

Enhancing mental health promotion and well-being of newcomer children, youth and families in Manitoba

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Executive Summary

Background

The population of newcomer children and families (including both immigrants and refugees) in Manitoba is growing. It is known that **positive mental health and well-being are vital to their successful resettlement** in this province. However, stakeholder consultations conducted by the Winnipeg Regional Health Authority (WRHA) Mental Health Promotion Team identified concerns related to the mental health of newcomers and a lack of resources for service providers to promote positive mental health. To address this, the Mental Health Promotion Team applied for and received a Children’s Hospital Foundation Child Health Advisory Committee (CHAC) grant.

The purpose of this project was to support and strengthen the mental health and well-being of newcomer families in Manitoba by developing a tool or resource to increase the community’s capacity to engage newcomer populations across Manitoba, especially families, in mental health promotion. The project included three parts: (1) A literature review and environmental scan of health promotion practices targeted at newcomer families; (2) Consultations with newcomers, organizations that serve newcomers and academic researchers; and (3) The development of a resource for service providers to use to protect and strengthen the mental health and well-being of newcomer families.

Part 1: Literature review and environmental scan

Mental health is not simply the absence of mental illness (Keyes, 2002). “Mental Health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” (PHAC, 2014). Mental health promotion supports positive mental health across the lifespan and has been defined as “the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health” (Ballon, Gamble, Waller-Vintar, & CAMH, 2012, p.17). Three goals of mental health promotion have been identified: (1) to increase protective factors and promote resilience; (2) to decrease factors that impose risks; and (3) to reduce inequalities (Ballon et al., 2012; Kobus-Mathews, Jackson, Easlick, & Loconte, 2014).

Mental Health promotion on a population level recognizes that opportunities exist to enhance well-being for newcomer children, youth and families in key areas including: building a sense of community, inclusion, healthy family functioning, and sense of purpose.

The mental health of newcomers is influenced by many factors, starting with their experiences in their country of origin and subsequent migration. Once in Manitoba, newcomers face common challenges such as language barriers, cultural differences, securing basic needs (housing, education and employment) and social integration (sense of belonging in the school system and community at large). The purpose of this project is to emphasize the **protective factors that newcomer families bring with them, and to build on these strengths to support mental health and well-being**. One important message is that all Canadians have a role in contributing to the newcomer settling experience in a positive way by being welcoming, inclusive and supportive.

Wrap-around services and agency supports are essential, meaning that services should be comprehensive, coordinated and collaborative. Services should recognize and seek to build resilience, acknowledge the importance of family well-being and facilitate the development of social and organizational networks. Providers should be culturally competent and trained in trauma informed practice. Interpreters should be available to reduce language barriers. In essence, warm, welcoming and responsive environments should be created to promote recovery and a sense of belonging.

There are many examples of mental health promotion strategies in Manitoba, nationally and internationally. Mental health promotion is a thread throughout Winnipeg Regional Health Authority's (WRHA) adapted Stepped Care service model for immigrants and refugees (WRHA, 2014). Other mental health promotion approaches found in the literature include: settlement workers in schools, programs that support integration in schools, building community through food, sports, arts, music, free public events, having volunteer based "buddy systems" to connect newcomers to local resources, supporting immigrant and refugee community-based organizations, and creating opportunities for dialogue about mental health promotion.

Part 2: Stakeholder consultations

The literature suggests that **approaches to mental health promotion for newcomers should be grounded in the voices and perspectives of newcomers**. One key project activity was conducting consultations with newcomer-community members, newcomer advisory groups, service providers working within newcomer agencies and organizations in Winnipeg and rural Manitoba, and researchers with expertise in this field. These consultations were rooted in the idea of public engagement; that those who are affected by a decision have a right to be involved in the decision making process. The goal was to gain an in-depth understanding of existing mental health promotion resources, barriers and challenges to mental health and well-being, and to determine what type of new mental health promotion resource would be appropriate, meaningful and useful for newcomer families and the organizations that support them.

Between August and December 2017, a total of **29 consultations were conducted with over 60 participants**. The information collected through these consultations was consistent with the literature and between the three groups. Four main themes emerged:

1) Understanding of mental health and well-being: Participants identified mental health as a priority as well as the need for mental health promotion strategies. However, they also described the stigma attached to the term *mental health*, and their **preference for the term *well-being***.

"This [well-being] is just as essential as food on the table"
(Community member)

2) Key factors that promote the mental health and well-being of newcomer families: Participants identified developing a **sense of belonging and positive relationships** as one of the most important factors that support a family's well-being during the settlement process.

Other factors thought to support newcomers' mental health and well-being included:

- having time together as a family

- maintaining a connection to their culture,
- building connections with other local cultures and communities,
- participating in activities such as sports, music and leisure,
- volunteering, which often leads to meaningful employment, and
- having access to training such as English classes and parenting groups.

Participants acknowledged the important role that newcomer serving organizations play in supporting mental health and well-being. At a community level, neighbours, schools, and workplaces also have a role to play in the settlement process by creating a welcoming, inclusive and supportive environment.

“When I am with a community learning from each other, that’s when I feel most fullest.”
(Community member)

3) Barriers or challenges impacting the mental health and well-being of newcomer families: Newcomers faced challenges at the individual level (individual stressors, employment and non-recognition of credentials, language, and literacy challenges), family level (childcare, parent-child relationships, housing, poverty), community level (racism and integration into the school system, youth gang involvement, cultural differences, social isolation,). **Given these barriers the need for a resource tool to support well-being to mitigate these stressors was validated.**

“Well-being is physical, financial, it’s holistic. You need all areas. For many newcomers they are missing one or more pieces... maybe finances, language, or shelter they don’t have.”
(Community member)

4) Key learnings and recommendations to support the mental health and well-being of newcomer families: Participants had many ideas about how to address these challenges such as:

- coordinating services to provide wrap-around supports, thus increasing collaboration,
- providing flexible services, including access to child care and system navigation,
- engaging families by building trusting relationships and creating meaningful connections,
- offering employment and training supports, including ESL classes,
- creating opportunities to build a sense of community and belonging, particularly for youth, and
- adopting strength-based and culturally safe service delivery models.

Participants emphasized that all Canadians have a part to play in nurturing this sense of belonging, including the role and influence that media has on societal viewpoints. Schools and communities should continue to foster a sense of belonging for children, youth and families. Service providers need to have access to trauma-informed care and continuing cultural competency training; organizations should employ individuals from diverse cultural backgrounds.

“Remember that people are resilient! They are the experts in their own lives.”
(Community member)

“Work with the existing strengths of the community – parents are passionate about their children and are survivors, so working with that.”
(Service provider)

Part 3: Resource Development

The project team explored the benefits and limitations of several types of resource tools as part of the resource development process (e.g., children’s book, video, pamphlets). Throughout the consultations it was clear that a video was the most viable option and recommended by participants. A video could reflect and include diverse cultural perspectives on well-being, highlight the importance of family, culture, language and community in a format that was accessible to most individuals and not as dependent on reading levels or English-language comprehension. As such, a video was developed.

The foundation of the video was the *Family Tree of Well-being* activity, which was adapted by the project team from the *Tree of Life* activity, developed by Ncazelo Ncube and David Denbrough in 2006. It was chosen as the featured activity in the video because: it was visual, strengths-based, family-focused, non-stigmatizing, not focused on trauma and loss, respected cultural diversity, and had storytelling component that is familiar to many cultures (Hughes, 2014). Additionally, the activity was free to use, did not require high literacy levels, and could be completed using drawings and language of preference. It had also been effectively used in other countries and across different cultures, and was already familiar to some service providers in Manitoba. Service providers skilled in group facilitation could guide the process and comfortably engage individuals and families in this personal reflection about well-being. The *Family Tree of Well-being* activity was adapted to include different elements of a family’s story. The prototype of the newly adapted activity was vetted through newcomer advisory groups and mental health professionals with their valued feedback incorporated into the final design.

A recruitment poster was sent to consultation participants and the project team personally reached out to newcomer serving organizations to recruit families for the video production event. Members of the project team met with each interested family prior to filming to explain the intent of the video, explain the *Family Tree of Well-being* activity, and to begin to build trusting relationships. Seven families from varied countries of origin, who had been residing in Canada for a few months to several years, volunteered to participate in the event that took place on March 3rd, 2018.

The event was held at Knox United Church which was selected in part due to its familiarity to many newcomers in Winnipeg. The video was professionally produced by Snow Angel Films, an independent film production company in Winnipeg, MB (<http://snowangelfilms.com/>). Filming took place on a Saturday to allow for children and youth attendance outside of school hours and for parents, grandparents, extended family and/or caregiver participation. Consent forms were obtained prior to filming. Interpreter services were provided upon request. Lunch, bus tickets and honorariums were provided to recognize the families valued contributions.

The day began by welcoming families and setting the stage for a positive experience. An ice breaker activity was used to intentionally focus participants on well-being, each family then created their own unique tree of well-being. Parents and grandparents organically encouraged the children to be active participants in the development of their family's tree of well-being and **to openly share their own perspectives on what supports their mental health and well-being** (as illustrated in the video dialogues). A closing circle provided the opportunity for families as a unit to share their trees with each other. Project team facilitation skills were important to guide the process and prompt families to explore what well-being meant to them, while also creating a safe space to encourage personal reflection and creative expression. Throughout the event, participants found commonalities, celebrated uniqueness, learned from each other's diverse viewpoints and formed a sense of community.

The video illustrating the *Family Tree of Well-being* activity and highlighting key messages and strategies that promote mental health and well-being from newcomers' perspectives is available on the Winnipeg Regional Health Authority's Mental Health Promotion Website

www.wellbeingguide.ca

Next Steps

Individuals have the option of watching the video independently and using it as a personal self-reflection tool. The video can also be a tool for service providers to use in their service delivery settings as a means to begin a dialogue with newcomers about well-being, strengths, and coping with challenges. Future work by the WRHA Mental Health Promotion team will include the development of a Facilitator Guide for service providers who wish to facilitate the video and *Family Tree of Well-being* activity, so that the positive and meaningful experience as noted in this project can be duplicated.

Ultimately, the hope is that this tool can indeed become a resource to enhancing mental health and well-being of newcomer children, youth and families in Manitoba and to build the capacity of individuals, service providers and communities to imbed mental health promotion in their work and lives.

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Introduction

General overview

The population of newcomer children and families (including both immigrant and refugee families) in Manitoba is growing. It is known that positive mental health and well-being are vital to their successful resettlement in this province. However, through their work with public health, primary care, mental health programs, school divisions and community organizations in Manitoba, the Winnipeg Regional Health Authority (WRHA) Mental Health Promotion team identified concerns related to the mental health of newcomers and a lack of resources for service providers to promote positive mental health of newcomer families as they settle in Manitoba. In recent years, school divisions have identified a need for tools and resources to better support newcomer students as they become integrated into their new school community and adapt to the school system; healthy relationships with peers, school staff and community members are essential for youth as they settle in a new home. Furthermore, initial consultations in 2016 with organizations such as Manitoba Association of Newcomer Serving Organizations (MANSO) and Manitoba Health, (Mental Health and Spiritual Care Branch, Healthy Seniors and Active Living) to assess the suitability of newcomer mental health promotion resources and approaches revealed gaps in resources available. Service providers in these settings were in need of resources to support the well-being and resilience of newcomer families, but specific resources did not exist that could be used across a broad range of agencies and organizations. To address this, the Mental Health Promotion Team applied for and received a Children's Hospital Foundation Child Health Advisory Committee (CHAC) grant in April 2017.

Recognizing the good work that was already happening to support positive mental health by Manitoban organizations serving newcomers, the overall goal of the project was to build the capacity of organizations to support and strengthen the mental health and well-being of newcomer children, youth and families in Manitoba. There is no "one way" to accomplish this goal. Mental health is impacted by a wide range of protective and risk factors including individual factors such as coping skills and self-esteem, social factors such as sense of belonging, as well as structural factors such as safe housing, economic security and access to education and other services. The purpose of this project was therefore to develop a specific resource or tool that could be used broadly to support and strengthen the mental health and well-being of newcomer families in Manitoba. Best practice indicates that intervening in multiple settings, using multiple approaches that are culturally appropriate, is most effective.

Background and context

From a population perspective, Canada is one of the most diverse countries in the world. More than one in five Canadians were born outside of Canada and many others were born to foreign-born parents (Beiser, 2010; Bowen et al., 2010; McKenzie, 2015). According to the 2016 Census, 7.5 million people (21.9% of Canada's total population) were born outside of Canada (Statistics Canada, 2017) and almost 2.2 million children under the age of 15 were born outside of Canada or had at least one foreign-born parent, representing 37% of all Canadian children.

In Canada, newcomers are considered for entry based on three main objectives: 1) to enhance and promote economic development; 2) to reunite families; and 3) to fulfill Canada's international obligation and its humanitarian traditions. In 2016, among the recent newcomers living in Canada, approximately 6 in 10 were admitted under the economic category, 3 in 10 under the family class and 1 in 10 as refugees (Statistics Canada, 2017).

Newcomers arriving in Canada are not a homogeneous population; they represent diverse countries, cultures, religions, languages, age groups, sexual orientations, education levels, socioeconomic status and experiences, and significant diversity can exist within a group from a particular country (Bowen et al., 2010). The majority (68%) of newcomers to Canada from 2011-2016 were born in Asia, followed by Africa and Europe. Since 2015, Canada has welcomed more than 40,000 Syrian refugees. According to the 2011 National Household Survey (NHS), increased shares of recent immigrants were of Muslim, Hindu, Sikh and Buddhist faiths.

In Manitoba, immigrants represent 21.9% of the total population. From 2011-2016, over 63,000 newcomers arrived in Manitoba and 14,000 children born outside of Canada called Manitoba home. The number of newcomers overall is projected to grow and there is increasing numbers of newcomers residing in rural communities. In 2014, almost six percent (435) of Canada's government-assisted refugees and 22% (1,004) of privately sponsored refugees settled in Manitoba (Manitoba Labour and Immigration, 2015). Since November 2015, Winnipeg welcomed 1,575 Syrian refugees, Brandon welcomed 70 and other rural communities in Manitoba welcomed a total of 145 individuals (Immigration, Refugees and Citizenship Canada, 2017).

Definition of terms

Refugee, immigrant, newcomer and new-Canadians are related but distinct terms. Throughout this document the term newcomers will be used to represent immigrants, refugees and new-Canadians. The term "newcomer" was deemed most appropriate by representatives from various communities through consultation. We recognize that the newcomer population is not homogenous, that the term itself represents millions of people, and that some individuals may only consider themselves to be newcomers for a short period of time, and others for many years. Individual context should be taken into consideration when working with or providing support to newcomer individuals. The concepts of mental health and mental illness are often used interchangeably, creating confusion (Tavares & Slotin, 2012). Similarly to physical health and physical illness Mental Health and Mental Illness are two distinct terms; these terms are described in Part 1 as well as in Appendix A.

