

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
Support youth and community leadership to drive the co-design of a framework (Search 1 , Search 2 , Search 3) <i>Total syntheses: One synthesis of moderate quality</i>	<u>Effective co-production of healthcare services with immigrant patients relies on prioritizing co-production in the organization, fostering a safe and trusting environment, using patient-understandable language, respecting patient knowledge and priorities, improvising with knowledge and courage, and engaging in self-reflection</u> (34)	No	5/9	July 2020	No	<ul style="list-style-type: none"> Identifying implementation considerations
Elevate the voices of children and families to better understand their needs, values and preferences (Search 1 , Search 2 , Search 3) <i>Total syntheses: Six (of which three are high quality and two are moderate quality)</i>	<u>Photovoice can increase people's health knowledge, but it does not always boost their self-confidence or lead to healthier behaviours; more research is required, especially for marginalized communities</u> (38)	No	8/11	7 October 2019	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem
	<u>Effective ways to form representative samples from hidden groups like refugees and asylum seekers involve community engagement, diverse sampling methods and careful design considerations</u> (40)	No	7/10	January 2016	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem
	<u>Facilitators for helping refugee children to disclose their life stories were a positive and respectful attitude of the interviewer, taking time to build trust, using nonverbal methods, providing agency to the children and involving trained interpreters</u> (35)	No	6/9	2016	No	<ul style="list-style-type: none"> Identifying implementation considerations
	<u>Primary barriers including cultural norms, pre-departure history, education and language proficiency, along with secondary factors like stigma, racism and social support, impede adult refugees' engagement in community health and patient involvement</u> (36)	No	5/9	22 November 2021	No	<ul style="list-style-type: none"> Identifying implementation considerations
	<u>Involving refugees in community-based participatory research in healthcare strengthens healthcare initiatives, yet their engagement should span all research stages, encompassing funding and expansion, to foster fuller inclusion and empowerment</u> (39)	No	4/9	August 2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>In community-based research with vulnerable groups, using creative methods like photography and theatre helped level power dynamics, empower participants by giving them a voice, encourage meaningful conversations and lead to transformative outcomes</u> (37)	No	3/9	2013	No	<ul style="list-style-type: none"> Identifying implementation considerations

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
<p>Leverage existing frameworks and the key values/principles that underpin them (Search 1, Search 2, Search 3)</p> <p><i>Total syntheses: 0</i></p>	None identified					

Appendix 6: Jurisdictional scan at the global and country levels to identify frameworks and guidelines related to improving access to mental health services for children, youth and their families who are newcomers

Jurisdiction	Frameworks	Guidelines
Global	<ul style="list-style-type: none"> • World Health Organization (WHO) QualityRights Initiative <ul style="list-style-type: none"> ○ The WHO's QualityRights Initiative offers a comprehensive package of training and guidance materials to promote a human rights and recovery approach in mental health ○ The initiative emphasizes culturally sensitive and human rights-based mental health services for all, including immigrant and refugee populations • The Lancet Commission on Global Mental Health and Sustainable Development <ul style="list-style-type: none"> ○ The Lancet Commission on Global Mental Health and Sustainable Development calls for coordinated global actions to address mental health within the framework of the Sustainable Development Goals (SDGs) ○ It emphasizes the need to scale up mental health services, protect human rights, address barriers and threats to mental health, and engage multiple sectors in public policies and developmental efforts ○ The commission highlights the importance of integrating mental health into universal health coverage, embracing new opportunities like digital technologies, making substantial investments and prioritizing research and innovation to advance understanding and treatment of mental disorders • Grand Challenges in Global Mental Health Initiative <ul style="list-style-type: none"> ○ The Grand Challenges in Global Mental Health Initiative aimed to prioritize research and address barriers in mental, neurological and substance use disorders globally ○ It focused on reducing the treatment gaps, addressing the burden of disease, and combating discrimination faced by individuals with mental health conditions ○ The initiative involved a wide range of stakeholders, emphasized global perspectives and sought to mobilize funding and resources to make a significant impact on the lives of those affected by neuropsychiatric disorders worldwide • Problem management plus (PM+): Individual Psychological Help for Adults Impaired by Distress in Communities Exposed to Adversity <ul style="list-style-type: none"> ○ The WHO has developed a manual in response to global requests for guidance on psychological interventions for individuals facing adversity ○ The manual introduces Problem Management Plus (PM+), a scalable psychological intervention designed for adults in distressed communities who have been exposed to adversity 	<ul style="list-style-type: none"> • The UN Refugee Agency's Teaching about Refugees – Guidance on Working with Refugee Children Struggling with Stress and Trauma <ul style="list-style-type: none"> ○ United Nations High Commissioner for Refugees has developed guidance specifically addressing how to effectively work with refugee children who are facing stress and trauma • The Who Guidance on Community Mental Health Services: Promoting Person-Centred and Rights-Based Approaches <ul style="list-style-type: none"> ○ The WHO Guidance on community mental health services is a part of a set of publications that promote person-centered and rights-based approaches in mental health ○ The document provides detailed descriptions, examples of good practices and recommendations for developing community mental health services that respect human rights, focus on recovery and integrate with other sectors such as housing, education, employment and social protection • Destination Unknown in collaboration with the International Institute for Child Rights and Development developed a guide for adults working with children and youth on the move titled Working in Partnership with Children and Young People on the Move: Strategies & Tools for Meaningful Participation, which rests on five well-being pillars

Jurisdiction	Frameworks	Guidelines
	<ul style="list-style-type: none"> ○ The intervention incorporates elements of Cognitive Behavioural Therapy (CBT) that have been adapted to be feasible in communities with limited access to specialists 	
<ul style="list-style-type: none"> • Canada 	<ul style="list-style-type: none"> • Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022) <ul style="list-style-type: none"> ○ The Mental Health Commission of Canada (MHCC) framework outlines strategies for accelerating the implementation of the Mental Health Strategy for Canada ○ The framework focuses on four key pillars: leadership and funding, promotion and prevention, access and services, and data and research, highlighting actionable areas for the greatest impact over a five-year period 	<ul style="list-style-type: none"> • Canadian Paediatric Society developed an online guide for health professionals working with children and youth who are newcomers • Building Capacity to Support the Mental Health of Immigrants and Refugees: A Toolkit for Settlement, Social and Health Service Providers <ul style="list-style-type: none"> ○ The Immigrant and Refugee Mental Health Project is an evidence-based initiative developed by the Centre for Addiction and Mental Health (CAMH) Health Equity Office with funding from Immigration, Refugees and Citizenship Canada, focusing on the unique mental health needs of immigrants and refugees ○ It offers a range of resources and avenues for capacity building, including online courses, webinars, e-newsletters, a community of practice and a toolkit ○ The project provides a comprehensive overview of mental health issues among immigrants, including specific considerations for refugees, explores various pathways to mental health and mental illness, and highlights promising practices and innovative approaches to service delivery • Best Practice Guidelines for Mental Health Promotion Programs: Refugees <ul style="list-style-type: none"> ○ This resource is the third in a series of online guides that focuses on promoting positive mental health across the lifespan by CAMH ○ It provides evidence-based approaches for health and social service providers in implementing mental health promotion initiatives or programs specifically targeted towards refugees ○ The resource includes background information on Canada's foreign-born population, a theoretical context for mental health promotion, 13 best practice guidelines, examples of mental health programs that align with the guidelines, outcome and process indicators for measuring program success, a planning and implementation worksheet, a list of services and web resources, and a glossary of common terms used in mental health promotion
<ul style="list-style-type: none"> • United States 	None identified	<ul style="list-style-type: none"> • Guidelines by the National Child Traumatic Stress Network (NCTSN) on Refugee Trauma, including mental health, tailored for different audiences ranging from mental health professionals to policymakers <ul style="list-style-type: none"> ○ Resources can be filtered by resource type, refugee trauma, language, audience, and other relevant facets (e.g., implementation, policy issue, training) • Treatment Improvement Protocol on Improving Cultural Competence developed by the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services <ul style="list-style-type: none"> ○ This guide provides insights for professional care providers and administrators on how culture influences the delivery of mental health and substance use services

