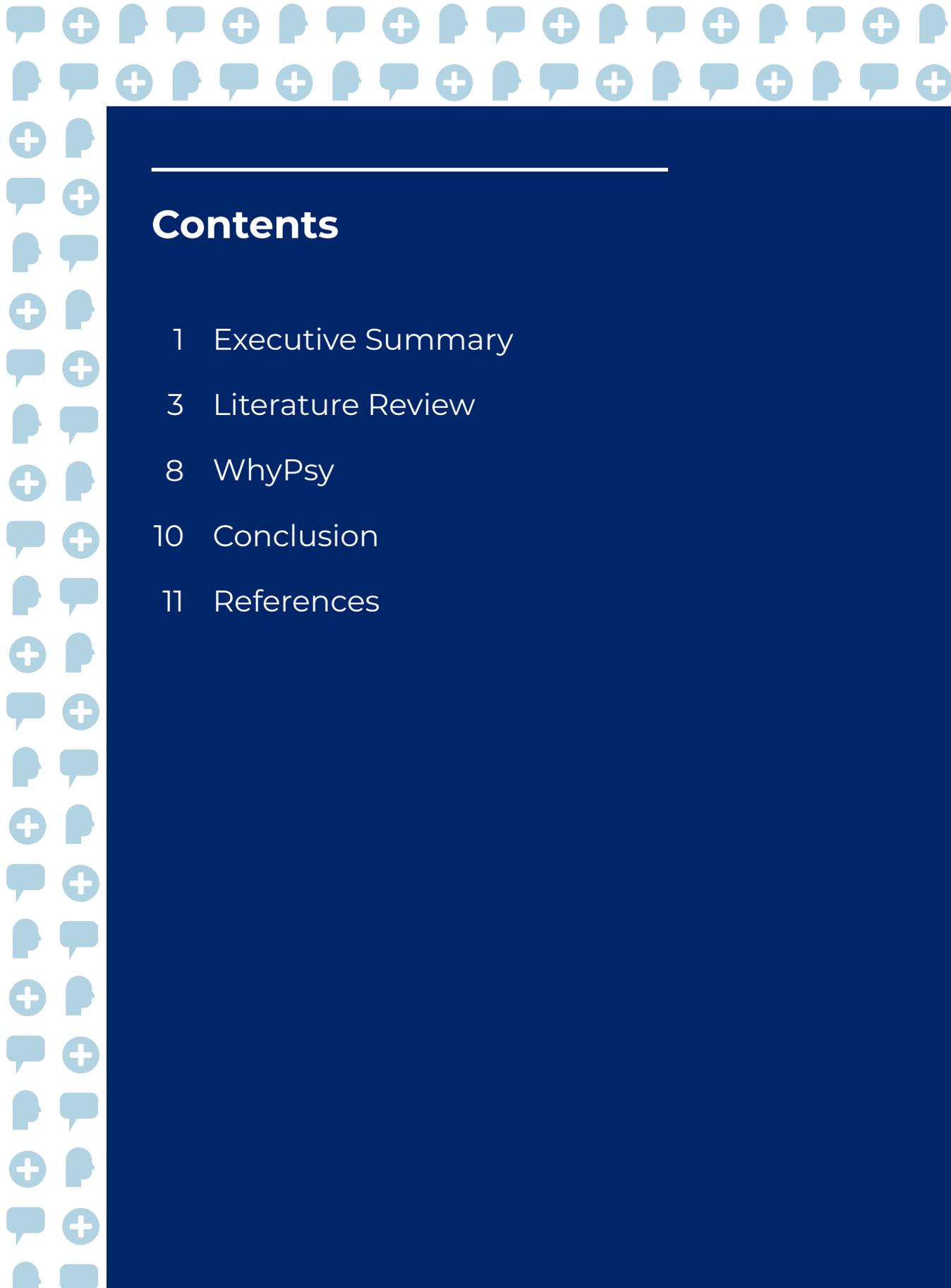




WhyPsy Brief

2021





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1. Executive Summary

Our vision is to see marginalized and racialized communities integrated, empowered, and thriving in an equitable Canadian society.

Our mission is to build youth leaders from underrepresented communities by developing their physical, mental, and emotional capacities, as well as providing them with the tools to succeed and affect positive change in their communities.