Project approach

The project was sponsored by the WRHA Mental Health Program and funded by a Child Health Advisory Committee (CHAC) grant received from the Children's Hospital Foundation of Manitoba, Inc.

The purpose of this project was to support and strengthen the mental health and well-being of newcomer families in Manitoba by developing a tool or resource to increase the community's capacity to engage refugee and newcomer populations across Manitoba, especially families, in mental health promotion. The project included three parts:

1. **Literature review and environmental scan:** A literature search of peer-reviewed and grey literature to identify evidence-informed and promising practices related to mental health promotion for refugees and newcomer families and an informal environmental scan of local and National resources to support newcomer mental health.
2. **Consultations:** Consultations with newcomer-community members, organizations providing service to newcomers, and academic researchers, to guide the development of an appropriate and relevant mental health promotion approach.
3. **Resource development:** Development of a resource for newcomer families to protect and strengthen their well-being and stakeholder feedback on this resource.

Strengths and limitations of project

Due to the small sample of participants with lived experiences as immigrants and refugees, the perspectives shared throughout this report may not be generalizable to all immigrant and refugee groups. Additionally, due to limited time and project staff capacity, newcomers from rural Manitoba were not consulted. Future work in Manitoba should consider the rural and urban contexts and perspectives of individuals living in both types of settings.

Part 1: Literature review and environmental scan

This chapter presents the findings from the literature review and environmental scan. It begins by defining mental health promotion and providing background information on the determinants of mental health for newcomer children, youth and families. It then identifies barriers and facilitators to accessing mental health services, including mental health promotion. Finally, it describes programs and initiatives that have been implemented locally and beyond to address newcomer mental health.

Mental health is defined as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2014, para.1). It is:

The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (Public Health Agency of Canada, 2014).

Mental health promotion

Mental health, as portrayed by Keyes (2002; see Figure 1), is complex and not simply the absence of mental illness symptoms and diagnoses. Individuals who demonstrate attributes of mental health (psychological, emotional and social well-being) can still have degrees of mental illness and individuals with mental illness can demonstrate attributes of mental health (WRHA, U of M, & Healthy Child Manitoba, 2012). Keyes emphasizes the importance of protecting positive mental health, not just lessening mental distress (Keyes, 2002).

Figure 1. Reproduced from Keyes (2002)



Mental health promotion has been defined as “the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health” (Ballon, Gamble, Waller-Vintar, & CAMH, 2012, p.17). Mental health promotion has three goals: 1) to increase protective factors and promote resilience; 2) to decrease factors that impose risks; and 3) to reduce inequalities (Ballon et al., 2012; Kobus-Mathews, Jackson, Easlick, & Loconte, 2014). Embedded in mental health promotion are the concepts of power and resilience (Ballon et al., 2012). Power is defined as having a sense of control over one’s life. Resilience is the ability to cope with significant stressors and adversities in an effective way, resulting in an increased ability to respond to future adversities (Ballon et al., 2012; Kobus-Mathews, et al., 2014). Mental health promotion involves creating supportive environments and addressing the broader determinants of mental health. Mental health promotion takes a holistic approach by focusing on the whole person – physical, mental, social and spiritual health – but also goes beyond the individual to promote social justice, equity, dignity and respect for diversity.

Evidence has shown that mental health promotion reduces vulnerability and improves overall well-being (Simich, Scott, & Agic, 2005). Mental health promotion activities span three broad levels: individual, community and society (CIHI, 2009) and although early research focused on personal traits, recent research has focused on the cultural and contextual contributions to an individual’s resiliency. Facilitative environments where individuals have opportunities, community supports and their needs met have been found to be more influential than internal resiliency (Simich, Roche, & Ayton, 2012; Ungar, 2012). In order to define and monitor positive mental health at a National level, the Public Health Agency of Canada and the Mental Health Commission of Canada initiated the Mental Health Strategy of Canada, through which a conceptual framework was developed (Oprana, Vachon, Dykxhoorn, McRae & Jayaraman, 2016). The Public Health Agency of Canada is working with the Mental Health Commission of Canada and other key experts to identify, organize, and present data on positive mental health outcomes, and protective and risk factors. The ecological model below (Figure 2) was developed as the theoretical foundation for the strategy and is the first in a series of knowledge products responding to the need for better data on positive mental health, as identified in Canada's first National mental health strategy, "Changing Directions, Changing Lives". The model includes 5 outcome indicators and 25 determinant indicators within four key domains impacting positive mental health at the individual, family, community and societal levels. All of these were found to be key factors impacting the mental health of individuals in Canada and are therefore important to consider when developing mental health promotion tools or resources.

Figure 2. Positive mental health (reproduced from PHAC, 2014).



Mental health of newcomer children, youth and families

Immigrants' and refugees' mental health is influenced by complex, multifaceted and interrelated factors (Jackson & Khanlou, 2010). Migration in itself is a stressor; refugees are forced to leave their country of origin and face pre-immigration, migration and post-migration stressors, all of which increase their risk for developing mental health problems, including post-traumatic stress disorder (Hansson et al., 2010).

Prior to escaping their home country (pre-migration), refugees in particular face social turmoil and chaos. Not only do they need to cope with escaping their homes, but they do so in an environment where violence and threats to their lives may be an everyday occurrence (Crowley, 2009; Guruge & Butt, 2015). Migration is marked by displacement from their homes and familiar surroundings and searching for a place

to resettle (Crowley, 2009). Refugees face a great deal of uncertainty about how they will meet their immediate basic needs and also about their future (Crowley, 2009). During the process of migration, refugee parents may be overwhelmed and less able to attend to the emotional needs of their children (Crowley, 2009).

Once refugees arrive in their host country, the imminent threat and danger is removed. However, as time passes, new stressors emerge. Initially, the anticipation and hope for a safe and prosperous future postpones their grief but many eventually mourn the loss of their homeland, possessions, friends and family. The term ‘cultural bereavement’ refers to refugees’ response to losing touch with the culture of their home country. Some refugees experience anger, survival guilt and ambivalence (Crowley, 2009). It is important to note that refugee families also possess protective factors and resilience which help them to survive these adversities (Cleveland, Rousseau, & Guzder, 2014).

Although immigrants typically have different migration experiences from refugees, they also undergo many changes and stressors that can impact their health. Recent immigrants (with the exception of refugees) report more optimal health status than immigrants who have been residing in Canada for longer periods of time and native-born Canadians (Ambtman & Ali, 2011; Bowen et al., 2010; Chadwick & Collins, 2015; Dean & Wilson, 2010; Minister of Industry, 2005). This is referred to as the “healthy immigrant effect” (Chadwick & Collins, 2015, p. 221) whereby younger, healthier, higher educated individuals self-select to the immigration process (Dean & Wilson, 2010) and government-screening programs disqualify anyone with serious medical conditions from entering Canada (Bowen et al., 2010; Butler, Goldner, Jones, McEwan, & Zappelli, 2015; Hankivsky & De Leeuw, 2011). Over time the health status of immigrants declines. The healthy immigrant effect extends to both perceived mental health and mental illness; immigrants and refugees are at a risk of developing poor mental health outcomes due to the multiple psychological stressors they face through the resettlement process (Chadwick & Collins, 2015).

Social determinants of mental health post-migration: Risks and protective factors

Resilience is influenced by the interplay of risk and protective factors. Risk factors are characteristics at a biological, family, community, cultural and societal level that negatively influence a person’s well-being. In contrast, protective factors buffer a person in the face of adversity and moderate the impact of stress. Protective factors can be both internal (e.g., cognitive abilities, temperament) and external (e.g., social, environmental or economic supports; Ballon et al., 2012). Studies have shown that protective factors are similar across cultures (Tavares & Slotin, 2012).

The social determinants of health lens points to a number of risk and protective factors that affect newcomers (Stol, 2015). The Public Health Agency of Canada has listed 12 determinants of health that are applicable to all Canadians. The following six determinants are particularly significant to the mental health of newcomer children, youth and families:

1. Employment and Working Conditions: Many newcomers are educated professionals, but their credentials may not be recognized in Canada (Elgersma, 2012; Hansson et al., 2010), leaving them little choice but to accept jobs with downward mobility and undue financial strains (Crowley, 2009). Unemployment is common for newcomers and even more so for refugees and immigrants who are from visible minority groups (Hansson et al., 2010). Newcomers who are employed may work at jobs that are casual or term and live with the fear of unemployment. Unemployed individuals are at higher risk for developing depression than those who are employed (McKenzie, 2015; Hansson et al., 2010).

2. Income and Social Status: Low-income levels are more prevalent amongst newcomers who

belong to a racialized group. Employment challenges and moving from high status in their home country to low status in Canada may lead to feelings of not being accepted or valued in their new community (Hansson et al., 2010). There is a strong correlation between poverty, income inequality, financial insecurity and mental illness (Hansson et al., 2010; MHCC, 2009; Nazroo & Iley, 2011). According to Beiser (2010), poverty is the most potent of all factors placing children's mental health at risk.

3. Gender and Sexual Orientation: Newcomer women and those who belong to LGBTTQ* groups are marginalized within an already marginalized group. In 2011, it was estimated that over 3.5 million newcomers residing in Canada were women and girls (Hudon, 2015). The mental health of newcomer women is impacted by many factors including acculturation, loss of family and social networks, gender, role reversal, racism/discrimination, cultural barriers, poverty and social isolation which all impact their sense of belonging and emotional well-being (Caxaj & Berman, 2010; Fung & Wong, 2007; MacDonnell, Dastjerdi, Bokore, & Khanloul, 2012).

Newcomers belonging to LGBTTQ* groups not only struggle as newcomers, but also due to their membership in a sexual minority group. In general, individuals from sexual minority groups are at a higher risk for mental health problems and one study found a 147% increase in risk of suicide attempts (Bolton & Sareen, 2011). For LGBTTQ* individuals who are also newcomers, homophobia may have been a reason for leaving their country of origin and these attitudes may be faced again in their host country (Bhugra, Gupta, Kalra, & Turner, 2011).

4. Social and Physical Environments: Access to material resources and supportive relationships are both factors that affect newcomers' resilience (Ungar et al., 2007). The process of making a new home in a new environment can positively or negatively impact newcomers' mental health and well-being depending on the receptiveness of the community. Central to this process is a sense of belonging (Crowley, 2009). Newcomer youth have identified belonging as one of the main factors helping them cope with adversity and everyday stressors. Newcomer children and youth who have a sense of belonging in Canada and a connection to their home countries and cultures have fewer emotional problems than newcomers who are isolated, assimilated or marginalized (Crowley, 2009; Edge, Newbold, & McKeary, 2014; Hadfield, Ostrowski, & Ungar, 2017). Sense of connection and social capital are closely associated with mental health and well-being and lower levels of social supports are associated with higher rates of depression (Kitchen, Williams, & Gallina, 2015).

In general, suicide rates are twice as high in low income neighbourhoods compared to the wealthiest neighbourhoods (Mikkonen & Raphael, 2010). Racialized newcomers are more likely to live in poverty-stricken neighbourhoods with low-cost substandard housing, high levels of crime and diminished sense of community (Hansson et al., 2010).

5. Healthy Child Development: Upon arrival in Canada, newcomer children and youth are enrolled in an unfamiliar school system and must straddle two cultures (their own and that of the host country). Particularly for middle school and high-school aged students, the stress of adjustment may be intensified by discrimination from peers and teachers, learning the language, feelings of inadequacy and everyday struggles of fitting in with peers and dating. These are stressors that can have a negative impact on their adjustment and mental health. Many newcomer children and youth also face educational and literacy challenges that put them at higher risk for poor mental health outcomes, for example, being placed in a higher grade than previously held, or teachers' expectations that parents are literate and able to get involved in a child's schooling (Kobus-Mathews et al., 2014). Canadian teachers have limited training in interacting cross-culturally in a relevant and appropriate way and adapting the curricula to meet the unique

needs of newcomer children and youth (Hadfield et al., 2017). Additionally, newcomer children and youth often act as cultural liaisons for their parents and this role reversal and acculturation of children and youth can be a significant source of stress within the family system (Crowley, 2009). Furthermore, loss of culture can impact a young person's sense of identity and belonging (Hansson et al., 2010; Ungar et al., 2007).

6. Racial Discrimination: Racialized immigrants and refugees are at risk for racial discrimination and marginalization, reducing their sense of belonging and putting them at greater risk for mental health problems. Racial discrimination can be overt, such as physical and verbal attacks, or more subtle, such as stereotypes in the media (Hansson et al., 2010). Newcomer youth describe experiences of racism at school, in their neighbourhoods and in the media (Caxaj & Berman, 2010). Experiences of discrimination have profound and lasting impacts on young newcomers' mental health and well-being (e.g., emotional problems, externalizing behaviours and lower levels of happiness) (Hadfield et al., 2017).

Access to mental health promotion, services and supports

Post-arrival experiences in the resettlement country are crucial to the ongoing mental health and well-being of newcomer children and youth (Hadfield et al., 2017; McEwen, 2007; Shakya, Khanlou, & Gonsalves, 2010). Studies have found that newcomers in Canada, particularly those from non-European countries, tend to underutilize community resources and mental health services. Some of the barriers that impact utilization of services include language barriers, culture, lack of culturally competent services, socioeconomic constraints, stigma and limited government funding. These are described below.

Language: Language is a major barrier to accessing services including mental health promotion (Ambtman & Ali, 2011; Hansson et al., 2010; McKenzie, 2015; MHCC 2009; Tiwari & Wang, 2008). Newcomers may have a difficult time communicating their concerns in English (Sherzoi, 2017) and even with interpreters they may not feel comfortable enough to fully disclose their concerns. Often newcomers leave appointments feeling anxious and frustrated and may not return for further support (Sherzoi, 2017).

Culture: Mental health and mental illnesses are understood differently by different cultures (Saechao et al., 2012) and symptoms can be communicated in diverse ways depending on culture (Kirmayer et al., 2011). In general, newcomers are less likely than Canadian-born individuals to seek out or be referred to mental health services even when they are experiencing comparable levels of distress. This is in part due to cultural and structural barriers in the host country (Kirmayer et al., 2011).

Lack of culturally inclusive and competent services: Culturally competent practices respond respectfully and effectively to people of all cultural and ethnic backgrounds, classes and religious beliefs (NASW, 2015). Cultural insensitivity discourages newcomers from using services and deters them from returning or referring the services to others (Hansson et al., 2010; Wood & Newbold, 2012). The assumption that mental health services developed in the west are acceptable to non-western communities can create access barriers for newcomers (Hughes, 2014). Working across cultures may challenge care providers' beliefs and values; therefore they need to practice self-awareness and provide services using an anti-oppressive lens and approach (Sherzoi, 2017).