Jurisdiction	Frameworks	Guidelines
		<ul style="list-style-type: none"> ○ It explains the concept of cultural competence and examines the significance of considering race, ethnicity and culture in the provision of care
<ul style="list-style-type: none"> • United Kingdom 	<ul style="list-style-type: none"> • Commissioning Mental Health Services for Vulnerable Adult Migrants <ul style="list-style-type: none"> ○ This guidance provides information on commissioning mental health services for vulnerable migrants, including refugees, asylum seekers, and trafficked individuals in the U.K. ○ It aims to empower these vulnerable groups to access appropriate and accessible healthcare by ensuring services are commissioned effectively ○ The guidance emphasizes the importance of delivering healthcare at the right time, in the right place, and in a manner that meets their specific needs 	<ul style="list-style-type: none"> • Mental Health: Migrant Health Guide <ul style="list-style-type: none"> ○ Developed by the Office for Health Improvement and Disparities, this resource offers healthcare practitioners advice and guidance regarding the healthcare requirements of migrant patients • Post-Traumatic Stress Disorder <ul style="list-style-type: none"> ○ This guideline, developed by the National Institute for Health and Care Excellence, focuses on the recognition, assessment, and treatment of post-traumatic stress disorder (PTSD) in children, young people and adults ○ Its objective is to enhance quality of life by alleviating PTSD symptoms, including anxiety, sleep disturbances and concentration difficulties
<ul style="list-style-type: none"> • Australia 	<ul style="list-style-type: none"> • An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper <ul style="list-style-type: none"> ○ The position paper by Victorian Transcultural Mental Health (VTMH) proposes a strategic approach to embed diversity, equity and inclusion (DEI) principles in Victoria's mental healthcare system ○ It aims to address the unique mental health challenges and service barriers faced by migrant and refugee communities, prioritize DEI in mental health services, and create sustainable improvements in access and outcomes for marginalized populations • The Provision of Mental Health Services for Asylum Seekers and Refugees <ul style="list-style-type: none"> ○ The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has issued a position statement expressing concerns regarding the insufficient provision of mental health services for asylum seekers and refugees ○ The statement calls for policy changes to enhance mental health outcomes in this population ○ RANZCP position statements are designed to influence matters related to psychiatric practice, service delivery, education, research and community mental health outcomes 	<ul style="list-style-type: none"> • Good Practice Guide for Working with Refugee Young People <ul style="list-style-type: none"> ○ The document serves as a tool to support services in Victoria that have limited experience in working with refugee young people and aims to promote consistent and responsive services ○ It was created in response to identified gaps in service delivery for refugee youth, particularly the lack of specific policies or guidelines for guiding practice ○ The document acknowledges the unique experiences of refugee young people and their potential impact on accessing services ○ It emphasizes three core values: understanding, trust and social justice and access; each core value is further elaborated with guiding principles, practical actions, and case studies • Keeping Their Hopes Alive: A Good Practice Guide to Case Management with Young People from Refugee Backgrounds <ul style="list-style-type: none"> ○ This resource serves as a guide for practitioners involved in case management for young individuals with refugee backgrounds ○ The guide is informed by both current and previous research, as well as the evidence base identified by settlement service practitioners

Appendix 7: Evidence syntheses relevant to element 2 – Adapting promising models of care