Deen Strong Foundation (DSF) began in 2008 as a Friday night drop-in basketball program with the goal of promoting and fostering belonging and resiliency among culturally and racially diverse youth in Calgary, Alberta, Canada. Initially founded to engage youth volunteers, DSF has grown to become an established non-profit organization, providing a wide variety of services and support for ethnically diverse individuals and communities across the city. Since its founding, DSF has held nine annual personal development camps for youth aged 16-25, summer camps for children aged 5-12, has established weekly mentorship programs in schools, and has more recently created a think tank for members in the community to congregate and identify, plan, and implement further programs and services to meet the needs of at-risk individuals and groups. Deen Strong Foundation has seen an annual enrolment of approximately 1250 youth and has contributed to the philanthropic development of over 130 volunteers. The board represents diverse groups from different ethnic and religious backgrounds, age demographics, and socio-economic statuses – all working towards the betterment of our collective society. As such, DSF currently promotes the inclusion and success of racially and culturally diverse communities through education, recreation, mentorship, and counselling initiatives. DSF collaborates with local community organizations and actors to develop authentic relationships and deliver culturally relevant programs and initiatives that raise awareness about mental health, physical well-being, individual and communal social change, and personal development, while also connecting members to community resources that seek to assist in this regard.

The focus of DSF is the successful inclusion of immigrant, racialized, ethnocultural, and refugee (IRER) individuals and communities to Canadian society. A major component of their success and well-being in Canada is concerning issues of mental health. As such, in the summer of 2021, DSF launched WHYPSY - a website to address and overcome the barriers that IRER individuals and communities face when accessing online mental health support. While access to mental health support and information online has grown in recent years, acting as a more efficient and cost-friendly way to get mental health help, this has not benefited IRER individuals as much. This is precisely because the main barriers to accessing mental health support – stigma, language, cost, and efficacy issues – are not effectively addressed by online mental health support and services. As such, WHYPSY was launched with the goal of addressing and removing these barriers to accessing mental health support, acting as a platform to ease accessibility to mental health help for racialized and marginalized populations. Backed by a peer-reviewed process rooted in scientific literature and advised by mental health professionals, policymakers, and community leaders, WHYPSY has been created with the vision of providing holistic mental health support. Essentially, WHYPSY seeks to be an accessible, relatable, and reliable online platform for those who face the aforementioned problems of stigma, language, cost, and efficacy when trying to access and utilize mental health services and support.

2. Literature Review

2.1 Immigrant population to Canada

Immigration and diversity have long been one of Canada's defining features on the global stage as well as a driver for its economic, political, and social development. In the 21st century alone, immigration to Canada has steadily risen, with current statistics projecting that over 250 000 people have consistently immigrated to Canada since 2001, increasing to 300 000 in each year since 2016 (Troper, 2021). In fact, with 21.9% of Canadians being foreign-born, Canada has the 7th highest foreign-born population in the world and, by far, the highest proportion of foreign-born inhabitants among the G8 countries with Germany (13%) and the United States (12.9%) following (Salami, Salma, & Hegadoren, 2019; Troper, 2021). In this regard, too, the highest number of immigrants to Canada are from the Middle East and Asia, representing just over 60% of all newcomers (Troper, 2021). As such, high levels of immigration have led to an exceptional diffusion of language in Canada, with over 20% of Canadians now speaking a mother tongue other than English and/or French (Troper, 2021).

2.2 Immigrant issues in accessing mental health and how online platforms seek to address this:

In response to exceptionally high levels of immigration, Canada has implemented numerous programs, systems, and processes to aid in the immigration process as well as facilitate the inclusion of newcomers to Canada. However, many of these programs and initiatives have been criticized for lacking a culturally relevant, accessible, and relatable approach to the specific issues that immigrants, racialized, ethnocultural, and refugee individuals and groups face when arriving and settling in Canada (Hyman et al., 2011; Kordan, 1997; Moysiuk, 2019; Omdivar & Richmond, 2005; Williams, 2001). The most prominent shortcoming on this front is regarding accessible, culturally relevant, and reliable mental health support, as many studies note that IRER groups continue to face far more persistent and complex barriers in accessing

and utilizing mental health support than settled, Canadian-Caucasians (Cosgrove & Herrawi, 2021; Kirmayer et al., 2011; Salami, Salma, & Hegadoren, 2019; Taylor & Richards, 2019; Thompson et al., 2015; Williams, 2001). As such, while IREER groups continue to display the highest rates of mental health illness in Canada, these same groups continue to be underrepresented in the Canadian health care system, continue to face major equity issues regarding access to mental health support, and “have been known to underutilize mental health services” (Thompson et al., 2015, p.1896). However, the issues surrounding mental health access and utilization amongst IREER groups is a two-pronged issue, with lack of mental health access representing one end and the unknowingness and/or unwillingness on the part of the IREER population on the other (MHCC, 2012). As such, the literature largely identifies four main reasons regarding the lack of mental health access for and by IREER groups, with these being related to: cultural and social stigma, language barriers, cost issues, and efficacy doubts (Kirmayer et al., 2011; MHCC, 2012; Moroz, Moroz, & D’Angelo, 2020; Salami, Salma, & Hegadoren, 2019; Thompson et al., 2015).