Socioeconomic constraints: Newcomers often face unemployment or underemployment and may not have access to benefits. As a result, they may not be able to afford medications or transportation to get to appointments (Hansson et al., 2010; MHCC, 2009). Additionally, they may not have access to childcare or be able to take time off work to attend appointments (Hansson et al., 2010; MHCC, 2009).

Stigma: Stigma is a major barrier newcomers must overcome to access mental health services (Stol et al., 2015). The relationships between stigma, culture, mental health and mental illness are complex;

newcomers hold a variety of values and cultural beliefs in relation to mental health (Stol et al., 2015). Thus raising awareness of mental health, stigma reduction and outreach efforts among ethno-cultural groups is important (McKenzie, 2015; Stol et al., 2015).

Limited government funding: The extent and types of services available in a community is dependent on funding. Although there are initiatives to promote mental health and well-being, financial supports to organizations that work with newcomers have decreased, significantly impacting psychosocial services (Weine, 2011). Across Canada, there is a lack of community-based services and resources, particularly in rural communities (Hadfield et al., 2017).

Promoting Mental Health and Well-being of Newcomer Children, Youth and Families

Addressing the needs of newcomer children and youth is complex and requires multiple approaches. Society, community, family and helping professionals all play important roles in building and maintaining hope, healing and adjustment to a new life (Beiser, 2010; Yohani, 2010). Based on the literature review, the following section describes characteristics of successful mental health interventions for newcomers, the types of approaches that have been shown to work with newcomer populations and specific examples on these approaches.

Characteristics of mental health promotion interventions for newcomers

Weine (2011) identified eight key characteristics for interventions with immigrants and refugees – Feasibility, Acceptability, Prosaicness, Culturally Tailored, Multilevel, Time Focused, Effectiveness and Adaptability (this framework is further described in Appendix B for interested readers). Building on these characteristics, the literature suggests that approaches to mental health promotion for immigrants and refugees should consider: resilience, the importance of family, social and organizational networks, therapeutic landscapes, cultural competence, language, wrap-around services, and voices and perspectives. Each of these is described below:

Resilience: Interventions should build on existing strengths and protective factors, cultural capital and resilience, rather than perceiving newcomers solely as traumatized individuals (Ambtman & Ali, 2011; Crowley, 2009; Hughes, 2014; King, Heinonen, Uwaborand, Adeleye-Olusae, 2016; McEwen, 2007; Shakya et al., 2010; Weine, 2011). Building on individual, family and community strengths supports newcomer families to overcome life challenges.

Importance of family: Most newcomers emphasize the importance of their family in creating a sense of home and belonging and as a source of resilience in the face of adversity (Beiser, 2010; Caxaj & Berman, 2010). Research has shown that interventions should be geared towards the whole family (Crowley, 2009). Interventions should support parents to build awareness, knowledge and skills related to mental health, improve communication between parents and children and link families to community and school resources (Guruge & Butt, 2015; Pejic, Alvarado, Hess, & Groark, 2017; Weine, 2011).

Social and organizational networks: Social supports and networks are important to the mental health and well-being of newcomers (Ambtman & Ali, 2011). Organizational networks, including ethnic and immigration associations, community organizations and religious groups are important sources of support for recent immigrants (Robert & Gilkinson, 2012). For newcomers, social isolation can be an unfamiliar and unsettling challenge. Therefore, community centers and events that bring newcomers together can lessen the sense of loneliness (COR, 2014) and facilitate the development of social networks (Puyat, 2013; Simich et al., 2005).

Therapeutic landscapes: According to Sampson and Gifford (2010), newcomer children and youth seek out and value places that promote healing and recovery during the early period of resettlement. These places, conceptualized as ‘therapeutic landscapes’, promote well-being and contribute to feeling at home in a new country. Sampson and Gifford (2010) identified four types of therapeutic landscapes: 1) Places of opportunity – to engage in meaningful recreational activities; 2) Places of restoration – to experience pleasure and deal with emotions (e.g., places to relax, connect with nature); 3) Places of sociability – to build bridges and create bonding relationships with family and friends, here and abroad; and 4) Places of safety – free from conflict and danger. Services and programs should be warm and welcoming, thus creating a place of safety (Sherzoi, 2017) and build on newcomer community structures (King et al., 2016).

Cultural competence: While culturally responsive and culturally specific mental health services are best practice in promoting the mental health and well-being of newcomers, current models of service delivery are focused on western biomedical evidence and related approaches (Stol et al., 2015). Recent systematic reviews have shown cultural competency training for health professionals leads to improved outcomes for service users and organizations. However, short training courses for health professionals do not lead to better client outcomes (Stol et al., 2015). To move towards cultural competency, action is needed at an individual level (services providers must understand their own cultural beliefs and have knowledge of their clients’ cultural beliefs and values and an organizational level (e.g., diversity within staff; providing continuous opportunities for training) (Murray et al., 2010). Programs and services should reflect diverse cultures and languages on their websites, brochures and through artwork to facilitate a sense of belonging (Sherzoi, 2017).

Language: It is important to be mindful of language barriers and ensure translators are available to facilitate effective communication and ensure families feel safe to disclose personal information so children and family members do not need to take on the role of translator (Sherzoi, 2017). Translators should have cultural competency and mental health training (Ambtman & Alie, 2011; Sherzoi, 2017).

Wrap-around services: Programs serving newcomers need to unite and collaborate to provide wrap-around services (Sherzoi, 2017). The term wrap-around is used to describe a comprehensive, coordinated, team-based (i.e., multidisciplinary, multi-sectoral) approach to meeting the needs of individuals or families (Jonquil Eyre Consulting, 2009). Recent studies have highlighted the importance of offering comprehensive multi-model services to newcomer children, youth and their families which integrate with other systems of care. Multimodal interventions advocate for services such as housing, language proficiency and employment (Tyrer & Fazel, 2014).

Voices and perspectives: Mental health promotion initiatives for children and youth should include the voices and perspectives of newcomers (both children and parents) in their development (Sherzoi, 2017) to ensure they reflect family values, beliefs, culture, roles, strengths, resources, skills and unique needs. An efficient way of engaging newcomer families is by incorporating community leaders through outreach and program development and acknowledging and respecting their wisdom to ensure cultural permanency and a balance of power between professionals and local healing and support systems.

Promoting positive mental health and well-being with newcomers

The literature has many examples of approaches that have been used with newcomers to treat mental illness and mental health problems including traditional mental health services and supports such as

psychoeducation (Pejic et al., 2017) and trauma- and verbal-based therapies. However, there are a variety of strategies and activities that promote mental health aside from treatment and therapy.

Some newcomers and service providers may be unfamiliar with the concept of mental health promotion. Therefore, it is important to engage newcomers in conversations regarding mental health and include both newcomer and host country knowledge and understanding of mental health and local mental health services (Crowley, 2009). This opens up space to raise awareness regarding mental health, ways to de-stigmatize mental illness and promote mental health and well-being. A study conducted by Montgomery and Terrion (2016) found engaging newcomer families in mental health dialogue with their children was crucial to the effectiveness of mental health promotion (Montgomery & Terrion, 2016). To accomplish this, some authors described less traditional, more community-based approaches such as sports and recreation, participation in cultural practices and volunteering.

McEwen (2007) found that participation in sports supports mental health and well-being for newcomer children and youth, especially as they enter high school. Research has shown recreational activity reduces stress for children and youth and creates a sense of belonging, attachment and connection to others. Sports programming, cooking classes, sewing classes, and drama and arts-based programs create opportunities for children and youth to develop identity and belonging and to build trusting and supportive relationships and friendships (Edge et al., 2014; Guruge and Butt, 2015; Heinonen & King, 2016). In a systematic review, creative arts-based interventions were found to reduce symptoms of depression, anxiety, post-traumatic stress disorder and peer problems (Tyrer & Fazel, 2014). The internet and social media can also be outlets for newcomer young people to stay connected with their social networks and supports (COR, 2014) and reading and writing may help newcomers gain knowledge and happiness (Heinonen & King, 2016).

Participating in cultural practices can also promote mental health and well-being (Caxaj & Berman, 2010). For many newcomers, spirituality and religion are important for coping and developing a sense of belonging (Ambtman & Ali, 2011; Hassan et al., 2015; King et al., 2016; Rousseau, Measham, & Nadeau, 2012). A photovoice study conducted in Winnipeg described strategies and activities that helped newcomers cope. They found one way newcomers cope is by trying to maintain and preserve their cultural identities through cultural artefacts and rituals from their country of origin (Heinonen & King, 2016).

Finally, programs and services that create volunteer opportunities for newcomers also promote mental health and well-being. The benefits of volunteering include being an active member of society, building social networks and social capital, feeling valued, building on strengths, skills and increasing self-esteem (Handy & Greenspan, 2009; Sherzoi, 2017).

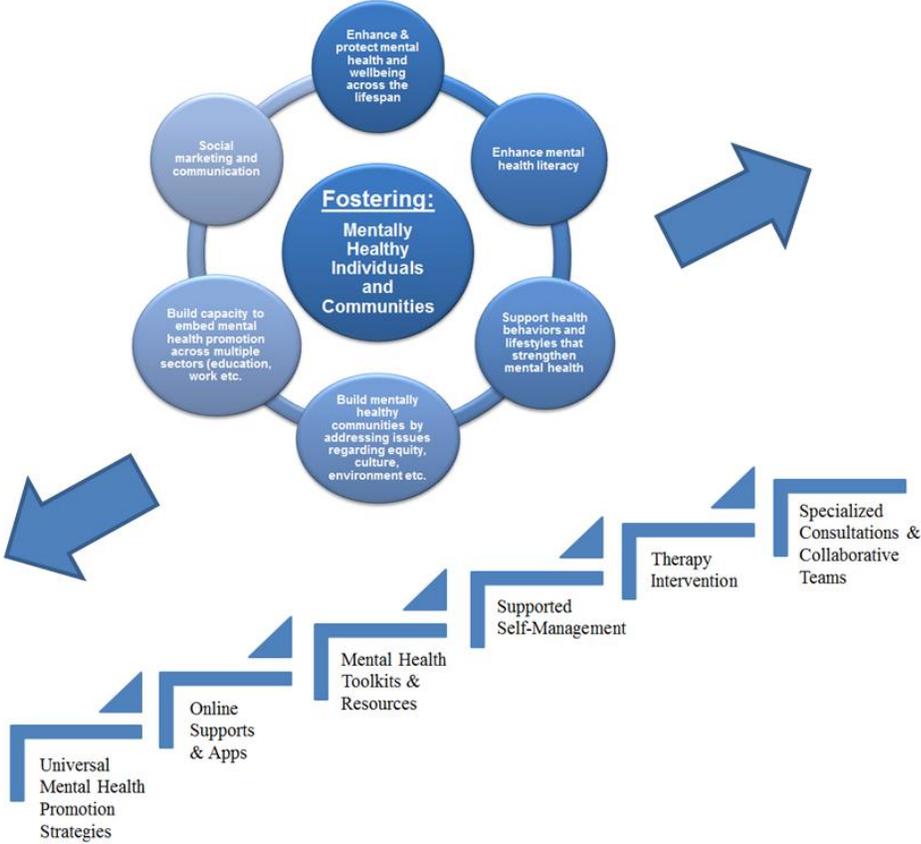
Examples of current mental health promotion strategies

There is a growing body of mental health promotion strategies for newcomers from broad system-level interventions to specific community-based approaches.

Stepped Care Service Model: The Stepped Care Service Model utilizes a continuum of services based on mental health, wellness promotion and capacity building, with a focus on cross-sector work and collaboration (Stol et al., 2015). The model is represented by a set of stairs with the intensity of services increasing as the stairs ascend (see Figure 3), beginning with universal health promotion strategies, all the way up to individual therapy and direct supports for individuals who are languishing. The Winnipeg Regional Health Authority (WRHA) Immigrant and Refugee Mental Health Working Group had adopted the approach to meet the unique needs of newcomers (WRHA, 2014). The WRHA Mental Health Promotion Program has further adapted the model to include components of mental health promotion at

each step of service delivery. The present model is currently used within to the WRHA Mental Health Program staff orientation.

Figure 3. Stepped Care Service Model adapted from the Mental Health & Emotional Well-being of Immigrants and Refugees in Winnipeg: A Conceptual Framework (WRHA, 2014).



Mental health promotion is a thread throughout all steps of the Stepped Care Model

Mental Health Promotion in Schools: There are evidence informed practices, such as the Pan-Canadian Joint Consortium for School Health (JCSH) Positive Mental Health Toolkit that include information for schools to encourage inclusive classrooms and healthy integration of newcomer students at the whole school community level. Concrete examples include the ongoing integration of cultural celebrations and activities into the classroom and the yearly school calendars (JCSH, 2016, p.10). The Sources of Strength program is another example of an evidence-based program that effectively engages youth from diverse backgrounds to be leaders in their school community and with the guidance of trusted adults are messengers of hope, help and strength to promote health, wellness and to build a community of support within the school setting (Wyman, et al, 2010).

Settlement workers and reception centers in schools: Once in the resettlement country, positive school experiences can be a protective factor for children and youth. Welcoming school environments are

important for well-being and mental health promotion, and can be particularly effective in schools with newcomer children and youth (Hadfield et al., 2017; Stol et al., 2015). Settlement workers can contribute to the welcoming environment in schools. There are currently settlement workers in schools across Canada that help newcomer families with school registration, orientation and parent-teacher meetings and provide multicultural training to teachers (Hadfield et al., 2017). The Toronto School District has newcomer reception centres where newcomer youth can access multilingual staff, obtain information on housing, healthcare and employment, and access English as a Second Language (ESL) and English development programs.

Community-based organizations: In Winnipeg, many organizations and services help newcomer children and youth to integrate into their new community and develop a sense of belonging by providing psychosocial-supports, programs to develop life skills, social programs, education, employment and volunteer opportunities and/or after school programs. Examples of community-based organizations in Manitoba can be found in Appendices C and G.

Building community through sports: Many newcomer children and youth experience racism and discrimination in their host country (Edge et al., 2014; Hadfield et al., 2017; Kobus-Mathews et al., 2014). According to Hadfield and colleagues (2017) one way to counteract racism and discrimination is through religious, educational, employment and community activities that bring together newcomers with the wider community. One such example is the True Sport Foundation's *Community Connections: Welcome to Winnipeg* which connects newcomer children and youth to local sports and recreation through outreach, coach education and sporting events.