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
<p>Confirm the interventions that need to be part of a stepped-care model for the mental health of children and their families (and that match the severity and complexity of their problems) (Search 1, Search 2, Search 3)</p> <p><i>Total syntheses: 72 (of which eight are high quality) and six protocols</i></p>	Tier 1: All children and families (the focus is on population-based mental health wellness, promotion and prevention)					
	<u>Multi-tiered systems of school-based interventions including group treatment, academic interventions, technology usage, mentoring programs and career guidance are required to address the academic and mental health needs of refugee, immigrant and migrant children (47)</u>	No	2/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>No evidence was found on the impacts of interventions on the economic self-sufficiency and well-being of resettled refugees (53)</u>	No	5/5	2013	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Leisure is a factor in the social integration of immigrants (105)</u>	No	3/9	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Interventions delivered within the school setting can be successful in helping children overcome difficulties associated with forced migration (106)</u>	No	10/10	2012	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Family-focused prevention improves cognitive, educational and social-emotional development of immigrant children and adolescents (107)</u>	No	Not available yet	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Identified protective factors for positive mental health among refugee children following migration to high-income countries include age self-esteem/self-efficacy, maintenance of cultural identity, close relationships, family unity, community support, government policy and socio-cultural norms (108)</u>	No	3/9	2015	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Immigrant children in Canada experience inequities in healthcare access and outcomes which may be addressed by collaborative delivery of health and social services; a broad range of services and programs for immigrants that are culturally sensitive, community-based and trauma-focused are needed for diverse and unique immigrant experiences (45)</u>	No	5/9	2022	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Canadian immigrants' barriers to primary care access are identified across five themes; the most profound among them are cultural and</u>	No	3/9	2016	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>communication barriers, thus increased cultural competency training in medical education and practice is needed</u> (59)					<ul style="list-style-type: none"> Identifying implementation considerations
	<u>The most common coping skills of East African refugees include faith/religion or other belief systems, social support and cognitive reframing or finding meaning in the situation</u> (109)	No	4/9	2010	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Interventions for refugees are effective when they address the cultural context, assist in housing, support employment, provide financial aid, support with learning the new language and engage in social activities</u> (110)	No	4/9	2015	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Immigrant parents face unique challenges to their involvement due to language barriers and lack of familiarity with the educational system of a host country</u> (48)	No	3/9	Not available yet	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>There is limited evidence about the integration of refugee children and youth in receiving countries</u> (111)	No	3/9	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>The main challenges experienced by refugees in Canada included loss or change in identity, gender role conflicts, language barriers, lack of recognition of previous education or experience, and perceived lack of support and discrimination</u> (102)	No	2/9	2016	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	Tier 2: Those at risk for or experiencing mental health problems that affect functioning in some areas of daily living (the focus is on targeted prevention, early identification and early intervention)					
	<u>Interventions for improving immigrant women's mental health include home visits, asset-building interventions, cognitive-behavioural interventions, nursing intervention, perinatal education intervention, and mindfulness intervention; positive outcomes were associated with the home visit programme and asset-building interventions</u> (112)	No	6/9	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>This synthesis will examine interventions to improve the economic self-sufficiency of unemployed immigrants from non-Western countries</u> (54) [Protocol]	n/a	Not available yet	n/a	n/a	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>While most social service programs for refugees and asylum seekers are successful in financial and social outcomes, research in this area is limited in terms of volume, rigour and regional representation</u> (113)	No	5/10	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>Primary care providers are facing challenges with asylum seekers and refugees, notably during the healthcare encounter, at the level of the health system, and related to the broader resettlement environment (60)</u>	No	4/9	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Among primary care interventions that improve care quality for refugees and asylum-seekers are comprehensive mental healthcare delivery models, which include those offered in accessible locations (e.g., homes, community centres, schools), family-care approaches and trauma-informed mental health care in primary care settings (55)</u>	No	4/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Social support for refugee minors in their resettlement environment is associated with reduced PTSD and depression (51)</u>	No	2/9	Not reported (published in 2016)	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Socio-cultural and historical considerations of the experiences of Syrian refugees are required in caring for their mental health and psychosocial needs, as well as in research, practice and policy (46)</u>	No	3/9	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Social support, security, culture and education are identified as factors in the psychosocial needs of refugee children and youth; the development of orientation services for these groups may be informed by current – though limited – evidence; such services may occur prior to or upon arrival in the resettlement country (114)</u>	No	5/11	Not reported (published in 2018)	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Acculturative stress is a main risk factor to consider for assessment and intervention for the mental health of refugee youth (115)</u>	No	4/9	Not available yet	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Psychological, social and welfare interventions had no difference in outcome from controls on immediate post-traumatic symptoms, distress or quality of life; however, there are some benefits compared to controls on post-traumatic stress and distress at six-month follow-up (116)</u>	No	11/11	2014	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Migrants have a greater burden of mental health – stress-related disorders in particular – than the general population, with migrants with precarious legal status found to be at even greater risk; factors that should be considered to increase migrant use of mental health services</u>	No	Not available yet	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>include accessibility, cultural adaptation and addressing social determinants of health</u> (117)					
	<u>Psychosocial interventions in asylum seekers and refugees were effective in reducing PTSD, depressive and anxiety symptoms relative to controls; improvement was maintained at one month or longer follow up periods</u> (118)	No	11/11	2017	Yes	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Assessing current exposure to violence is an important step for effective intervention related to mental health dilemmas for refugee populations</u> (119)	No	5/9	2018	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Cultural adaptations are needed in psychosocial interventions for post-traumatic stress disorder among refugees</u> (120)	No	6/9	2018	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Immigrant parents with children who have disabilities faced extra challenges related to adaptation, finance, service utilization and stigma</u> (121)	No	5/9	2017	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Evidence supports PTSD psychological interventions for refugees and asylum seekers but reveals shortcomings in optimal support for those with complex experiences; further work in this area needs to assess social, familial, human rights, welfare and non-trauma-focused interventions beyond individual trauma-focused ones, which are currently of primary research focus</u> (122)	No	9/11	2018	Yes	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Determinants of life satisfaction of economic migrants coming from developing countries to countries with very high human development may be listed as 12 indicators in three categories: structural integration (culturally competent community resources, housing, legal status, work conditions); social and cultural inclusion (adaptation to the target culture, community engagement, perceived discrimination, social support network); and individual strengths (financial security, health, linguistic competence, roots)</u> (123)	No	6/10	2018	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Adolescent acculturation experiences are characterized by negotiating identity and belonging across the family context, school environment, peer relationships, and personal ideas of self in relation to past and future</u> (124)	No	5/9	2012	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Effective mental health interventions for immigrant-refugee children and youth in Canada are characterized by collaboration between</u>	No	4/9	Not available	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>schools, communities and families; interventions that are culturally sensitive and aware of racial disparities; and involvement of culturally appropriate and racially diverse staff (43)</u>					<ul style="list-style-type: none"> Identifying implementation considerations
	<u>Interventions that target social capital for refugees have positive impacts on mental health outcomes; these interventions are multilevel, community or individual, with the majority identified at the community level (125)</u>	No	2/9	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Refugees who resettle in regional and rural Australia have higher levels of psychological distress than the general population; facilitators of positive mental health include practicing a religion, employment, developing language skills, continued connection to others with the same cultural background, and support from the host community, while barriers include individual/community barriers (communication, disconnection from family, social isolation, gender-based challenges, discrimination) and barriers to mental health service (access to interpreters, limited services available, need for support in rural areas) (126)</u>	No	6/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>This protocol aims to identify barriers and facilitators to mental health care for immigrant students (127) [Protocol]</u>	Not available	Not available	Not available	Not available	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	Tier 3: Those experiencing significant mental health problems that affect functioning in some areas of daily living (the focus is on specialized consultation and assessment, intervention through short-term counselling and therapy, and family capacity building)					