2.3 Cultural and Social Stigma

Cultural and social stigma is largely identified as the leading barrier to the utilization, access, and seeking of mental health support (Islam, Khanlou, & Tamim, 2014; Kirmayer et al., 2011; MHCC, 2012; Salami, Salma, & Hegadoren, 2019). Of course, while mental health stigma persists as a major barrier in accessing mental health support across all societies, IREER groups tend to suffer more from stigmas as they form collectivist cultures and tight-knit family and community groups. As such, individual actions, feelings, and health play a larger role in the wide community’s success and well-being. The mental health or ill-health of one individual in IREER groups may be viewed as detrimental to the entire society or community and thus, the community, family, or society of the individual may ban or reject said person (Salami, Salma, & Hegadoren, 2019). Further, individuals themselves have cited fear of their children being taken away, being viewed as a burden or weakness, and the loss of social status and place in the community as key reasons for refusing mental health support (Islam, Khanlou, & Tamim, 2014; Kirmayer et al., 2011; Salami, Salma, & Hegadoren, 2019).

2.4 Language Barriers

One of the most prominent and persistent barriers in accessing and utilizing mental health support is the lack of language services. In fact, after stigma, language barriers are noted as the largest issue in accessing and utilizing mental health services for many IREER groups (CMHA, 2018; Kirmayer et al., 2011; Salami, Salma, & Hegadoren, 2019). Both health professionals and clients alike note that many mental health services and professionals do not offer support in the language of IREER groups and that poses a major problem as it acts as a deterrence for utilizing mental health support after newcomers admit they struggle with mental health and seek help (Salami, Salma, & Hegadoren, 2019). Where there were language interpreters and cultural brokers provided, there existed a fear amongst clients of confidentiality and the imposition of said brokers and interpreters' own beliefs and values being imposed in the conversation (Salami, Salma, & Hegadoren, 2019). Thus, individuals in IREER groups were notably more likely to refuse mental health support if their language needs were not met as well as being far less likely to even search for mental health services if they could not understand the language of the service, proving that lack of adequate language support is a major barrier across mental health service.

2.5 Cost Issues

Another major issue that IREER groups cite repeatedly is the financial cost and burden of accessing and utilizing mental health services in Canada (Kirmayer et al., 2011). Typically, cost of services are not covered under insurance plans and so the range of two-to-eight sessions can range from \$400-\$1500, a price many are unwilling and unable to pay (Kirmayer et al., 2011). As such, many IREER groups cannot afford to pay out-of-pocket for mental health services, do not have access to ample insurance coverage for such services, or are even unaware that certain payment plans may exist that may help in covering mental health support services (CMHA, 2018; Kirmayer et al., 2011).

2.6 Efficacy Doubts

Lastly, many of those in IREER groups largely doubt the efficacy of counselling and mental health support, citing a host of factors that drive these reservations. Many individuals in IREER groups see their mental health struggles as a larger part of spiritual issues, noting they may need to visit religious centres more, read their holy book more often, and become more in-tune with their spirituality. As such, many individuals are encouraged to only seek spiritual help rather than combine advice on spirituality with effective mental health support (Dilmaghani, 2018; Islam, Khanlou, & Tamim, 2014). This reality is also seen, in part, as a large shortcoming on the side of Canada's mental health care system, not realizing and applying the importance of religion and spirituality with individuals' mental health in providing them support in this sense (Dilmaghani, 2018). Further, many IREER groups feel that mental health support programs do not work due to their perception that mental health professionals in Canada cannot understand nor relate to their specific situation citing a lack of cultural relevancy and knowledge in approaching their situation (Kirmayer et al., 2011). Individuals note that many mental health professionals are quick to diagnose their mental health with labels or provide medications, thus proving a lack of understanding the cultural nuances with taking medication and the stigmas in labelling (Salami, Salma, & Hegadoren, 2019). As such, efficacy doubts prove to be a persistent barrier in the utilization and access of mental health support for and by IREER groups.

2.7 The Advent of Online Mental Health Services

One way to address the issues that many communities face in accessing mental health, has been the advent of quick, easy, and accessible mental health support online. As most populations become internet literate, mental health services and counselling support has witnessed a considerable shift from traditional, walk-in service to online support. Moreover, the 2020-2021 COVID-19 pandemic only exacerbated the use of online options, thus proving mental health support online to be more useful and accessible than ever. As such, online access to counselling and mental health services has been

celebrated across the literature and in practical cases as a key platform in ensuring accessible, relatable, and efficient options for mental health support (Barak & Grohol, 2011; Lipson, Lattie, & Eisenberg, 2019; Richards, 2009). Further online platforms providing mental health support has been identified as a critical player in helping communities overcome social stigmas as it can effectively avoid the stigmatization of being a mental health service and rather be a community outreach program. In fact, the advent of e-psych has seen shifts across the mental health space as many clients and professionals alike turn to online platforms in accessing and providing mental health support.