Building community through arts and music: The Multicultural Council of Windsor, Ontario offers a program called Community-Building with Syrian Refugee Families: Coping, Art & Music (Dufresne & Al-Saadi, 2017). This volunteer-run program utilizes arts and music to engage Syrian families. Parents have the opportunity to practice English, participate in group discussions, and learn about community resources, coping tools and Canadian culture, while maintaining their own culture and values (Dufresne & Al-Saadi, 2017). Children participate in group activities such as music, art and reading. This program is family-focused and provides opportunities for families to meet community members (i.e., volunteers), thus building social capital and sense of belonging.

Opportunities for mental health promotion dialogue: The *Tree of Life* is a strengths-based, accessible and non-stigmatizing tool that can be used to engage newcomers in dialogue about mental health (Hughes, 2014). It uses a tree as a metaphor on which people map out their lives (Hughes, 2014). It is usually a 4-part process which includes, drawing the *Tree of Life*, *Retelling*, *Forest of life*, and *When the Storm Comes*, followed by a certificate for participation (Lock, 2016). It shifts the focus from trauma and loss, to a model that develops alternative narratives, respects cultural differences, gives voice to cultural ways of coping and honours the tremendous strength and resilience of newcomers. The *Tree of Life* was adapted by Ncazelo Ncube, a child psychologist from Zimbabwe and David Denborough from Australia. The origins of the *Tree of Life* are in narrative therapy and specifically, collective narrative practice, which focuses on communities where traditional methods of therapy may not be acceptable (Lock, 2016). Although this approach was developed for children, it has shown promising results for adults and has been used across cultures and countries (e.g., Norway, Nigeria, Australia, United States, Burma, Chile and South Africa; Hughes, 2014). The approach is thought to be particularly effective at overcoming cultural barriers to help-seeking (Lock, 2016) and Hughes (2014) found that the *Tree of Life* helped children to take pride in their culture and increased self-confidence.

Limitations of current knowledge and interventions

Although there has been progress towards understanding the mental health needs of newcomers, Canadian literature in this area is not comprehensive, especially related to newcomer children and youth (Murray et al., 2010; Pacione, Measham, & Rousseau, 2013; Stol et al., 2015). According to Hadfield et al (2017), research related to the mental health and well-being of newcomer children and youth has focused on traumatic experiences prior to settlement. Most literature comes from larger cities, which creates challenges as a considerable number of newcomers live in medium-sized cities, such as Winnipeg, and smaller rural communities (Stol et al., 2015). There is a lack of evaluation findings and research evidence to provide clear and definitive implementation guidelines for initiatives that aim to improve mental health outcomes (Stol et al., 2015) and there is a need for additional well designed, empirically validated and culturally appropriate interventions aimed at improving newcomers' mental health and well-being (Murray et al., 2010). Given the limitations in knowledge and interventions in the area of mental health needs of newcomers, this project sought to contribute to the knowledge and develop an intervention at a local level to support and enhance the mental health and well-being of newcomer families.

Part 2: Stakeholder consultations

The second part of the project involved consultations with newcomer-community members, newcomer serving organizations, and researchers with expertise in this field. The purpose of the consultations was to gain a deeper understanding of existing mental health promotion resources, barriers that may interfere with mental health and well-being, and to determine what type of new mental health promotion resource would be appropriate, meaningful and useful for newcomer families and the organizations that support them. These consultations were rooted in the idea of public engagement; that those who are affected by a decision have a right to be involved in the decision making process.

Process of the consultations

The consultations were conducted between August and December 2017 and the process was very organic. A total of 29 consultations were conducted with 63 individuals. Some consultations were conducted with only one or two individuals at a time, while others took place in a group setting. Each consultation was led by two or three members of the mental health promotion project team (project team members are listed on page ii. One team member asked questions while the other team member(s) took notes to capture the conversations; this team approach was especially helpful when consulting with a larger group. The introductory script and a complete list of consultation questions can be found in Appendices D and E.

Participants represented 1) community members that have lived experience as an immigrant or refugee, 2) members of organizations, agencies or coalitions serving newcomers in Winnipeg or Rural Manitoba, and 3) key researchers in the field. Given that many newcomer individuals also work or volunteer for newcomer serving organizations and coalitions, several participants could speak to their experience both as members of a community and as service providers. Each group is described in further detail below:

1) Community Members: A total of 33 newcomer individuals with lived experience as an immigrant or refugee participated in a consultation either individually or in a group setting. Six individuals participated in a one-on-one consultation. They had diverse countries of origin, including Eritrea, Hungary, Iran, Bangladesh, and Russia, had been residing in Canada between 4-20 years and all had children of various ages. Two of the individuals came to Canada under student visas, two were immigrants and two were refugees. A group consultation was conducted with six members of the Immigrant Advisory Table (IAT). Another group consultation was conducted with 21 members of the Coalition of Cultural Considerations for Families (CCCCF). IAT members are professionals with extensive experiences, from various ethnic and racial backgrounds. Some were relatively new to Canada and others had been in Canada for decades. IAT serves as an advisory group to Immigrant Partnership Winnipeg, a Citizenship and Immigration Canada funded project initiated to provide a framework to facilitate the development and implementation of local solutions for the successful integration of newcomers to Winnipeg. The CCCCf brings together Manitoba cultural communities to work together under the banner of “sustainable families, sustainable communities”. Their purpose is to enhance and strengthen Manitoba cultural community families and their children and youth with new skills, new knowledge, and access to resources to build and strengthen community capacity. CCCCf members also represented varied countries of origin, including Cameroon, Colombia, Democratic Republic of the Congo, El Salvador, Eritrea, Iraq, Kurdish, Liberia, Nigeria, North Sudan, Oromo, Philippines, Rwanda, Sierra Leone, Somalia, South Sudan, Syria, Trinidad and Venezuela.

2) Organizations serving newcomers: A total of 18 organizations or agencies serving newcomers in urban (Winnipeg) and rural Manitoba settings participated in consultations. Participating organizations offered a wide-range of services for newcomer families, such as settlement programs, ESL classes, or sport, art, leisure or life skills programming. Although many key organizations were willing and able to participate, there are other organizations that did not take part in this project due to limited time and human resources.

3) Researchers: A total of four academics with research interests related to immigrants, refugees and newcomer populations were consulted in order to gain insights on their research knowledge and experience working in this field. These consultations helped to inform the literature search and provided key considerations for engaging community members.

A complete list of participants can be found in Appendix C.

Recruitment

Given that the focus of this project was geared specifically towards promoting the well-being of children, youth and families, the initial plan was to consult with children and youth in particular. However, trust is a very important component of engagement, which takes time to develop through thoughtful relationship building. For this reason, service providers and researchers who had existing relationships with newcomer communities were engaged first. Community members, organizations and researchers encouraged engaging parents in the discussion around mental health and well-being of children and youth due to the fact that the family unit is highly valued in many communities and do have a direct impact on child well-being. Therefore, as a second step, newcomer adults and parents were engaged in consultations. These were successful steps towards building trusting relationships and obtaining relevant information. Next, trusting relationships were established with the families participating in the tree of well-being prior to the March 3rd *Family Tree of Well-being* filming event in order to enable open dialogue with the families prior to, and during the actual event. During the filming event parents and grandparents organically encouraged their children and teens to be active participants in the completion of their *family tree of well-being*. This made it possible to capture and highlight the perspectives of children and youth on what they felt was important for their own well-being. The relationship building process was a necessary driver for the rich and valuable information shared by the participating newcomer families. Ongoing meaningful engagement, trust and relationship building with newcomer communities are necessary for future work related to the topic of mental health and well-being.

Recruitment was done by emailing and/or phoning well-known newcomer serving organizations, by contacting individuals that members of the project team had an existing working relationship with, or through word of mouth. Participation in the consultations was entirely voluntary. Consultations lasted approximately 30 minutes to 1.5 hours depending on the number of people present and the amount of information that participants wished to share. The six individual community members received a \$25.00 gift card to a local affordable grocery store to thank them for their time and all participants were informed that they would receive a summary of the project findings as well as access to the resources developed through this project.

Summary of feedback from consultations

Interestingly, much of the feedback from consultations was consistent with the information available in the literature. Furthermore, all three groups – community members, organizations providing services, and academic researchers – had very similar responses and feedback which is also noteworthy given that participants came from very diverse backgrounds, had very different immigration experiences and had been residing in Canada for a varied amount of time. Due to the consistency in the responses, the feedback represents the voices of participants from all three groups and has been summarized into four sections: 1) Understanding of mental health and well-being 2) Key factors that promote the mental health and well-being of newcomer families; 3) Barriers or challenges impacting the mental health and well-being of newcomer families; and 4) Key learnings and recommendations for service providers (e.g. organization and schools) and individuals of how to promote the mental health and well-being of newcomer families.

Selected quotes appear in the text below to illustrate the four themes. Additionally, for interested readers, a broader selection of quotes that are illustrative of each of the four themes is presented in Appendix F.

1) Understanding of mental health and well-being

How to talk about mental health: All consultations began with a discussion about “mental health” to ensure that the topic was well-defined prior to delving deeper into the conversation. Most participants expressed that the term *mental health* carried a lot of stigma which may be a barrier to speaking about mental health promotion and accessing mental health services. For some individuals, their country of origin did not have terms such as ‘mental health’ or ‘mental illness’ and they had only become familiar with these terms after moving to Canada. Some individuals mentioned that these terms were culturally taboo and not openly discussed. Others felt that the stigmatizing of mental health was consistent with the stigma that exists in the general Canadian population. However, the great majority of participants stated the term *well-being* was acceptable and safer to use with newcomer communities, as it was not associated with stigma. One service provider shared **“the word ‘well-being’ in general is good: everyone has challenges, rich or poor, regardless of where you are from. Well-being is universal.”** As a result, the project team decided to use the term well-being for any newly developed resources.

Mental health and well-being are a priority: Participants from all groups thought mental health was fundamental to their overall health and well-being. Most participants expressed the importance of taking a holistic approach to promoting and enhancing well-being. Well-being was described as having balance, being content in all areas of life, including physical, emotional, spiritual and mental health. They emphasized that well-being is defined differently by different cultures and in different contexts; it is not static.

There was consensus that all newcomers, whether having just arrived, or having been in Manitoba for several years, could benefit from mental health promotion strategies. It was noted that often, newcomer parents do not think about their own well-being, especially in the first five years after arriving in Canada because they are focused on basic needs like housing, finding work and providing a good life for their children. Many emphasized that parents should be taking care of themselves because this has an impact on their children’s well-being and the family as a whole. For example, one participant shared that **“Bosnian immigrants that moved here 20 years ago are just now starting to think about their own well-being, before that, they keep their heads down and powered through their days to make ends meet...it shouldn’t be this way.”**

Children and youth also experience changes within the family context, and external pressures from their new schools and peers. Participants suggested that offering children and youth opportunities to connect with others, have fun and be children was important for their well-being and adjustment.

Box 1. Quotes related to mental health and well-being as a priority

“Problem is that when parents arrive here and get into a groove where they work hard all of the time and don’t focus on self-care, they never get out of that groove, years can go by, their children grow up and the parents keep doing what they have always done.” (Community member)

“My daughter who is an adult now told me the other day that I work too hard, that one day I will just fall over and die that will be it! She told me I have to slow down and do something for myself, but I have never done that before!” (Community member)

“A lot of newcomers feel guilty if they are well or happy because their families back home are still unsafe.” (Community member)

“That [well-being] is a very important piece of being healthy for you and your children.” (Community member)

“You can do this [take care of your well-being] alongside other things.” (Community member)

“For me now, here if you have mental health, you can do everything, you can model for others, I can take better care of my daughter and my family.” (Community member)

“Well-being doesn’t have to cost money, or include materials.” (Community Member)

“This [well-being] is just as essential as food!” (Community member)

2) Key factors that promote the mental health and well-being of newcomer families

Participants identified sense of belonging, keeping a connection with culture, family, sports and leisure, volunteering, English classes and parent groups as factors that supported their families’ well-being throughout the settlement process. Each of these factors is described below:

Sense of belonging: Having a sense of belonging and connection in their new city of residence was highlighted as one of the most important factors impacting their mental health and well-being during the settlement process. There are many ways that a sense of belonging and connection can be fostered. For example, some organizations in Manitoba coordinate “buddy” systems in which local individuals or people

who have experience as a newcomer are connected with a family immediately upon arrival. This “buddy” is tasked with being a friend, someone that the family can call upon to do things with, such as go to the movies or to the park. Participants described how simply having a friend in a new home can make a world of a difference. Many participants emphasized the importance of not only integrating into their own cultural community, but into other communities as well. This provides a sense of connection and agency in their new country. Other ways identified to create a sense of belonging were as simple as facilitating community gatherings, such as community BBQs, garage sales (where everything is free), religious celebrations, or movie nights. Winter months in Manitoba can be particularly isolating for families, and it was noted this is a particularly important time to have events that bring people together.

Box 2. Quotes related to a sense of belonging

“When I am with a community learning from each other, that’s when I feel most fullest.”
(Community member)

“I made Canadian friends that were good! ...I just love to have a lot of friends. I don’t care what country/skin colour/religious backgrounds you have. As long as you are a good person!”
(Community member)

“Important to become integrated into other communities, not just your own.”
(Community member)

“Connections with friends is important so you can talk about your problems and learn from each other” (Community member)

Keeping a connection with culture: Although some individuals may feel they need to leave their traditions and beliefs behind in order to integrate into their new setting, all participant groups discussed the importance of maintaining that which is important to the family and individual. Many talked about the importance of continuing to practice traditions, such as having tea ceremonies, observing religious customs, cooking traditional foods and listening to traditional music. These helped individuals feel grounded, and in turn, also ensured that these important cultural practices were shared with their children.

Family: The family unit and family reunification was also highlighted as a key area of importance for the health and well-being of newcomers. The shift to an individualistic culture from collectivistic cultures was challenging for some; it was recommended that schools and organizations include the whole family in the services they provided, rather than putting the onus on individual change.

Sports & Leisure: Sports and leisure were deemed highly beneficial for the mental health of both children and adults. One newcomer shared *“at the end of the day, we are people, we are human, we love our children, we love our family, we love food. Lighten up!”* Leisure activities provide opportunities for newcomers to engage in activities they enjoyed in their home country, helping to bridge the gap between cultures and environments. One newcomer said *“art reduces my anxiety. I do art because it relaxes me and I can settle with a task and feel a sense of accomplishment”*. These activities can also bring

newcomer families and communities together. Libraries were identified as an excellent resource/area for mental health promotion (e.g., some libraries have “side-by-side” language books (e.g., English-Arabic book, or picture dictionaries). One service provider said *“People are genuinely so excited when they find out we have books in their language”* and this creates a sense of belonging in their new country. When children and youth are engaged in community activities, it encourages parents and family members to join. Examples of activities mentioned through consultations included:

- Soccer, hockey, basketball and other sports;
- Reading and going to the library;
- Spending time in nature, going to the park (such as Assiniboine Park);
- Spending time with family;
- Arts and crafts;
- Music and dancing;
- Taking or teaching cooking classes;
- Community block parties, citizenship celebrations;
- Swimming, watching movies;
- Practicing spirituality;
- Meditation; and
- Community gardens.