	<u>There is insufficient evidence to determine the effectiveness and acceptability of community-based mental health interventions for refugee children and adolescents (128)</u>	No	9/11	2021	Yes	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>High-support living arrangements (e.g., foster families and social/emotional skills programs) with fewer restrictions and greater autonomy for unaccompanied refugee minors are associated with more favourable mental health outcomes (56)</u>	No	6/10	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Group interventions are promising in the treatment for unaccompanied and accompanied refugee minors with mental health disorders (57)</u>	No	5/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>Social workers working with refugees are facing a bureaucratic system, high caseloads, clients' suffering and little experience of success (65)</u>	No	7/9	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Effective interventions to mitigate the impact of experiences of armed conflict on the psychosocial and cognitive development of children 0 to 8 are rooted in normalization of the children's living situation and development of problem-focused coping strategies (129)</u>	No	8/9	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Instruments measuring externalizing mental health problems in immigrant ethnic minority youth are mostly evaluated among African American youth in the United States, have fair overall methodological quality, are influenced by ethnicity, are impacted by administration of the instrument, and show that self-reports are more valid measurement tools (130)</u>	No	5/9	2012	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>There is a paucity of evidence on the effectiveness of family-based trauma interventions for immigrants and refugees as compared to individualistic approaches; further research needs to consider interventions in the context of the complexity of immigrant and refugee trauma and scope beyond suffering to include coping (44)</u>	No	4/9	2013	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Family interventions for newly resettled refugees include parenting interventions, multi-family interventions and school-based interventions; studied interventions lack sufficient cultural adaptation and implementation frameworks (49)</u>	No	4/9	2022	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Most included systematic reviews on mental health interventions for refugees, asylum seekers and internally displaced persons concern psychological therapies, with more evidence on those for trauma-related treatment (as opposed to mental health prevention or promotion) in adults than in children; commonly researched interventions include cognitive behavioural therapy, integrative and interpersonal therapies, trauma therapies and creative therapies (131)</u>	No	Not available yet	2019	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Confining asylum seekers in detention centres negatively affects their mental health both during their detention and after their release (132)</u>	No	11/11	January 2014	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Available school-based programs to support the mental health of adolescent forced migrants in high income countries include student-focused programs (e.g. orientation, educational/career supports, peer support), family-focused programs and educator-focused programs;</u>	No	3/9	2019	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>barriers for these programs include individual/community factors (language, barriers, discrimination) and schools/school staff (human resources, relationships between schools and program staff) (133)</u>					
	<u>Expectation of family–professional partnerships in the educational system, especially when the children have disabilities or struggle in school, is extremely important (134)</u>	No	Not available yet	Not available	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Mental health interventions for refugee children and adolescents in high-income countries include acute interventions (psychological first aid, skills for psychological recovery), interventions addressing outcomes of exposure to trauma (narrative exposure therapy, trauma-focused cognitive behaviour therapy, eye-movement and desensitization therapy), parenting and family interventions, school and peer interventions, and interventions for contextual stressors (e.g., language, housing) (135)</u>	No	3/9	2017	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Refugee families may be involved in interventions such as multiple family groups or family strengthening interventions; family-centred interventions with a family resilience perspective can be important preventive measures for PTSD among refugee youth; a crucial aspect of the intervention is engaging families (50)</u>	No	Not available yet	Not available	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Mental health care access and outcomes for refugees, asylum-seekers and irregular migrants may be improved through policy strategies including social integration resources, outreach services, information and training, coordination between services, routine collection of service data and formal evaluations (136)</u>	No	4/9	2016	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Critical time points of risk or protective factors for the mental health of refugees include before travel, during travel, initial settlement, attempting to integrate and challenging/revoking immigration status (137)</u>	No	4/10	2017	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Therapies found to be effective interventions for psychological distress in refugee children include cognitive behaviour therapy, narrative exposure therapy, family/parent-based interventions, multi-modal therapies, play therapy, and positive psychology interventions; however, there were mixed findings associated with expressive art therapy, psychosocial interventions, Eye Movement Desensitization and Reprocessing (EMDR) and trauma systems therapy (138)</u>	No	5/10	2022	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>Validated screening and measurement tools for assessing trauma and mental health in refugee children and youth are listed and described (the Child Post-Traumatic Stress Disorder Symptom Scale Interview format, Reaction of Adolescents to Traumatic Stress questionnaire, etc.); no validated tools exist to assess the mental health of children under the age of six (139)</u>	No	3/9	2014	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Community navigators have demonstrated significant improvements in immigrant access to care and health outcomes (64)</u>	No	4/9	Not reported	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	Tier 4: Those with most severe, chronic, rare or chronic/persistent diagnosable mental health problems that significantly impair functioning in daily living					
	<u>Four factors influence the course of family foster care placements for unaccompanied refugee minors: foster family characteristics, differences in expectations between foster parents and refugee youth, cultural differences and contextual factors (140)</u>	No	3/9	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Foster care and placements that are culturally sensitive may be associated with better mental health outcomes for unaccompanied refugee minors (141)</u>	No	6/10	2017	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	Tier 5: Those in significant crisis or requiring emergency attention and support					
	None identified					
	Cross-cutting interventions					
	<u>Interpreters working with refugees are experiencing high levels of stress and are dealing with three types of challenges: “emotions, behaviour, and coping strategies,” “working in a triad” and “working environment” (58)</u>	No	Not available yet	1 September 2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Language, cultural differences, the digital divide, unfamiliar information systems and psychological factors are the five major challenges for immigrants obtaining information, and libraries could help to meet their information needs (63)</u>	No	4/9	Not available yet	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>This evidence synthesis will examine the impact of professional interpreters on outcomes of hospitalized children from migrant and refugee families with low English proficiency (142) [Protocol]</u>	Not available	Not available	Not available	Not available	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Barriers to health service utilization by refugees fell into three broad areas: 1) issues related to refugees (e.g., refugee characteristics, socio-cultural factors, effects of previous experiences), 2) issues related to</u>	No	Not available yet	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>health services (e.g., knowledge and skills of health professionals) and 3) issues related to the resettlement context (e.g., policies and practical issues) (85)</u>					<ul style="list-style-type: none"> Identifying implementation considerations
	<u>Interventions to improve communications between families or single young people with minority language and public services include interpretation services, foreign language training for public service workers and translation of information materials (but unclear which one is most effective) (143)</u>	No	9/10	2013	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Non-medical settlement service organizations support access to healthcare and mental health services for immigrants through helping immigrants develop necessary skills to navigate the health system, providing a cultural broker/interpreter, demonstrating cultural competency, facilitating access to care services and policy advocacy (62)</u>	No	5/9	2021	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Studies examining the effectiveness of social-emotional (89%) school-based interventions for refugees, migrants and immigrants found greater positive results than studies examining the effectiveness of academic interventions (72%) and physical health interventions (20%) (47)</u>	No	1/10	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>An undergraduate medical education framework for refugee and migrant health should integrate cross-cultural communication skills, exploration of barriers to accessing care and system approaches to improve refugee and migrant care (including the social determinants of health, community service learning and the development of links to community resettlement and refugee organizations) (61)</u>	No	3/9	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Facilitators of community-based psychotherapy for refugees include migrant-sensitive healthcare settings, task-shifting to less highly trained providers, cultural adaptations and greater treatment intensity, while barriers include cultural differences between patients and providers, lack of clinician mentorship, risk of vicarious trauma and uncertain political status (144)</u>	No	5/9	2018	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Mental health screening for refugees and asylum seekers is characterized by administration, professionals and tools that reflect cultural sensitivity and diversity, but there is a need for consensus on pre- or post-migration screening, linkage to care post-migration, and national training programs and resources for providers (145)</u>	No	7/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Barriers to accessing mental health services for refugee women in high-income countries include stigmatization, language, gender roles and lack</u>	No	7/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>of culturally appropriate resources, while facilitators include availability of services, social support and personal resilience.</u> (76)					<ul style="list-style-type: none"> Identifying implementation considerations
	<u>Health professionals' perceptions of and attitudes towards mental healthcare for migrants and refugees in Europe can be categorized into three themes: recognition of the complex challenges of migrant status that are barriers to engagement with services (e.g. stigma, socio-economic conditions, trauma); polarized responses and feelings of hopelessness when treating migrant patients; and differing perceptions of mental health struggles resulting from socio-cultural differences</u> (86)	No	5/9	2020	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>This protocol aims to identify school factors that support mental health and resettlement for refugee students</u> (146) [Protocol]	n/a	n/a	n/a	n/a	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Digital methods available for the promotion of immigrant well-being include Mobile Integration Applications (M-integration) and participatory methods; M-integration focused primarily on mental health and participatory methods focused on quality of life</u> (147)	No	5/9	Not available	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Recommended mental health screening and assessment tools for forcibly displaced children include the Child Behaviour Checklist and the Strengths and Difficulties Questionnaire for emotional and behavioural issues; the Children's Revised Impact of Event Scale 8 for PTSD screening and the Child and Adolescent Trauma Screen for preliminary diagnostics; and the Depression Self-Rating Scale for depression and anxiety</u> (148)	No	5/9	2019	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Accessibility of Virtual Mental Healthcare Services for refugee and immigrant groups is impacted by cultural/linguistic appropriateness, affordability of services (e.g. technology, home internet) and availability to address technical issues</u> (149)	No	5/9	2021	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations
	<u>Digital health applications for immigrants and refugees were found across all stages of mental health care, with positive outcomes for patient-reported experiences, decreasing caregiver burden, mood/behaviour problems, PTSD and depressive symptoms, and detection of mental health symptoms; however, there was a lack of ethical standards in addition to reported barriers including stigma, cultural diversity, cultural barriers, technological literacy, physical barriers (i.e. hearing impairment) and technological issues/unsecure connection</u> (150)	No	6/10	2019	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>This synthesis will investigate the availability and effectiveness of digital mental health approaches for asylum seekers, refugees and immigrants (151) [Protocol]</u>	Not available	Not available	Not available	Not available	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>This evidence synthesis will explore barriers/facilitators to the integration of health services for refugees; the content, process and actors involved; and the extent to which intersectoral approaches are leveraged to protect refugees' right to health (152) [Protocol]</u>	Not available	Not available	Not available	Not available	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Social participation enhances resilience, re-establishes social lives and acts as a protective factor against poor mental health outcomes (52)</u>	No	Not available yet	Not available yet	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations

Appendix 8: Evidence syntheses relevant to element 3 – Supporting rapid-learning and improvement cycles

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
<p>Adopt an approach allowing us to try new models of care, rapidly evaluate them in real time, and quickly adjust them when necessary (Search 1, Search 2, Search 3)</p> <p><i>Total syntheses: eight (one of which is of moderate quality)</i></p>	<u>To adopt the learning health system paradigm, there is a need to evaluate the impact on service delivery and patient outcomes (which is currently missing)</u> (153)	No	3/10	2015	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>The implementation of a learning health system can raise a number of important ethical issues (including conflicts between regulatory systems and the learning health system)</u> (154)	No	1/9	2015	No	<ul style="list-style-type: none"> • Identifying implementation considerations
	<u>Learning health systems built around data can have benefits at the patient, provider, organizational and systems levels, but it requires key features</u> (e.g., strong partnerships, generating a shared vision across stakeholders, having agreed principles and governance, implemented systems and processes to enable iterative sustainable improvement, longitudinally benchmarking and patient tracking with feedback to frontline patients, clinicians and health services) (155)	No	Not available yet	2019	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>The literature on learning health systems remains largely theoretical with a focus on technical processes to reuse data collected during clinical processes and embed the analyzed data back into the system</u> (156)	No	Not available yet	2020	No	<ul style="list-style-type: none"> • Identifying implementation considerations
	<u>Learning health systems requires specific competencies at the provider, embedded researcher and system levels</u> (e.g., evidence-based practice, leadership and teamwork skills, skills to use the digital ecosystem, self-reflective capacity, data, infrastructure and standardization, integration of data and workflow, culture and climate supporting ongoing learning) (157)	No	Not available yet	April 2020	No	<ul style="list-style-type: none"> • Identifying implementation considerations
	<u>Learning health systems can learn with and from communities (but it may have implementation considerations such as power differentials, types of knowledge to be learned, structures and processes for learning, and transformative learning outcomes)</u> (67)	No	Not available yet	19 March 2019	No	<ul style="list-style-type: none"> • Identifying implementation considerations
	<u>Learning health systems can enhance the value of co-creation by: 1) using a shared aim; 2) navigating towards improved outcomes; 3) tailoring feedback with and for users; 4) distributing leadership; 5) facilitating interactions; 6) co-designing services</u> (68)	No	Not available yet	9 March 2020	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem • Identifying implementation considerations
	<u>Rapid-learning health systems have seven key features, and have the potential to: 1) improve patient experiences and outcomes; 2) enable data- and evidence-informed transformations; 3)</u>	No	5/9	2018	No	<ul style="list-style-type: none"> • Selecting an option for addressing the problem

McMaster Health Forum

Sub-element (and search strategy used)	Available evidence syntheses to inform decision-making about the sub-elements	Living status	Quality (AMSTAR rating from McMaster Health Forum)	Last year literature searched	Availability of GRADE profile	Type of policy question addressed
	<u>motivate greater collaboration; and 4) better leverage quality-improvement infrastructures (66)</u>					<ul style="list-style-type: none"> Identifying implementation considerations
<p>Identify assets that can be leveraged and gaps that must be addressed to foster the spread and scale of effective models (Search 1, Search 2, Search 3)</p> <p><i>Total syntheses: One of moderate quality</i></p>	<u>To ensure health ideas spread and succeed, we should use frameworks, structures, processes and supportive organizations – similar to trying out innovations in pilot sites, establishing rules, involving various groups and allocating dedicated funds (158)</u>	No	4/9	24 March 2023	No	<ul style="list-style-type: none"> Selecting an option for addressing the problem Identifying implementation considerations

Appendix 9: Assets and gaps in mental health systems for children, youth and their families who are newcomers in Canada