2.8 Shortcomings

However, IREER groups have had limited success with online mental health platforms, citing the four aforementioned barriers of stigma, language, cost, and efficacy as still proving difficulties in utilizing and accessing mental health support and service. As only certain groups and populations are able to access and utilize online mental health support, this can further marginalize already vulnerable groups and communities. As such, lack of equitable and relatable mental health support not only affects the mental wellbeing of IREER individuals and groups, but also exacerbates other issues such as employment, education, socioeconomic success, and overall health, further hindering their progress in wider Canadian society. Thus, while online mental health platforms have proven to be beneficial in addressing mental health concerns and barriers, these benefits have not been felt by many of those in IREER groups and communities as they do not address the issues faced by some of the most marginalized and racialized groups in society.

4. WhyPsy

As noted throughout the literature, while online platforms have the potential to remove barriers related to seeking and accessing mental health support and services, they face the risk of further marginalizing IREER individuals, groups, and communities as their services do not account for cultural nuances that many in this population face. As such, WHYPSY looks to address the challenges and barriers that IREER individuals and groups come across in accessing and utilizing mental health services, while also overcoming specific issues that existing online platforms fail to address. Specifically, WHYPSY seeks to be an online platform that addresses the persistent barriers of stigma, language, cost, and efficacy in an accessible, relatable, and efficient manner. In this regard, the WHYPSY website acts as a platform to connect those seeking mental health help to professionals and organizations that addresses their unique situations.

4.1 Solving Stigma

WHYPSY seeks to be an online platform that effectively addresses issues surrounding mental health stigma across IREER groups and communities. We mitigate this issue by providing educational resources and professional advice on how to be a mental health ally while also encouraging strength and positivity in accessing and utilizing mental health help and counselling support. Further, WHYPSY focuses on providing culturally relevant approaches to address cultural and social stigmas that other online platforms fail to consider. In terms of mental health allyship, the WHYPSY website provides links to educational resources that are easy to access and read for the public, aiding in the dissemination of accurate, reliable, and accessible mental health information. Further, WHYPSY has partnered with several established mental health organizations and professionals representing a wide variety of backgrounds, cultures, beliefs, etc. In this way, WHYPSY provides connections that are culturally relevant, thereby mitigating any stigmatization.

4.2 Language Localization

WHYPSY aims to provide accessible language options by allowing users to select from various language options when entering the website. Additionally, WHYPSY's unique focus on language localization rather than language of origin addresses a persistent issue that online mental health platforms come short in solving. WHYPSY recognizes that there are a variety of cultural, linguistic, and regional factors that a language can have that are critical for conversation. As such, the website will attempt to bring forth mental health supports and resources that reflect these nuances by providing diverse linguistic information specific to the culture, region, of the client. In light of WHYPSY's goal to address systematic inequities, the website recognizes the importance of equitable access and as such will provide audio options for users.

4.3 Cutting Cost

With cost repeatedly being a significant barrier to utilizing mental health support for many in the IRER population, WHYPSY provides access to translators that can connect clients with appropriate insurance coverage as well as assist them in the application procedure. Further, WHYPSY aims to partner with and provide links to free, public mental health services for clients to access.

4.4 Efficacy

Concerning issues of efficacy WHYPSY seeks to connect with grassroots and community partners to build trust and rapport between community and mental health professionals. WHYPSY actively invites faith-based leaders, grassroots programs, community organizations, and key stakeholders to contribute to the WHYPSY platform. Thus, WHYPSY ensures that the mental health support provided is rooted in a holistic understanding of the individual.

5. Conclusion

WHYPSY seeks to be an online platform that addresses the prominent and persistent barriers to accessing and utilizing mental health support by and for immigrant, racialized, ethnocultural, and refugee individuals, groups, and communities. By engaging in peer-reviewed scientific literature, with advice and input from mental health professionals and academics, and engaging local stakeholders such as elders, spiritual leaders, and influential members in immigrant communities, WHYPSY equips an approach to mental health help that is rooted in accuracy, holisticness, relatability, and education. By directly addressing the main barriers of stigma, language, cost, and efficacy, WHYPSY seeks to solve the root causes of inefficient, inaccessible, and culturally insensitive approaches to mental health support. As an online platform linked to many notable and effective mental health support institutions, organizations, and professionals, WHYPSY seeks to provide mental health support that is accurate, accessible, and culturally relevant.

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