Volunteering: Volunteering is an opportunity for newcomers to use their skills, thus helping them feel wanted and part of the community. It also builds social networks, enhances skills, facilitates learning English and leads to potential opportunities for employment. One newcomer participant said *“It helps me to volunteer a lot; it helps me to feel like I can contribute, it’s literally feeling useful, for my family and for other people.”* Volunteering also creates a sense of purpose and empowerment, and may lead to social connection. Volunteering can also be an avenue to employment. Participants suggested that newly arrived youth could be supported by volunteer youth with similar experiences. One newcomer shared that *“Volunteering can help and be a stepping stone to getting a good job”*.

English classes: For people who are just arriving to Canada, English class is the well-being support; *“the more I learned English, the more I felt included”* (community member). It is an opportunity to meet people who have the same goal, *“they go just to learn English, but they end up meeting other people who have a shared goal”* (service provider). One stay at home mother in a rural setting, who already spoke English, joined the class and really became involved because she enjoyed the social support; this brought a sense of belonging, reduced isolation, and increased social connections for this individual.

Parent-groups: Groups for parents with young children were also frequently mentioned as an ideal resource to create connections with other people; and in particular for women who may be isolated at home looking after children. Parent-groups often teach practical things, or are simply a space to have fun, share food and socialize.

Newcomer serving organizations: Through consultations, participants mentioned many of the existing supports that contribute to the well-being of newcomers. For a full list of these resources see Appendix G.

3) Barriers or challenges impacting the mental health and well-being of newcomer families

As stated by one member of the newcomer community *“Wellbeing is physical, financial, it’s holistic. You need all areas, for many newcomers they are missing one or more pieces... maybe finances, language, or shelter they don’t have.”* The following are key barriers or challenges that were highlighted through the consultations by community members, organizations and researchers.

Individual level barriers

Language and literacy: Language was highlighted frequently as a barrier to obtaining employment, making friends, creating social capital, accessing services and communicating needs. Lack of access to skilled interpreters was an issue for many organizations.

Employment and non-recognition of credentials: Many newcomers face high rates of under- and unemployment. Non-recognition of foreign credentials impacts financial and social status for individuals and the family as a whole. In some cases, trained and educated newcomers are often unable to work in their field of expertise and need to go back to school in Canada, which takes time, money and childcare. In other cases, individuals who have been residing in refugee camps may not have had access to education, making it increasingly difficult to obtain adequate employment.

Individual stressors: Moving countries, whether by choice or not, comes with many changes and stressors. Missing home, culture and family and being worried about family members that may still be living in dangerous conditions affects the mental health of newcomers. One service provider said *“[at] first, people are happy to be living here, then the reality sets in and they get home sick.”* Families may also be faced with new challenges in Manitoba that they did not know existed (e.g., bed bugs) and do not have the support they anticipated. As one community member stated *“I was told that I would have this kind of service when I moved here, but the reality was that I was on my own, which was difficult.”*

Family level barriers

Housing: The lack of affordable housing leaves newcomers living in substandard and overcrowded housing. Families also face challenges because they do not have a rental history in Manitoba.

Poverty: Many newcomers live in poverty and have a difficult time meeting their basic needs. Some families may have large debts from costs associated with moving to Canada.

Childcare: In Manitoba, daycare wait lists can be long (two – three years). Lack of childcare creates barriers for newcomer families to access resources such as ESL classes and employment. Many women take on a caregiver role, placing them at a higher risk of isolation, and therefore poorer mental health and wellbeing.

Parent-child relationships: Challenges may arise due to differences in cultural norms and rules between a family’s country of origin and Canada, creating tension between parents and children. Families may have to rely on children to act as interpreters, impacting the parent-child dynamic and roles within the family.

Community level barriers

Social isolation: Newcomers may lack connections to the larger community. Cold winters and lack of public transportation in urban and rural areas can make it difficult to socialize. Language barriers can also interfere with ability to create connections.

Racism: Racism experienced in their new country of residence impacts the mental health of newcomers and can interfere with opportunities to build a sense of belonging, or meeting basic needs, like obtain employment and housing.

Youth gang involvement: As newcomer youth look for ways to connect or for ways to supplement their families' income, active recruitment by gang members and gang involvement are becoming an increasingly major concern for these youths, particularly in the inner city.

Cultural differences: There are cultural differences in how people express needs and cope with adversity, and these may be misinterpreted by service providers. In addition, cultural norms around childrearing vary from one country to another, and were highlighted as an area for further support.

Societal level barriers

Stigma & access to mental health services: Participants thought that navigating resources and accessing mental health services could be challenging for newcomers. Stigma interferes with access to professional mental health services; newcomers may not reach out to these services for a number of reasons (such as those described on page 13 of this report). Organizations recognized the value of having in-house mental health counsellors but did not have the financial means to provide such services. Interpreters with mental health training are also hard to come by.

Policies: On occasion, certain policies can make it challenging to offer proper support or services. For example, verbal consent is required in certain healthcare related situations. If the individual is unable to provide verbal consent in a language that can be understood by staff or available interpreters, this may interfere with the ability to provide the service *“We could not take one person to the hospital because he could not give us consent to bring him to the hospital”* (Service provider). Even policies such as library late fees can affect learning opportunities and interfere with people's relationship with the library – an important resource for many newcomer families.

Funding: Funding has a direct impact on the types of services and resources service delivery organizations are able to offer and make easily accessible to newcomers within their communities. In Canada, funding for immigrants and refugees is controlled federally, but health is administered provincially. Therefore, funding specifically allocated to address the health needs of newcomers is not guaranteed. In particular, participants were concerned about the following:

- **Funding is time-limited:** Many organizations discussed the challenges related to funding cuts or time-limited funding. For example, funding may run for one to five years, with no guarantees for extended funding. This creates challenges for organizations who would like to provide long-term supports to newcomers. This also means that the services that newcomers come to know and rely on may change often; stability is very important for these families given that they are already experiencing a great deal of change in their lives.
- **Quantity vs. quality:** Some organizations felt that funders focused more on the quantity of individuals being served than the quality of the services being provided.

- **Competition:** All community organizations rely on funding to provide services and essentially compete with one another for funding. Given that funding is limited, unspoken competition between agencies interferes with the ability to work collaboratively, despite serving the same clients.
- **Funding restrictions:** For example, immigration funding may focus on settlement (such as housing, employment) but no funding is allocated to mental health services. Additionally, immigration status (e.g., privately sponsored, government, work visa, etc.) impacts the types of services individuals can access and once individuals become Canadian citizens they cannot access those same services. As a result, services become very specific and may only serve a select sub-population (e.g., Syrian refugee women who have been abused by their spouse). Often, strict eligibility criteria are developed (e.g., newcomer youth may not qualify for English classes if they are not in school) and programs are typically intervention, rather than prevention-focused.
- **Waitlists:** Fewer programs and resources can be offered which leads to longer wait lists for existing programs. Resettlement services may have to refer families who need supports to other (non-newcomer) community programs.

4) Key learnings and recommendations to support the mental health well-being of newcomer families

Participants had many recommendations on how to address some of the challenges commonly experienced. Additionally, existing organizations support the well-being of newcomer families in many creative ways.

Collaboration: Participants thought services and organizations need to continue to build bridges, unite and work collaboratively to provide comprehensive, holistic, wrap-around services in order to reduce competitiveness for limited resources.

Family engagement: Participants thought organizations and initiatives should work to develop trusting relationships with newcomer families to help them feel safe. They also suggested organizations needed to engage with newcomers to truly understand their needs and perspectives. For most newcomers, family is central. Participants expressed the importance of family-focused (rather than individualized) initiatives and creating opportunities for family activities.

Building on strengths: Strength-based models of service delivery were encouraged. It is important to recognize that families have already overcome many challenges and barriers. Participants thought programs and services should focus on newcomers' existing strengths and resiliency and use these to build capacity and give purpose to their lives.

Box 3. Quotes relating to strength-based models of service delivery

“Remember that people are resilient! They are the experts in their own lives.”
(Community member)

“Working with the existing strengths of the community – parents are passionate about their children and are survivors, so working with that.” (Service provider)

Cultural safety & staff diversity: It is important that programs are culturally safe. Programs should create opportunities for families to remember who they are and maintain their own culture, while also learning about local customs. A sense of belonging and connection can be developed through the creation of programs that offer warm and welcoming spaces for newcomer families. These spaces can provide outreach to newcomers (in particular, women [specifically mothers] who are often isolated at home), and opportunities for families to see their culture reflected (e.g., through art, language and food), to interact with diverse staff from refugee and immigrant backgrounds and have access to interpreters. It is also important to take into account diverse literacy levels and to offer resources and information in various forms, such as using pictures, videos, and verbal presentations. Schools, Child and Family Services, police forces, and other supports could also benefit from continuing to gain a deeper understanding of cultural diversity.

Connections and sense of belonging: Family, friends and community buffer against stressors and promote well-being but many newcomer families do not have these social supports. One of the ways families can be supported is by hosting events that bring together families with shared experiences, normalizing their circumstances and creating a sense of community. Connecting with people who share a similar culture, language and experiences helps families to connect and feel less isolated. For example, one service provider said *“We encourage them to celebrate everything from their own culture, wear their traditional clothing. Let people be free to express their culture, their religion, their language.”* Developing a connection to the wider community, outside of their cultural group, is also important. For example, neighborhood events can create opportunities for people from various backgrounds to learn about different cultures and engage with other cultural groups. Supporting newcomers to learn about local cultures, norms and laws can increase their awareness of the norms in Manitoba. Bringing together Indigenous people with newcomer people was also frequently recommended; programs need to create opportunities for newcomers to understand colonization and other historical events and its traumatic impact on Indigenous peoples as well as the value of Indigenous traditional healing practices that promote holistic well-being. This could foster a shared understanding and mutual respect. After school programs can also bring students from different cultures together. More collaboration and community engagement activities are needed, especially in the winter time (time of isolation). Finally, celebrating culture particularly helps to counteract negative assumptions, discrimination and racism, and can foster integration and a sense of belonging.

Childcare: Childcare is an essential resource for newcomer families. Many newcomer families have multiple children, which can make it difficult for parents to attend classes, attend social events, go to work, or simply have respite. Providing childcare, outreach services and in home supports in the recipient’s language can help to break down barriers for women to access programs and services. Childcare is also beneficial for children as this creates a space for them to socialize with other children.

Building trusting relationships with the community: Building relationships with the community that is being served is necessary. This can be done by engaging community champions, using a mentorship approach whereby newcomers that are settled offer support to those who are just arriving, hiring members of the community as interpreters, and engaging all generations and members of the community. Capitalizing on people’s existing skills is also useful, such as hiring someone who has experience with computers to teach others, or asking if community members have recipes that they would like to share or teach at community events. For example, *“It is truly about asking the community what they want, in the beginning it’s good to start with something like food”* (service provider).

Employment opportunities: Work is an important part of everyone’s well-being and is one of the biggest concerns for newcomers. Appropriate employment contributes to a sense of empowerment. Participants thought newcomers are motivated to work and provide for their families. Supporting parents by creating opportunities for healthy employment, including offering training for employment, also supports their children. *“If children see the parent working, and having a future, the kids will be more likely to work towards their future and less likely to join gangs”* (community member).

Classes: Having an understanding of the English language is important when building relationships, working, being active in the community, and partaking in their children’s school activities. It also decreases the likelihood of loneliness and isolation. It was articulated that most newcomers are highly skilled and educated, yet they need language supports and resources. It is important to have different levels of English classes to meet the needs of all newcomers and to make ESL classes easier to access *“so that you don’t have to know English to learn about how to get the class”* (service provider). Parenting classes and sex education classes for the whole family (e.g., to discuss healthy dating and dating norms) were also recommended. When addressing things such as healthy sexuality, dating, healthy relationships and drug-safety, it was recommended to use culturally safe and harm reduction messaging.

Schools: Participants identified that more supports are needed in schools, such as interpreter services and school liaisons, in order to engage families. Schools may be an ideal venue to talk to youth about the risks of gang involvement and create opportunities to build connections with their peers within the school setting. For example, one participant talked about how their children’s school celebrated culture by having days where students could share ethnic foods or share something about their culture.

Youth engagement: Creating a sense of belonging and identity for youth is important so they do not feel the need to join gangs to integrate. As one service provider stated *“children and teens just want to connect.”* Organizations and school systems should look at ways to engage older youth, as this is often when mental health problems become a concern. Examples of youth engagement include music programs or sporting events. Connecting with children and youth immediately upon arrival is important so that they can build healthy relationships with local peers and community members. Resources during natural transitions, such as when a youth turns 18, should receive special consideration as this is often when services and supports end.

Staff training: A cultural lens is necessary in service delivery, particularly in the areas of trauma, cultural competency, grief and loss. More education for service providers is needed; front line staff often receive training, but managers should attend training as well. One time workshops are not enough; training and education needs to be continuous. Training is crucial for staff to understand the diversity within newcomer communities, such as how to support members of the LGBTTTQ* community. It is also important to keep in mind staff well-being, and to offer opportunities for staff to learn about self-care given the workplace stressors that may exist.

Normalization & stigma reduction: Counselling services in a participant’s first language, or counsellors with lived experience as immigrants or refugees, may help to bridge the gap between individuals and professional mental health services. Service providers should also remember that context is a key component of overall well-being. *“It is important not to suggest that there is something wrong with the newcomer, the ‘problem’ is simply the amount of change that newcomers experience all at once, change of culture, change of language; everything is different”* (community member).

Things Manitobans can do to help: Discrimination and racism can be reduced by creating tools to expose Canadians to myths about newcomers. The onus should not solely be on newcomers to integrate and adapt; all Manitobans have a responsibility in the settlement and integration process by creating a sense of welcoming and belonging. A community member said *“sometimes seeing someone smile at you makes all the difference, even if they don’t speak the same language.”* Volunteer opportunities, such as being a “buddy” to a newcomer can make a difference in the lives of these families.

Box 4. Quotes related to things Manitobans can do to help

“One really useful thing is having opportunity to connect with the local community – there is no better way to learn the language (it’s better than classes).”

(Community member)

“Caring and compassion speaks volumes, even with language barriers.”