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
Engaged children, youth and their families: Systems are anchored on their needs, perspectives and aspirations (at all levels) and focused on improving their care experiences and health at manageable per capita costs and with positive provider experiences	<ol style="list-style-type: none"> 1) Set and regularly adjust relevant targets for rapid learning and improvement (e.g., improvements to a particular type of experience or in a particular health outcome) 2) Engage children, youth and their families in: <ol style="list-style-type: none"> a) their own health (e.g., goal setting, self-management and living well with conditions, access to personal health information, including test results) b) their own care (e.g., shared decision-making, use of patient decision aids) c) the organizations that deliver care (e.g., experience surveys, co-design of programs and services, membership of quality-improvement committees and advisory councils) d) the organizations that oversee the professionals and other organizations in the system (e.g., professional regulatory bodies, quality-improvement bodies; ombudsman, complaint processes) e) policymaking (e.g., committees making decisions about which services and drugs are covered, government advisory councils that set direction for [parts of] the system, storytelling to kick off key meetings, panels to elicit their values) 	<ul style="list-style-type: none"> • Kids Help Phone is offering 24/7 mental health support for children and youth who are newcomers (services available with interpreters) • The Canadian Council for Refugee has a Youth Network to amplify the voices of refugees • The Canadian Centre for Victims of Torture engages with immigrants, refugees, and their families through their Mental Health Counselling & Support program, offering confidential assessments, referrals to treatment and public education • Some prominent provincial and territorial organizations focused on engagement include: <ul style="list-style-type: none"> ○ Vancouver's DIVERSEcity, which offers the RISE Youth Program that helps youth newcomers with mental health supports ○ Toronto's Access Alliance Multicultural Health and Community Services offers mental health support for youth through their Primary Health Care Services, offering both one-on-one sessions and support groups <p>Several mental health organizations have developed initiatives or resources to support youth engagement, but without a particular focus on children, youth and their families who are newcomers</p> <ul style="list-style-type: none"> • Jack.org is a Canadian charity training young leaders to revolutionize mental health, with a commitment to equity, inclusion and anti-racism • The Centre for Addiction and Mental Health (CAMH) Provincial System Support Program published Fostering Meaningful Engagement of Persons with Lived Experience at the Systems Level • The Knowledge Institute on Child and Youth Mental Health and Addictions has created quality standards for family and youth engagement • The New Mentality initiative aims to amplify youth voice to create change in the mental health system and beyond <p>Several organizations are supporting patient partnership, and could be leveraged to support the engagement of children, youth and their families:</p>	<ul style="list-style-type: none"> • Many researchers and groups are conducting community-based participatory research with newcomers in Canada • Several organizations have developed research initiatives related to engagement, but without a particular focus on children, youth and their families who are newcomers: <ul style="list-style-type: none"> ○ SPOR SUPPORT Units and SPOR Evidence Alliance ○ McMaster University has a co-design hub for equity-based co-creation • Possible gaps include: engaging people with lived experience in research is still not consistent (it is often dependent on the values of individual researchers) or systematic (it is often dependent on existing relationships)

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
	<ul style="list-style-type: none"> f) research (e.g., engaging them as research partners, eliciting their input on research priorities) g) building their capacity to engage in all of the above 	<ul style="list-style-type: none"> • Patient Advisors Network • Patient Voices Network • Centre of Excellence on Partnership with Patients and the Public 	
Digital capture, linkage and timely sharing of relevant data: Systems capture, link and share (with individuals at all levels) data (from real-life, not ideal conditions) about patient experiences (with services, transitions and longitudinally) and provider engagement alongside data about other process indicators (e.g., clinical encounters and costs) and outcome indicators (e.g., health status)	<ol style="list-style-type: none"> 1) Data infrastructure (e.g., interoperable electronic health records, condition-specific registries, privacy policies that enable data sharing) 2) Capacity to capture patient-reported experiences (for both services and transitions), clinical encounters, outcomes and costs 3) Capacity to capture longitudinal data across time and settings 4) Capacity to link data about health, healthcare, social care and the social determinants of health 5) Capacity to analyze data (e.g., staff and resources) 6) Capacity to share 'local' data (alone and against relevant comparators) – in both patient- and provider-friendly formats and in a timely way – at the point of care, for providers and practices (e.g., audit and feedback), and through a centralized platform (to support patient decision-making and provider, organization and system-wide rapid learning and improvement) 	<ul style="list-style-type: none"> • None identified specifically about children, youth and their families who are newcomers 	<ul style="list-style-type: none"> • Statistics Canada (in particular its Canadian Health Survey on Children and Youth) has the capacity to generate a portrait of the mental health of immigrants and refugees via a nationally linked database <ul style="list-style-type: none"> ○ On the downside, the last wave of data collection for the Longitudinal Survey of Immigrants to Canada (LSIC) goes back to 2005 • The Canadian Institute for Health Information's Hospital Mental Health Database Metadata (HMHDB), provides national data on hospitalizations for mental health and addiction (but does not include information about migration status) • The Canadian Institute for Health Information is supporting public reporting on six pan-Canadian indicators (current status available here): <ul style="list-style-type: none"> ○ hospitalization rates for problematic substance use ○ rates of repeat emergency departments and/or urgent care centre visits for a mental health or addiction issue ○ rates of self-injury, including suicide ○ wait times for community mental health services, referral/self-referral to services (provided outside emergency departments, hospital inpatient programs and psychiatric hospitals) ○ early identification for early intervention in youth ages 10 to 25 (to be defined) ○ awareness and/or successful navigation of mental health and addictions services (self-reported; to be defined) • Relevant programs at IC/ES include a mental health dashboard and two relevant programs

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
			<ul style="list-style-type: none"> ○ Mental Health and Addictions Research Program generates new knowledge and produces policy-relevant, population-based research on mental health and addictions services (areas of interest include children and youth mental health, as well as the social determinants of mental health) ○ Populations and Public Health Research Program pursue the integration and use of novel data sets (e.g., immigration data) and methods to conduct research on how best to promote health and prevent disease for all segments of the population
Timely production of research evidence: Systems produce, synthesize, curate and share (with individuals at all levels) research about problems, improvement options and implementation considerations	<ol style="list-style-type: none"> 1) Distributed capacity to produce and share research (including evaluations) in a timely way 2) Distributed research-ethics infrastructure that can support rapid-cycle evaluations 3) Capacity to synthesize research evidence in a timely way 4) One-stop shops for local evaluations and pre-appraised syntheses 5) Capacity to access, adapt and apply research evidence 6) Incentives and requirements for research groups to collaborate with one another, with patients and with decision-makers 	<ul style="list-style-type: none"> ● CAMH's Provincial System Support Program, Evidence Exchange Network (EENet), Knowledge Institute on Child and Youth Mental Health and Addictions and School Mental Health Ontario each synthesize, curate and share research evidence in their respective areas with individuals at all levels through a variety of mechanisms ● Possible gaps include: few organizations have explicit arrangements to ensure access to supports for conducting rapid-cycle evaluations or to find and use research evidence; and no distributed research ethics infrastructure to support rapid-cycle evaluations 	<ul style="list-style-type: none"> ● Child and Youth Refugee Research Coalition is an alliance of academics, community partners and government agencies working to promote the successful integration of refugee children, youth and their families in Canada ● Health Systems Evidence and Social Systems Evidence are two repositories of 'best evidence syntheses' on various conditions (e.g., mental health and addictions) and populations (e.g., immigrants, refugees and asylum seekers) ● IC/ES launched a mental health and addictions sub-system performance scorecard, which provides baseline data on provincial quality indicators (client-centred, timely, safe, effective, efficient and equitable) ● The Programme régional d'accueil et d'intégration des demandeurs d'asile (PRAIDA) in Quebec is conducting research on refugees and asylum seekers (and connects with international research teams working with refugees and asylum seekers) ● The Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux (ACCÉSSS) – a coalition of 137 member organizations across Quebec - promotes the development and sharing of knowledge on access to health and social services, including mental health services to immigrants, refugees and asylum seekers ● Possible gaps include: lack of timely access to data, lack of centralized patient-experience data