(Service provider)

System navigation is complex at the best of times. Organizations, local community members and people with lived experience as newcomers who have been here for some time may be able to support newcomers in their settlement. Supports for taking the bus, locating food banks, and completing citizenship applications were all mentioned *“As a father, I would like to have some kind of organization that would take my application with my limited budget and apply for funds to put their kids in sports, like soccer”* (service provider).

Things the media can do: The media has an important role in reducing racism and discrimination. Participants expressed that the media should focus on good news stories about the inner city and about people who are immigrating to Canada – *“the world needs to hear our good stories! Underprivileged people do great things! And we need to bring that into the mainstream news”* (community member).

Accessibility & equity: From an equity perspective, it is important for programs and services to have flexibility. Examples include:

- 15 minute grace period to arrive in class/program,
- Bringing resources and workshops to where people are already going and are comfortable,
- Free events,
- Printing materials at a grade 6 level or less,
- Removing the need for ID to get a library card and no late fees for books,
- Free computer access,
- Offer free training for jobs, so that newcomers can build their Canadian resumes, and
- Translating documents into other languages for specific populations that are typically under-resourced *“It [resources] is not necessarily [translated into] the top languages [of immigration], because sometimes they are more settled and can understand English, but rather focus on the groups that are most in need.”* (service provider)

Taken as a whole, individuals participating in the consultations unanimously agreed that mental health and well-being is a worthy and necessary area of focus and investment, and that concrete strategies can and should continue to be implemented at the individual, family, community and larger societal level. Furthermore, prevention is key; the earlier we can offer mental health promotion supports to families in their settlement process the better.

Box 5. Quotes regarding key learning and recommendations

“If you are feeling well and healthy both physically and mentally, you can do anything”
(Service provider)

“Thanks for doing this! We really need more support around the mental health of newcomers.” (Service provider)

Part 3: Resource Development

The ultimate objective of this project was to create a resource or tool to enhance and promote the mental health and well-being of newcomer children, youth and families. The literature review (part 1) and consultations (part 2) provided an understanding of some of the key points to consider in developing this tool:

- Mental health and well-being are universal and complex. Newcomers' mental health is affected by numerous factors including the social determinants of health, culture, language, coping with loss, the parent-child relationship, stress and stigma.
- Promoting mental health requires a holistic approach; interventions to promote mental health for newcomers must include the development of trusting relationships, focus on strengths and resiliency, be family-focused and culturally safe, support families to maintain their culture while learning about local culture and address the social determinants of mental health (education, employment, income, housing, gender, sexual orientation, social and physical environments, child development and racial discrimination).
- Individuals' understanding of well-being is not static; it can change over time and it is unique to each individual.
- Intentional efforts to promote the mental health and well-being of newcomers are critical for a healthy future for these individuals, families, and for society as a whole.

Although the literature review and consultations identified key points to consider when developing an intervention to assist newcomer families with mental health promotion, the conclusions that can be drawn from these two sources are far from prescriptive. Specifically, in the literature, several types of interventions have been noted to have positive effects on newcomer mental health ranging from informal participation in sports or artistic endeavors to formal therapeutic approaches. Similarly, the qualitative data collection resulted in several suggested types and formats of interventions ranging from leisure and sports to volunteering and staff training.

The initial project idea was to create a video; however consultations were intended to determine whether this was indeed the best type of resource, and if so, what elements would help to make this video most useful and meaningful for newcomer families. Due to literacy levels and language barriers, consultation participants agreed that a video would be a useful mental health promotion tool because the message could be shared through images and sounds and could be shared in different languages, making it more accessible to a wider audience.

As one service provider said *“A video would be a very helpful tool for organizations to start a dialogue around well-being with newcomers, but also for staff to begin to understand what well-being means to newcomers from different cultures.”*

Additionally, participants suggested that the video needed to depict the uniqueness and diversity of well-being for each family and to present well-being from various cultural perspectives in order to be meaningful. Although the original intent was to develop a resource geared specifically towards newcomer children, it became apparent through the consultations that the whole family unit should be included and

the video should emphasize the importance of spending quality time with family, connection to culture, language and community.

The video was intended to be a tool for organizations to use with newcomer families to create a dialogue about well-being, strengths, coping skills and things that support them when faced with adversity. The overall goal was to help families become conscious of their own strengths and skills thus creating hope and well-being.

To create the content of the video, the literature and consultation data were considered. In addition, there was awareness of the need to fit content with specific project goals and the strengths and limitations inherent to the project context. Ultimately, the *Tree of Life* activity discussed in Part 1 was adapted and became the foundation of the video.

Development of the Family Tree of Well-being

The Tree of Life activity was chosen as a foundation for the video for the following reasons:

- It is strengths-based, family-focused, accessible and non-stigmatizing (Hughes, 2014).
- It shifts the focus from trauma and loss (which only provides a thin description about people) to a model that develops alternative narratives (Hughes, 2014).
- It respects cultural differences and gives voice to cultural ways of coping (Hughes, 2014).
- It honours newcomers’ tremendous strength and resilience (Hughes, 2014).
- It is a visual method which can be useful with a newcomer population where English may be a challenge (Hughes, 2014; Ncube, 2006).
- It has a storytelling component, which is a part of many cultures (Hughes, 2014).
- It provides families with the opportunity to see how others promote and enhance their well-being, and for service providers to initiate dialogue about mental health and well-being with clients.
- There was familiarity with this approach amongst care providers in Manitoba.
- The activity is free to use and adapt.

The *Family Tree of Well-being Activity* was adapted for this project from the Tree of Life. It allows families to convey their experiences and messages through imagery, thus breaking down language barriers. Families can write in their own language and use symbols or draw pictures that are meaningful to them. Each part of the tree represents a different element of their story. Table 1 shows what each part of the tree represents in the original Tree of Life activity and the prototype of our adapted Family Tree of Well-being.

Table 1. Comparison of Tree of Life and Prototype Family Tree of Well-being Activities

Element	Original Tree of Life	Family Tree of Well-being	
		Prototype	Final
Roots	Culture and social history	Culture, special memory, favorite place, things that give them strength	
Ground	Features of their current life	Things they are doing now to be well	
Trunk	Strengths and abilities	Things that supported their overall well-being as they were settling in Manitoba (e.g., people, programs, strengths, skills, etc.)	

Element	Original Tree of Life	Family Tree of Well-being	
		Prototype	Final
Branches	Hopes and dreams for the future	Wishes, hopes for their life and dreams for their family	
Leaves	Names of important people from the past and present	People/things that are important to them and bring them happiness	
Fruit	Gifts (e.g., kindness, love) individuals have been given	Not included	
Sky			One new thing you will do as a family to increase well-being
Environment			What helps your family grow?

It was important to take the idea for the video and prototype *Family Tree of Well-being* activity back to the immigrant and refugee communities to receive feedback and ensure that the video and activity would be relevant and beneficial to newcomer families. The idea was therefore presented to the Immigrant and Refugee Table (IAT) and the Coalition of Cultural Communities for Families (CCCF).

The feedback from both advisory tables regarding the video and newly adapted activity was positive. Participants’ knowledge and lived experiences guided the development of the video and activity to ensure that these were culturally safe and meaningful. Table 2 summarizes their suggestions and Figure 4 illustrates the final version of *Family Tree of Well-being* activity.

Table 2. IAT and CCCF feedback regarding the video and Family Tree of Well-being activity

Activity	Suggestions
Family Tree of Well-being	<ul style="list-style-type: none"> • Use the term well-being and remove term mental health to reduce stigma • Let families know they can draw the tree in any shape and start drawing wherever they like (e.g., start from the roots or the leaves) • Young children and youth can actively participate and share their views • The whole tree is important and each part is complimentary to the others • The activity could be beneficial to anyone, not only newcomers • Add two more components to the Tree: Sky—one new thing you will do as a family to increase your well-being; Environment— what helps your family grow?
Video	<ul style="list-style-type: none"> • Reflect diversity in the video (e.g., ethnicities, languages, etc.) • Have a mix of newcomers, immigrants and refugees • Build rapport and trust with families before filming the video • Create a safe space for families to come together and share • Have interpreters • Include all ages and generations as much as possible • No script for the video – ensure that content and dialogue comes from the voices of the newcomers themselves

Recruitment

A recruitment poster (see Appendices H and I) was sent to everyone who was involved in the consultation process. This was followed up by individual outreach by the project team to newcomer serving organizations. The trusting relationships that had been formed between newcomers and these organizations, and between the project team and the organizations, were critical to the recruitment process. Members of the project team met with each interested family in advance of shooting the video. These meetings served to build rapport, inform families about what to expect (including the *Family Tree of Well-being*), answer questions and review and sign personal release forms (see Appendix J).

Participants

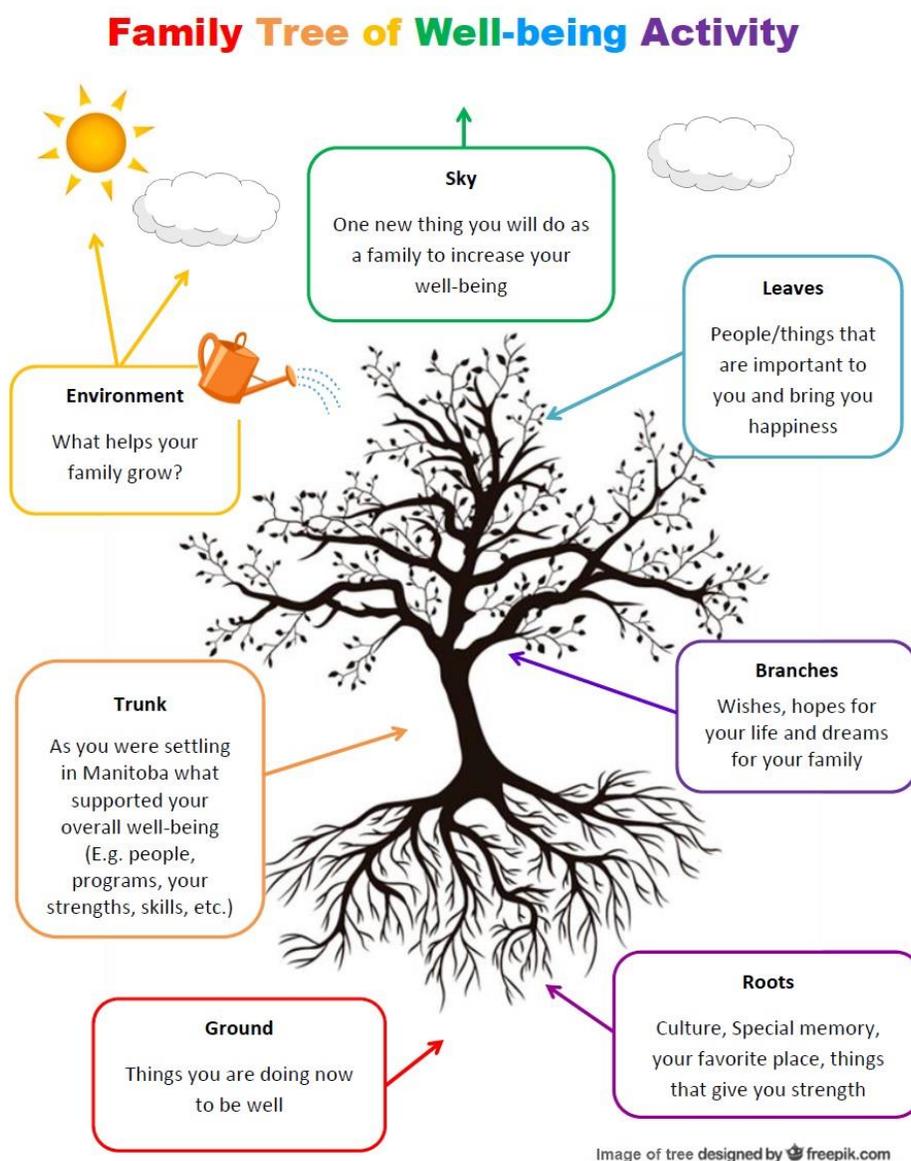
Seven families volunteered to participate in the Family Tree of Well-being Activity for the video. The families were from diverse countries (Bhutan, China, Democratic Republic of the Congo, Eritrea, Mali, Nigeria and Russia/Ukraine) and families had resided in Canada between seven months and ten years, thus providing a wide range of experiences. The families had children who ranged in age from two months to sixteen years and several were multi-generational. Two families required interpreter services. Families received bus tickets, an honourarium (\$100.00 grocery store gift card), t-shirts and a list of local mental health resources.



Group photo taken at the Family Tree of Well-being event, March 3, 2018

(photo credit: Snow Angel Films Company)

Figure 4. Family Tree of Well-being activity (adapted from the Tree of Life, Ncube, 2006)



Making the video

Location: The event was hosted at Knox United Church in Winnipeg. Feedback from consultations highlighted that the location should be easily accessible and already familiar to newcomer families. Knox United Church was therefore chosen because it was centrally located, near a bus route, wheelchair accessible, offered free parking and was very familiar to newcomer families given that several programs and events for newcomers already took place in this venue.

Considerations: The video was designed to embody inclusivity and the importance of family, community and belonging. Different countries and both immigrants *and* refugees were represented to create an environment of inclusivity and to show that everyone needs to talk about well-being; it is not exclusive to any one group. Having families doing the activity together symbolized the importance of spending time with your family and doing recreational activities together. Diverse families coming together represented the importance of community, sharing and creating a sense of belonging.

Facilitation:

- Staff skills necessary to duplicate the Family Tree of Well-being activity include: group facilitation skills to guide the discussion and personal reflection about well-being through prompts, examples and inquiry. The key is to set up the activity so it is upstream (mental well-being focused) and to create an environment of safety, creativity, and non-judgement.
- Key aspects of the process to facilitate the Family Tree of Well-being include: setting the stage (such as including an icebreaker that gets participants attention on well-being), using guided discussion, prompts, validation for free expression and personal reflection, and the closing with group sharing which led to identifying commonalities, uniqueness and celebrating diversity.
- It was recommended that mental health supports be accessible in the event the activity brought up difficult emotions or memories.

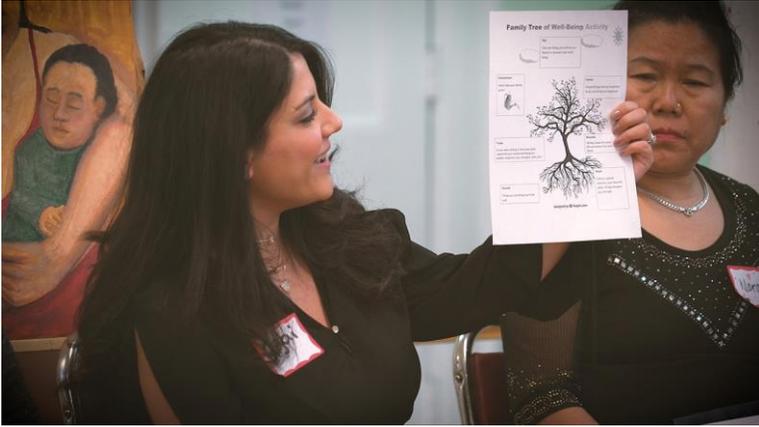
Structure of the recording session: Recording the video took place from 10 a.m. to 1 p.m. on Saturday, March 3, 2018 (see Appendix K for the day’s agenda). Saturday was chosen to accommodate the work, school, afterschool and church schedules of the participating families. Breakfast and lunch were provided.



Project team members welcomed families to the event and conducted an ice breaker activity that involved participants choosing an image that they felt gave them a sense of well-being from a collection of various photos scattered around the room. Each person then took a turn describing what it was about that image that gave them a sense of well-being. All individuals, including adults and children, project team members and the film crew, participated in the icebreaker activity in order to further build trust, a sense of community and a shared understanding of what well-being means. Individuals who were not able or comfortable sharing in English had interpreters present to translate the activity. People were seated in a large circle for this activity. Families were also invited to bring items from home that brought them joy or that represented a piece of their culture, to share with the group at the event. These items can be seen in the center of the circle in the image below.



Facilitators then explained the *Family Tree of Well-being* activity.



Each family then went to their own table where a blank canvas and colouring tools were provided, to draw their own unique tree to highlight ways they enhance and promote their well-being using their skills, culture and strengths to overcome challenges.



Once all trees were completed, the families reconvened as a group to present their trees. It was hoped that having the opportunity to share with others would build on their resources, help them connect with others and would ultimately provide a sense of empowerment.



Production: The video was professionally produced by Snow Angel Films, an independent film production company in Winnipeg, MB (<http://snowangelfilms.com/>).

After the filming event: Each family was contacted a few days following the filming to thank them for their time and participation and to invite them to ask questions or provide feedback. This was an important part of the process to continue to foster trust with the individuals and to provide them with an opportunity to debrief. Families were also informed that they would be contacted again once the video was complete so they could see it and would have access to it so that they could share it with whomever they wished. One participant indicated the plan to share the video with family back home in his country of origin. Finally, it was important for the project team to learn from participants about what they liked and what could be done differently in the future. Overall, feedback was positive. One individual expressed that it was a fulfilling experience, and another that they would be happy to participate again.

The video illustrating the *Family Tree of Well-being* activity and highlighting key messages and strategies that promote mental health and well-being for newcomers is available on the Winnipeg Regional Health Authority's Mental Health Promotion Website

www.wellbeingguide.ca

Next Steps

Individuals have the option of watching the video independently and using it as a personal self-reflection tool; while benefiting and perhaps identifying with the well-being messages and strategies shared by the newcomer children, youth and families portrayed in the video.

In addition, the video resource was envisioned to be a tool for service providers to use in their service delivery settings as a means to begin a dialogue with newcomers' about well-being, strengths, and coping with challenges as they settle in Canada. Future work by the WRHA Mental health Promotion team will include the development of a Facilitator Guide for service providers who wish to facilitate the video and Family Tree of Well-being activity with newcomers. This facilitator guide will include details on the Family Tree of Well-being activity with guided discussion questions so that the positive and meaningful experience as noted in this project can be duplicated.

Ultimately, the hope is that this tool can indeed become a resource to enhancing mental health promotion and well-being of newcomer children, youth and families in Manitoba and to build the capacity of individuals, service providers and communities to imbed mental health promotion in their work and lives.

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Appendix A – Glossary of terms

Building capacity: includes building the capacity of the community to promote their own mental health and enhancing the capacity of the workforce for promotion, prevention and early intervention in mental health (Scanlon & Raphael, 2000). There are different levels of capacity building from the individual, community, organizational and system levels (VicHealth, 2012).

Immigrant: An individual who has chosen to live in Canada to increase his/her opportunities for a better life (Bowen et al., 2010).

Healthy equity: Health equity asserts that all people have the opportunity to reach their full health potential and should not be disadvantaged from attaining it because of their social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance (WRHA, 2012)

Mental health: “Mental Health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” (PHAC, 2014). It is a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2014, para.1).

Mental health promotion: “Is the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health- mental health promotion uses strategies that foster supportive environments and individual resilience” (Joubert & Raeburn, 1998). “Mental health promotion involves actions to create living conditions. It is an environment that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health” (WHO, 2014).

Mental illness: Patterns of behaviors and emotions coupled with levels of distress and suffering, impacting one or more areas of a person’s life (Hansson, Tuck, Laurie, & McKenzie, 2010).

Newcomers: Immigrants and refugees who have been in Canada for a short period of time, usually less than three to five years (Bowen et al., 2010). This term is used throughout the report to refer to immigrants and refugees.

Refugee: An individual who has been forced to leave his/her country of origin to seek safety in Canada (Bowen et al., 2010).

Resilience: Is a central concept in mental health promotion. Resilience involves being able to recover from difficulties or change, to function as well as before and then move forward. Promoting mental health encourages the development of resilience and promoting resilience leads to better mental health (Barankin & Khanlou, 2007).

Appendix B - Eight Key Intervention Characteristics

Adapted from **Developing Preventive Mental Health Interventions for Refugee Families in Resettlement (Weine, 2011)**.

Intervention Characteristics	Explanation
1. Feasibility	<ul style="list-style-type: none"> • Is it doable? Is the intervention applicable and can the components including intervention evaluation be carried out with newcomers? • The feasibility assessment should include operational, technical, ethical, legal and fiscal aspects of an intervention. • The feasibility assessment should look at obstacles relating to newcomer settings such as lack of coordination among different services, systems and organization (e.g. resettlement, educational, mental health, etc.), insufficient funds for families and organization, issues of trust between families and organizations, language barriers and cultural differences.
2. Acceptability	<ul style="list-style-type: none"> • Is the intervention going to be embraced and accepted by newcomer families and service providers? • Is the intervention holistic in a sense that it adequately fits with the needs, strengths, resources, traditions, beliefs of the newcomer families and those of the service providers that will utilize the intervention? • The intervention should take place at a time and place that is accessible to the newcomer families, so they could attend (e.g. weekends or holding meetings in the community, child care, food, transportation, etc.) • Focus should be on engagement activities.
3. Prosaicness	<ul style="list-style-type: none"> • The intervention should use friendly language and images. • The intervention should be designed in a way that is comprehensible for all family members (children, youth, male, female, or gender fluid) and find the intervention speaks to them verbally and visually and to their concerns, needs, strengths and meanings in clear and convincing way. • Language should be free of jargon. When language uses medical terms including clinical mental health terms it deters the newcomer families from participation.
4. Culturally tailored	<ul style="list-style-type: none"> • Is the intervention mindful of the newcomers' cultural backgrounds? • Newcomer families are diverse and occupy a particular social niche and carries with them beliefs, traditions, values and practices. • Different cultural groups identify family in distinct ways, with different roles and expectations ascribed based on age and gender. Thus having important implications for prevention and interventions design.
5. Multilevel	<ul style="list-style-type: none"> • The intervention should consider and take into account more than one level of risk and protective factors. • Newcomer families face complex and interrelated situations. Thus they are exposed to multi-level stressors (school, work, community, family, economic and so on). Also they interact with multiple systems (schools, neighbourhoods,

	<p>work, resettlement agencies, other families, etc.) these systems do not necessary communicate or collaborate with one another.</p> <ul style="list-style-type: none"> Realistically there is not one prevention intervention that has their main effect at multiple levels. In other words no one prevention intervention can address so many dimensions. However, when interventions solely focus on individual and family level and do not take into account other dimensions are flawed. Even when intervention is focused to just the family level, we still need to consider other systems as its interrelated and can have an impact on each other
6. Time focused	<ul style="list-style-type: none"> Interventions should be time specific both in terms of intervention impacts and timing of the assessment. In order for the intervention to be relevant to the context of the families in specific time period.
7. Effectiveness	<ul style="list-style-type: none"> The intervention with newcomers should yield measurable positive changes in the context of the real world. The intervention should bring positive changes to the lives of newcomer families and it should be measured rigorously
8. Adaptability	<ul style="list-style-type: none"> No one intervention is going to work for all groups at all times, in different context. However, the hope of an intervention is that if it is successful with one group of people then it can be applied to others groups, space and time with appropriate modifications (generalizable and flexible). Thus there is an advantage to creating interventions that are readily modifiable to fit with different circumstances, time, space and across cultures.

Appendix C - Consultation and Video participants

Recognizing with gratitude the following:

- The Aje family
- The Haidara family
- The Kaplun family
- The Kisama family
- The Rai family
- The Tekie family
- The Wang family
- Mr. Kashani
- Ms. Nova
- Ms. Quddus
- Mr. Teymouri
- Artbeat Studio & Studio Central
- Child and Family Services Newcomer Unit
- Coalition of Cultural Considerations for Families (CCCCF)
- Family Dynamics
- George & Fay Yee Center for Healthcare Innovation (CHI)
- Immigrant Advisory Table (IAT)
- Immigrant Partnership Winnipeg (IPW)
- Knox United Church
- Manitoba Association for Newcomer Serving Organizations (MANSO)
- Manitoba Interfaith Immigration Council (Welcome Place)
- Mosaic Newcomer Family Resource Network
- Mount Carmel Clinic Winnipeg
- Neepawa Immigrant Settlement Services
- Newcomers Employment and Education Development Services Inc. (N.E.E.D.S)
- Portage Learning and Literacy Center Inc.
- Regional Connections Immigrant Services, Winkler Settlement and Integration Services
- Video Event Interpreters (Welcome Place & Winnipeg Regional Health Authority)
- WestEnd Commons
- Westman Immigrant Services (WIS), Brandon Settlement Program
- Winnipeg Child and Family Services
- Winnipeg Public Libraries
- Wolseley Family Place
- YMCA-YWCA of Winnipeg
- Dr. Feldgaier, Healthy Child Manitoba and Department of Clinical Health Psychology, University of Manitoba
- Martin Itzkow, Coach, NLP M. Pract. FRSA (U.K.), Barrett Values Centre Certified CTT Consultant (U.K.) and the Canadian Values Alliance
- Dr. Wilkinson, Department of Sociology and Criminology, University of Manitoba
- Dr. Heinonen, Faculty of Social Work, University of Manitoba

Appendix D – Introductory Script for Consultations

Hello!

My name is _____ and -----

Thank you for taking the time out of your day to meet with us. We truly are grateful. We are with the Mental Health Promotion program with Winnipeg Regional Health Authority. Part of our work focuses on sharing information and strategies and developing new tools for promoting well-being.

We recently received a grant through Child Health Advisory group- Children’s Hospital. As part of this grant we are hoping to develop tools and resources to promote the mental health and well-being of newcomer children, youth, and families in Manitoba

The purpose of today’s consultation is for us to have an open conversation with you. We have a few questions which you have in front of you. Your knowledge, experience and expertise is valuable and will help us gain a deeper understanding of resources and tools that may help to promote the mental health and well-being of newcomer families.

****At any time please feel safe to stop us if you have any questions****

We are speaking to many different groups of people to get a broad range of perspectives and ideas. For example, we will be speaking to newcomer families from diverse background, as well as individuals from different disciplines, a range of newcomer serving organizations across Manitoba, and with key experts who have conducted research with newcomers..

Today, you are here representing the group of (_____); you are giving a voice to yourselves and people in your area. So we hope that you feel comfortable to share your honest thoughts. **1:1**— our conversation will take approx. 30 min. **Group**—our conversation will take approx. an hour

You’ll notice that (_____) will be taking notes. This is to make sure that we capture all of your valuable input. We will not be keeping your names or any identifying information, unless you give us permission to do so.

Once we have met with different groups and communities, we will be sharing what we have learned through these consultations. When we share our key learnings, we will simply speak in general term in order to respect confidentiality. We will however list the names of organizations that we have consulted with. If you are interested in reading the highlights of the consultations feel free to connect with Ogai or Julie-Anne.

If there are no questions we would like to start with our first question (if a group setting: we ask that you take turns providing your answers and respect others while they speak).

Appendix E – Consultation Questions

*****Please note: given that the consultations were meant to inform the development of a tool, and were not part of a research study, questions were adapted depending on the audience and context; therefore, exact wording was not used in every consultation. Question guides were refined and progressed through consultations based on feedback received during each consultation, lending itself to a very organic and developmental process.***

Questions for Researchers:

1. What are some evidenced informed approaches, tools and resources to promote mental health and well-being of newcomer children youth and families?
2. What are the limitations of these current approaches, tools and resources?
3. What recommendations would you make to enhance resources and tools to promote mental health and well-being of newcomer children, youth and families?
4. Is there any other information related to the well-being of newcomers that would be important for us to capture?

Questions for Organizations Serving Newcomers in Winnipeg and Rural Manitoba:

“We’d like to create a tool or resource that organizations can use in the service they provide to newcomer families. The purpose of this tool or resource is to share information that can help to enhance the well-being of children and families as they adapt to a new country.

When we use the word “*well-being*” we mean: feeling well, feeling connected to others in a positive way, enjoying life, being resilient, having a sense of purpose and feeling satisfied, happy and healthy.”

Version 1:

1. What tools and resources do you currently use with refugee and newcomer children, youth and families that promote their well-being?
2. How are these current tools and resources beneficial? (what is working well)
3. What are some limitations to current tools and resources?(not working well)
4. What are your recommendations for other tools and resources that would better promote the well-being of refugee and newcomer children, youth and families?
5. How should we talk about well-being in the resource that we develop?
 - What would reach people in a meaningful way?
 - What words should we use to describe well-being?
6. Is there any other information related to the well-being of newcomers that would be important for us to capture?

Version 2:

1. If we were to create a tool that provides information on the well-being of newcomer children and families, what kind of tool would be most useful in the work that you do? For example:
 - A Youtube video
 - A pamphlet

- A poster
 - A resource list
 - A website
 - An App
 - A children’s book
 - A training/workshop
 - Other?
2. Do you already have any really great tools or resources on well-being that you use in the service that you provide to families?
 - If yes, what works well about this tool or resource?
 - If no, what kind of tool or resource would be helpful to support your work?
 3. How should we talk about well-being in the resource that we develop? (What would reach people in a meaningful way?)
 - What words should we use to describe well-being?
 4. What is the best way to get the information to the families?
For example:
 - Through social media?
 - Through organizations?
 - Through advertisements posted in public spaces?
 - Through community events?
 - Through schools?
 5. Do you have any other thoughts, comments or questions related to the development of tools to enhance the well-being of newcomer children and families?
 6. How was this experience of chatting with us today? (*Participant evaluation/check-in*)

Questions for Newcomer Community Members:

“Throughout our conversation we will use the term “well-being”. Having a sense of well-being can mean many things. It can include feeling satisfied, happy and healthy. Well-being also includes being connected to others in positive ways through meaningful relationships. Having a sense of purpose every day, learning new things, being resilient and even having fun are all important aspects of well-being”

Version 1:

1. What does mental health mean to you? What does well-being mean to you?
2. What helps you cope (deal with challenge, stress, worry, burden, or hardship)?
3. What has been helpful—supports you to feel a home in your new environment
4. What has been helpful—supports your children to feel a home in your new environment
5. What services have you and your family used?
6. How can these services provide better supports (for you and your children) to be healthy in all areas of life?
 - What would you change
7. What helped you with your transition to Winnipeg?
8. What else would be helpful for you and your family?