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
			and community-based organization data, and limited capacity for linkage of these data, which limits the ability of researchers to use existing data to answer relevant questions; and limited research in community-based organizations and for children and youth, and lack of a centralized platform for researchers seeking partners for such research
Appropriate decision supports: Systems support informed decision-making at all levels with appropriate data, evidence, and decision-making frameworks	<p>1) Decision supports at all levels – self-management, clinical encounter, program, organization, regional health authority and government – such as</p> <ul style="list-style-type: none"> a) patient-targeted evidence-based resources b) patient decision aids c) patient goal-setting supports d) clinical practice guidelines e) clinical decision support systems (including those embedded in electronic health records) f) quality standards g) care pathways h) health technology assessments i) descriptions of how the health system works 	<ul style="list-style-type: none"> • The Canadian Paediatric Society developed an online guide for health professionals working with children, youth and their families who are newcomers (with a section dedicated to mental health) • The Federation of Canadian Municipalities published Welcoming communities: A toolkit for local governments • BC Provincial Mental Health and Substance Use Planning Council developed a trauma-informed practice guide for working with children, youth and their families • British Columbia Partners for Mental Health and Addictions Information offers self-help resources through their HeretoHelp initiative, which offers workbooks, screening self-tests and information sheets in plain-language (including for immigrants and refugees) • Kelty Mental Health Resource Centre in British Columbia offers resources to help navigate the mental health system in multiple languages, with specific resources targeting youth and young adults • The British Columbia Refugee Hub provides an online toolkit for those working with refugees and refugee claimants • The Alberta Association of Immigrant Serving Agencies developed a practice guide on anti-racism and anti-Islamophobia • The Mental Health and Addictions Centre of Excellence aims to improve mental health and addictions care for children, youth and adults by establishing a central point of accountability and oversight for mental health and addictions care; creating common performance indicators and shared infrastructure to disseminate evidence and set service expectations; standardizing and monitoring the quality and delivery of evidence-based 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
		<p>services and clinical care across the province; and providing support and resources to Ontario Health Teams as they connect people to the different types of mental health and addictions care they need</p> <ul style="list-style-type: none"> • Project ECHO aims to build capacity for evidence-based care for complex patients through interdisciplinary, expert-led digital knowledge-sharing networks on specific conditions and themes, including child and youth mental health • Knowledge Institute for Child and Youth Mental Health and Addictions has developed papers on care pathways for early childhood mental health, and for integration between primary care and community-based mental health services • School Mental Health Ontario has developed resources to support mental health promotion and prevention, and care pathways to higher-intensity services, within the school system (including for immigrants and refugees) • The Centre for Effective Practice offers clinical tools outlining best practice in primary care for a number of mental health conditions and addictions, including youth mental health • CAMH developed mental health-promotion guides for specific populations, including children and youth, and also conducted the Immigrant and Refugee Mental Health Project (IRMHP) offering online training, tools and resources to settlement, social and health service professionals working with immigrants and refugees • Ontario Council of Agencies Serving Immigrants developed guidelines on trauma and violence informed approaches • Possible gaps include: no individualized feedback is sent to front-line providers about their performance – on its own, in comparison to relevant peers or in comparison to recommendations for optimal care 	
Aligned governance, financial and delivery arrangements: Systems adjust who can make what decisions (e.g., about joint learning priorities), how money flows and how the	1) Centralized coordination of efforts to adapt a rapid-learning health system approach, incrementally join up assets and fill gaps, and periodically update the status of assets and gaps	<ul style="list-style-type: none"> • Citizenship and Immigration Canada published a handbook on local immigration partnerships (which aims to align local, provincial and federal efforts) • The former Ontario Ministry of Children and Youth Services published program guidelines and requirements 	<ul style="list-style-type: none"> • Improving Mental Health Services For Immigrant, Refugee, Ethno-Cultural And Racialized Groups: Issues and Options for Service Improvement is a joint report supported by the Mental Health Commission of Canada and CAMH outlines systems-level recommendations to better tailor provincial and territorial responses for improving

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
systems are organized and aligned to support rapid learning and improvement at all levels	<ol style="list-style-type: none"> 2) Mandates for preparing, sharing and reporting on quality-improvement plans 3) Mandates for accreditation 4) Funding and remuneration models that have the potential to incentivize rapid learning and improvement (e.g., focused on patient-reported outcome measures, some bundled-care funding models) 5) Value-based innovation-procurement model 6) Funding and active support to spread effective practices across sites 7) Standards for provincial expert groups to involve patients and a methodologist, and to use existing data and evidence to inform and justify their recommendations 8) Mechanisms to jointly set rapid-learning and improvement priorities 9) Mechanisms to identify and share the 'reproducible building blocks' of a rapid-learning health system 	<p>for child and youth community mental health core services</p> <ul style="list-style-type: none"> • The Centre for Innovation in Campus Mental Health offers a toolkit for developing relationships between community mental health service agencies and campus mental health services (including for international students) • Possible gaps include: governance of the sub-system for child and youth mental health is often distributed across government ministries that fund parts of it (health, child and youth services, education and justice) in Ontario and other provinces; regulatory colleges do not emphasize competencies for rapid learning and improvement among mental health and addictions professionals; financial arrangements often reinforce silos, which pose challenges for rapid learning and improvement; and no mechanism for health and research systems to jointly set learning and improvement priorities or to fund initiatives to address them 	<p>mental health services for immigrant, refugee and racialized groups</p> <ul style="list-style-type: none"> • The Canadian Mental Health Association's Act for Mental Health, is an advocacy campaign that outlines a federal plan for universal mental health and substance use health
Culture of rapid learning and improvement: Systems are stewarded at all levels by leaders committed to a culture of teamwork, collaboration and adaptability	<ol style="list-style-type: none"> 1) Explicit mechanisms to develop a culture of teamwork, collaboration and adaptability in all operations, to develop and maintain trusted relationships with the full range of partners needed to support rapid learning and improvement, and to acknowledge, learn from and move on from 'failure' 	<ul style="list-style-type: none"> • Mental Health Commission of Canada leads the development and dissemination of innovative programs and tools to support mental health and wellness • Possible gaps include: most mental health and addictions organizations do not have a culture of embedding rapid learning and improvement in their operations (or of supporting collaboration across professions or 'silos' and across data analytics, decision support, quality improvement and research groups); and many mental health and addictions organizations have faced a great deal of change in a short amount of time 	<ul style="list-style-type: none"> • None identified

Characteristic	Examples	Mental health systems receptors and supports	Research-system supports
Competencies for rapid learning and improvement: Systems are rapidly improved by teams at all levels who have the competencies needed to identify and characterize problems, design data- and evidence-informed approaches (and learn from other comparable programs, organizations, regions and sub-regional communities about proven approaches), implement these approaches, monitor their implementation, evaluate their impact, make further adjustments as needed, sustain proven approaches locally, and support their spread widely	<ol style="list-style-type: none"> 1) Public reporting on rapid learning and improvement 2) Distributed competencies for rapid learning and improvement (e.g., data and research literacy, co-design, scaling up, leadership) 3) In-house capacity for supporting rapid learning and improvement 4) Centralized specialized expertise in supporting rapid learning and improvement 5) Rapid-learning infrastructure (e.g., learning collaboratives) 	<ul style="list-style-type: none"> • International Institute for Child Rights and Development based in British Columbia connects child-focused innovators from more than 30 countries (and also developed a guide with Destination Unknown to support the meaningful participation of children on the move) • The Provincial System Support Program, based out of the CAMH with regional offices across Ontario, offers implementation supports to help programs and communities put best practices into action • The Ontario Centre of Excellence for Child and Youth Mental Health's Quest: Quality improvement initiative will offer tailored quality-improvement coaching to select organizations • School Mental Health Ontario supports implementation of mental health initiatives in school settings • The Centre for Effective Practice offers academic detailing to support the implementation of evidence-based care in primary care settings (and includes a specific focus on mental health and addictions care) • The Excellence through Quality Improvement Project (E-QIP) provides quality-improvement coaching to community mental health and addictions organizations • Addictions and Mental Health Ontario, Canadian Mental Health Association, and Ontario Health (Quality) have been collaborating on the Excellence through Quality Improvement Project to enhance the ability of community-based organizations to understand and apply quality-improvement methods • The Programme régional d'accueil et d'intégration des demandeurs d'asile (PRAIDA) in Quebec is raising awareness of professionals and partners working with refugees and asylum seekers regarding the migration journey, the differences in status and rights, the roles and responsibilities, the trajectory of the asylum application and the services available • Possible gaps include: lack of agreement about the competencies needed (e.g., data literacy, co-design, scaling up and leadership) and which are needed in all organizations versus in more centralized support units; and lack of learning collaboratives and other elements of the infrastructure needed to support rapid learning and improvement 	<ul style="list-style-type: none"> • Training workshops are offered by many organizations (e.g., Mental Health Council of Canada, CAMH and SickKids) to support researchers and knowledge-translation practitioners, often for those in the mental health sub-system or other domains where 'evidence-based programs' are rolled out, to gain competencies in knowledge translation • The Canadian Mental Health Association launched The Opening Doors project offering resources and workshops on anti-discrimination, migration and mental health and wellness • Some organizations support the spread and scale of health system innovations in Canada, including: <ul style="list-style-type: none"> ○ Canada Health Infoway, a pan-Canadian health organization with a focus on scaling and spreading digital solutions (e.g., virtual mental health care) ○ Healthcare Excellence Canada, a pan-Canadian health organization with a focus on scaling and spreading quality and safety innovations ○ Health Commons Solutions Lab, a provincial organization in Ontario that focuses on the health sector with an equity and diversity lens ○ Provincial System Support Program, a provincial program in Ontario that focuses on mental health and addictions innovations

Appendix 10: Insights from a citizens panel on improving access to mental health Services for immigrants and refugees

Deliberation		Key insights from the citizen panel
Deliberation about the problem		<ul style="list-style-type: none"> Mental health systems struggle to meet the needs of newcomer children, youth and families, often due to accessibility issues <ul style="list-style-type: none"> Systemic barriers to mental health services include difficulties approaching the system, lack of affordability and limited availability, creating challenges for effective engagement Newcomers, especially refugees, may be unprepared for adapting to life in Canada and the potential challenges they may face as a result (e.g., new health issues linked to the weather, such as seasonal affective disorder and other hardships that come along with settling in a new country) Parental stress during migration, some self-inflicted, can lead to mental health issues, impacting children as well Stigma, cultural factors and a lack of awareness hinder parents from recognizing and seeking mental health care for themselves and their children
Deliberation about three elements of a potentially comprehensive approach to address the problem	Element 1: Co-designing a framework <ul style="list-style-type: none"> Aims to co-design a framework for equitable service provision and access to mental health services for children, youth and their families who are newcomers 	<ul style="list-style-type: none"> There is a need for a framework to improve mental health services for newcomer families Conversations about the framework could be initiated by trustworthy professionals with prior connections, such as teachers or counsellors Regular contact through weekly check-ins during school hours, using phone, email or virtual platforms, could be necessary to solicit newcomers about their needs, values and preferences There is a need to identify and address mental health risks with regular assessments and contacts Key ingredients (or principles) for the framework include adaptability, family focus, addressing generational gaps, fostering open communication, holistic approaches, community-based strategies, empowerment, cultural sensitivity, trauma response, and proactive support in the migration journey
	Element 2: Adapting promising models of care <ul style="list-style-type: none"> Focuses on adapting promising models of care focused on children, youth and their families who are newcomers, and enabling them with health- and social-system arrangements 	<ul style="list-style-type: none"> Participants discussed interventions at tiers 1 to 3 of the stepped-care model, focusing on family-oriented approaches at each step Several participants advocated for promising models of care that include the following elements: <ul style="list-style-type: none"> a dedicated case worker per family to establish long-term rapport and trust improved communication, from clear ‘welcome packages’ for newcomers to follow-ups during the overwhelming settlement process school-based and community-based interventions, recognizing the significant role local communities and diasporas play in assisting newcomers
	Element 3: Supporting rapid-learning and improvement cycles <ul style="list-style-type: none"> Focuses on adopting an approach that allows those working in them to learn and improve rapidly (or at least more rapidly than the current pace) 	<ul style="list-style-type: none"> Participants generally supported a rapid-learning and improvement approach during discussions about element 3 They suggested creating a web platform to connect newcomers, including children, youth and parents, enabling them to share experiences and lessons learned The proposed platform would also serve as a tool for health and social systems to learn and improve quickly, allowing users to explore problems, propose solutions and solicit feedback They emphasized that the web platform should prioritize security and confidentiality, providing a safe and judgment-free communication channel for users
Deliberation about implementation considerations		<ul style="list-style-type: none"> Participants in the virtual panel identified chronic underfunding of mental health services across the country and the difficulty of mobilizing newcomers as two barriers to progress Facilitators for moving forward included Canada’s general proactivity in addressing health and social issues, the expected growth in the newcomer population, the adaptation of existing mental health awareness campaigns for diverse cultures, leveraging the power of storytelling, and recognizing the resilience of immigrant, refugee and asylum seeker communities

Appendix 11: References

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