Version 2:

1. What does well-being mean to you?
2. What are some things that help you to be well?
 - a. What are some things that help your children to be well?
3. What helped you with your transition to Winnipeg/Manitoba?
 - a. What has helped your children to feel at home in Winnipeg/Manitoba?
4. Were you connected to any services when moving to Winnipeg? If yes, which ones?
 - a. Is there anything that you would change about the services?
 - b. Are there any services that you didn't receive that would have been helpful?
5. What else would be helpful for you and your family?

Questions for Coalition of Cultural Considerations for Families (CCF) & Immigrant Advisory Table (IAT):**IAT:**

1. How should we talk about well-being in the resource that we develop?
 - What would reach people in a meaningful way?
 - What words should we use to describe well-being?
 - Are there other features that would help to make it inviting?
2. What do think about the tree of well-being activity for the discussion?
 - Do you find the questions clear?
 - Appropriate?
 - Culturally safe?
3. How can we package the video in a way that would make it useful in your work or community?
4. How can we engage immigrant and refugee families to be part of our activity and video

CCCF:

- What do you like about Family Tree of Well-being activity?
- What don't you like about this activity?
- What would you change to make this activity more beneficial to your community (add or remove)?
- What else should be included in the video that would help connect the viewers to the information/what would grab their attention?
- Do you have other suggestions for the tree of well-being activity or video as a whole?
- What else would be helpful for us to do to support your use of this tool?
- How can we engage immigrant and refugee families to be a part of our video?

Appendix F – Additional participant quotes according to theme

Theme	Additional Quotes
1) Understanding mental health and well-being	Word “well-being” in general is good: everyone has challenges, rich of poor, regardless of where you are from. Well-being is universal (Community member)
	“Mental illness” is not necessarily a word people are familiar with (Community member)
	For me well-being is being able to function, being able to relax and settle with a task, a feeling of accomplishment is important for me.” ... “it’s about reducing anxiety as much as possible and enjoying things (Community member)
	Having the hope to wake up tomorrow (Community member)
	Mental health is that the core of our being, once its lost we realize how difficult it is to function (Community member)
	The better i am the more I can focus on my potentials (Community member)
2) Key factors that promote the mental health and well-being of newcomer families	Healthy things to do, like the ones they did back home, helps create a sense of belonging and a taste from home and helps to bridge the gap between cultures. (Researcher)
	It’s ok and important to also do something with your family that is fun or satisfying. (Newcomer)
	Sports are very important for kids and families. (Community member)
	Walking with my wife, even in minus 40 degrees we get outside! (Community member)
	For my daughter’s well-being I put her in swimming lessons; take her to the library. (Community member)
	Art brings people into a conversation that happens organically – they might talk about really important things about whatever is important to them in that moment. It is not forced. [It] can create a bridge between communities and cultures. (Service provider)
	I do art to cope with my stressors. For me, also sitting outside and painting outside with fresh air contributes to my well-being. (Community member)
	Work is an important part of our well-being (Community member)
	Volunteering is amazing, it helps me to recover the skills that I feel I had lost and I realize that they are there, maintaining my skills, sometimes improving them. I enjoy to help others and it helps me heal as well. (Community member)
	We need to be united and peaceful (Community member)
3) Barriers or challenges impacting the mental health and well-being of newcomer families	They come here with high expectations and then when they have trouble finding places to live, that really affects their well-being in a negative way. (Service provider)
	Language is a major barrier for families, that you become fearful, it makes you feel like a victim, it makes you feel afraid, angry and frustrated. (Researcher)
	Navigating resources is quite challenging, but even more so complicated when there is a language barrier. (Service provider)
	What is also still missing is a one-stop shop for information about mental health promotion or about the mental health system as a whole – how do you get it? There are just so many places to go for information that it can be overwhelming (Service

Theme	Additional Quotes
	<p>provider)</p> <p>Workplaces are a big challenge for newcomers. There is a lot of exploitation which affects the family on a deep level (Community member)</p> <p>Well recognized surgeons back home, sometimes they have trouble even getting a job... (Community member)</p> <p>[An]other challenge is the limited amount of money people get, \$583 a month to live off of is not enough, for rent, food and basic needs. (Service provider)</p> <p>I want to speak about racism. The mainstream is narrow-minded and it upsets me... (Newcomer)</p> <p>We might look at certain signs and think its depression; meanwhile in a different culture that person is grieving being away from their children. (Service provider)</p> <p>It is difficult to talk about mental health or refer to counsellors without stigma or turning off the client. (Service provider)</p> <p>Newcomers get busy when they come here and less time spent together with their children. When my husband and I were busy, my son would start acting differently. (Community member)</p> <p>There is a clash between parents and their children because the kids are in the mainstream school system, and the parents carry the old values, so there is a clash (Community member)</p>
<p>4) Key learnings and recommendations to support the mental health and well-being of newcomer families</p>	<p>Acknowledge that families are survivors. They have managed their own lives through adversities and have kept a purpose. It takes a vision to sacrifice everything to move to another country. (Researcher)</p> <p>Prevention is key! (Service provider)</p> <p>More immediate services and information to families before arriving to Canada about what to expect, to prepare them and reduce anxiety (Researcher)</p> <p>If you spend time on building relationship, and providing support early on, then there are fewer costs later on. More investment on prevention! (Service provider)</p> <p>Putting information online is helpful – many people have access to internet (Researcher)</p> <p>We encourage them to celebrate everything from their own culture, where their traditional clothing. Let people be free to express their culture, their religion, their language” (Service provider)</p> <p>One thing we do is create community of everyone together, sometimes there are language barriers but what we see are people from different backgrounds coming together (Service provider)</p> <p>Caring and compassion speaks volumes even with language barriers (Service provider)</p> <p>We are successful in the sense that we help them to regain their self-esteem. ‘Now you are in a safe place, now start to think about the future. We understand that you have had many losses, we have experienced them too, it is important to think about hope. Even if you have family still in the conflict, your success will mean their success’... Try to really emphasize the sense of safety, encourage people to start thinking about goals (Service provider)</p> <p>Refugees may benefit the most from talking about well-being because of the hardships they went through (Service provider)</p>

Theme	Additional Quotes
	We truly focus on the language of “connection”, even if you don’t speak the language, you can still provide a safe and caring environment (Service provider)
	A lot of tools focus on the challenges – be we want something that focuses on the strengths (Service provider)
	If we can educate the parents, the children will benefit from this, from seeing their parents educate themselves (Community member)
	Support families with teenagers. Children and teens just want to connect. It is important to create safe connections for teens so they don’t join gangs (Community member)

Appendix G – Resources Mentioned by Participants through Consultation

In order to determine what type of tool to develop to promote the well-being of newcomer children and their families, it was important to learn about resources that already existed. Many supports, services and agencies were identified by participants during the consultations as having helped them in their settlement journey. We felt as though it was important to share these in the hopes that it can be helpful for others as well. Please note however, this is not an official list of resources! There are many other helpful resources not mentioned here.

For an official list of Manitoba based Mental Health Resources, please see the 22nd Edition of the Canadian Mental Health Association Manitoba (CMHA) Resource Guide (2018) at:

<https://mbwpg.cmha.ca/resources/mental-health-resource-guide-for-winnipeg/>

For the section specifically for newcomers, visit:

<https://mbwpg.cmha.ca/wp-content/uploads/2017/11/Newcomers-and-Refugees-Section-2017.pdf>

- YMCA-YWCA <http://www.ywinnipeg.ca/>
- Nine Circles Community Health Center <http://ninecircles.ca/>
- Artbeat Studio <http://artbeatstudio.ca/>
- Aurora Family Therapy Center <http://www.aurorafamilytherapy.com/>
- Calm in the storm App <http://calminthestormapp.com/>
- Cantalk Third-party phone based interpretive services <http://cantalk.com/>
- Child and Family Services <https://www.gov.mb.ca/fs/childfam/cfsagencies.html>
- Children’s Hospital <http://www.hsc.mb.ca/> & Children’s Hospital Foundation of Manitoba <http://goodbear.mb.ca/>
- Cavalry Temple Church <https://www.ctwinnipeg.com/>
- Canadian Mental Health Association (CMHA) Manitoba and Winnipeg <https://mbwpg.cmha.ca/>
- Community/cultural groups
- Employment and Income Assistance <https://www.gov.mb.ca/fs/eia/>
- Flavie Laurent Centre https://www.cflc.info/?page_id=233
- Healthy Baby Community Support Programs for parents <https://www.gov.mb.ca/healthychild/healthybaby/>
- Hockey Manitoba <http://www.hockeymanitoba.ca/>
- Immigrant and Refugee Community Organization of Manitoba (IRCOM) <http://www.ircom.ca/>
- Jumpstart Charity <http://jumpstart.canadiantire.ca/en.html>
- Klinik Community Health <http://klinik.mb.ca/>
- Knox United Church <http://www.knoxwinnipeg.ca/>
- Winnipeg Public Libraries <http://wpl.winnipeg.ca/library/>
- Manitoba Housing <https://www.gov.mb.ca/housing/>
- Manitoba Immigration and Economic Opportunities <https://www.immigratemanitoba.com/>
- Manitoba Interfaith Immigration Council (Welcome Place) <http://miic.ca/>

- Stronger Together Manitoba https://www.facebook.com/pg/strongertogethermanitoba/about/?ref=page_internal
- Manitoba Association for Newcomer Serving Organizations (MANSO) <http://mansomanitoba.ca/>
- Mosaic Newcomer Family Resource Network <http://www.mosaicnet.ca/>
- Mount Carmel Clinic <https://www.mountcarmel.ca/>
- Naomi House Winnipeg <https://www.facebook.com/NaomiHouseWinnipeg/>
- Newcomers Employment and Education Development Services Inc. (N.E.E.D.S) <http://www.needsinc.ca/>
- Immigrant Center <http://icmanitoba.com/> Neighbourhood Immigrant Settlement Program <http://icmanitoba.com/services/neighbourhood-immigrant-settlement-coordinator/>
- New Directions <http://newdirections.mb.ca/>
- New Journey Housing <http://www.newjourneyhousing.com/>
- Support Employment & Economic Development (SEED) <http://seedwinnipeg.ca/>
- Sources of Strength Program for schools <https://sourcesofstrength.org/>
- Southern Health/Santé Sud <https://www.southernhealth.ca/>
- Spence Neighbourhood Association <http://www.spenceneighbourhood.org/>
- Volunteer Manitoba <https://www.volunteermanitoba.ca/>
- Winnipeg English Language Assessment and Referral Center (Welarc) <http://www.welarc.net/>
- Winnipeg Harvest Inc. <http://winnipegharvest.org/>
- Wolseley Family Place <http://www.wolseleyfamilyplace.com/>
- West Central Women's Resource Center <https://wcwrc.ca/>
- WestEnd Commons <https://www.thewestendcommons.ca/>
- Assiniboine Park <https://www.assiniboinepark.ca/park-landing/home>

Appendix H – Recruitment poster (English)



Create your Family Tree of Well-being!

Moving from one country to another is a big change

We are making a video to show the strengths and resilience of families who have moved to Winnipeg from other countries, to bring hope to newcomer families.

We would like 6 families in our video who:

- *Are born outside of Canada
- *Have lived in Canada for more than 2 years
- *Have children and can participate as a family

In the video, each family will create their own Tree of Well-being, which they will take home at the end of the day. Food, bus tickets, and child-minding for children under 10 years will be available. You will also get a gift card for your time!

Date of filming: Saturday, March 3, 2018
Time: 10 am – 1 pm
Location: Knox United Church (400 Edmonton St)

Come enjoy the day as a family, meet other families, and make a difference for your community!

We will meet with interested families before March to share more information.
If you are interested please email WRHAMentalHealthPromotion@wrha.mb.ca

 Mental Health Programs / Programmes de santé mentale
Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de votre santé

 The Children's Hospital Foundation of Manitoba

Appendix I – Recruitment poster (French)

Créez l'arbre de bien-être de votre famille!

Le passage d'un pays à l'autre est un grand changement

Nous créons une vidéo pour montrer les forces et la résilience des familles qui ont déménagé à Winnipeg en provenance d'autres pays, afin d'apporter de l'espoir aux familles de nouveaux arrivants.

À cette fin, nous aimerions avoir la collaboration de 6 familles qui :

- * sont nées à l'extérieur du Canada
- * vivent au Canada depuis plus de 2 ans
- * ont des enfants et peuvent participer en famille

Dans cette vidéo, chaque famille créera son propre arbre de bien-être, qu'elle rapportera chez elle à la fin de la journée. Nous offrirons de la nourriture, des billets d'autobus et des services de garde pour les enfants de moins de 10 ans. Vous recevrez également une carte-cadeau en remerciement de votre temps!

Date du tournage: samedi 3 mars 2018
Heure: 10h à 13h
Endroit: Knox United Church (400 rue Edmonton)

Venez profiter de la journée en famille, rencontrer d'autres familles et contribuer à votre collectivité!

Nous verrons les familles intéressées avant le mois de mars, afin de les informer davantage. Si vous êtes intéressés, veuillez communiquer avec WRHAMentalHealthPromotion@wrha.mb.ca

 Mental Health Programs Programmes de santé mentale
Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health! À l'écoute de votre santé

 The Children's Hospital Foundation
Fondation de l'Hôpital d'enfants

Appendix K – Agenda for Tree of Well-being Event



Family Tree of Well-being Activity Day

Saturday, March 3rd, 2018

10:00 am - 1:00 pm
Knox United Church
400 Edmonton Street

Activity Day Schedule

- | | |
|--------------------|---|
| 10: 00 a.m. | Welcome—light snacks and coffee will be served |
| 10: 30 a.m. | Ice breaker activity |
| 11:00 a.m. | Family Tree of life Activity |
| 12:00 noon | Lunch will be served! |
| 12:30 p.m. | Sharing Our Family Tree |
| 1:00 p.m. | Wrap-up |

If you have any questions, please contact us at
WRHAMentalHealthPromotion@wrha.mb.ca

