A Scoping Review of Socio-cultural Barriers to Accessing Mental Healthcare Services for Refugee and Immigrant Women in Canada: Reflections for Winnipeg, Manitoba

By

Aayushi Bana

A Practicum submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfilment of the requirements of the degree of

MASTER OF HUMAN RIGHTS

Faculty of Law

University of Manitoba

Winnipeg

Acknowledgements

To begin, I would take this opportunity to thank my Faculty Advisor, Dr. Lori Wilkinson, Department of Sociology and Criminology, University of Manitoba for her unconditional support. I could not have undertaken this journey without her invaluable patience, motivation and immense knowledge on this subject.

Besides my Faculty Advisor, I am deeply indebted to my Examiner Dr. Marleny M. Bonnycastle, Faculty of Social Work, University of Manitoba for her valuable time and insightful comments despite her busy schedule. Words cannot express my gratitude to Program Director Dr. Kjell Anderson and Mauro Chair, Dr. Nathan Derejko for making themselves available at every stage and patiently answering my many questions.

Additionally, I had the pleasure of working with PILC, Legal Aid Manitoba during my practicum. I perceive this opportunity as a milestone in this research and my career path. I met some incredible PILC staff lawyers and I would like to specifically thank my Site Supervisors Chris Klassen and Katrine Dilay for their unwavering encouragement and kindness.

I also want to express my respect and deepest appreciation for my father Karanveer Singh Bana and my love for my husband Sushant. You mean the world to me.

I would further like to acknowledge the support of the financial awards from the University of Manitoba Graduate Fellowship and Baba Nanak Scholarship for Human Rights Education.

Last but not the least, I am grateful to my classmates, colleagues, and friends for never letting me doubt myself. Thank you everyone for always celebrating my success.

There is no well-being without emotional well-being!

**Adapted from WHO*

"As an Advocate in India, and a Master of Human Rights candidate at the University of Manitoba, Canada, I possess a keen interest in the intersectionality of gender, culture, mental health and human rights, especially for marginalized populations such as refugees and immigrants. I have also worked with Rohingya Refugees in Delhi, India for a brief period. My experience working with these communities, coupled with my academic background, has led me to focus on the socio-cultural barriers to accessing mental healthcare services for refugee and immigrant women in Canada. The research is situated within the discipline of human rights, with a focus on mental healthcare services for immigrant and refugee women."

Abstract

This scoping review aims to identify socio-cultural barriers to accessing mental healthcare services for immigrant and refugee women in Canada, with a particular focus on Winnipeg, Manitoba, to guide the development of policies and interventions to improve access to mental healthcare services for this population. The main research question for this thesis asks, "*What is currently known about the socio-cultural barriers to accessing mental healthcare services for refugee and immigrant women in Canada with reflections for Winnipeg, Manitoba?"* The Arksey and O'Malley framework, 2005 is the methodology of this scoping review. The study findings suggest that newcomer women face various socio-cultural barriers when accessing mental healthcare services, such as lack of cultural knowledge, differences in expectations, social stigma, discrimination, and system complexity. Language barriers were the most common, leading to difficulty in communication, understanding diagnoses, and accessing appropriate services. Cultural beliefs around mental illness and the stigma associated with seeking mental health services were also major barriers. Immigrant and refugee women often have limited trust in the healthcare system due to past experiences of discrimination or mistreatment. These barriers clearly indicate that the current system still lacks cultural competency in providing appropriate care.

Keywords: Mental healthcare; immigrant women; refugee women; socio-cultural barriers; Canada; Winnipeg

Table of Contents

1. Introduction

The number of internally displaced people, refugees, and others in need of resettlement is at a record levels worldwide. According to United Nations High Commissioner for Refugees, it is estimated that the world has 32.5 million refugees in mid-2022 because of armed conflict, human rights violations, war, and persecution (UNHCR, 2022). Out of the 102 million people forcibly displaced due to war and armed conflict, nearly half are identified as refugee women (UNHCR, 2022). Canada has a proud humanitarian tradition of accepting refugees and immigrants and its socio-economic prosperity is aligned with the success of its diverse population for that matter, the health and overall well-being of this population is important (The Canadian Press, 2017). By 2031, it is estimated that Canada's immigrant population could reach around 11.1 million, with women and girls accounting for approximately 5.8 million (52.3%) (Government of Canada, 2016). This would mean that immigrants would make up 27.4% of Canada's female population (Government of Canada, 2016). Between 2016 and 2021, Canada witnessed over 1.3 million immigrants as permanent residents (IRCC, 2023).

United Nations Convention relating to the Status of Refugees, 1951 describes the term refugee as someone who, *"owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country"* (UNHCR, 1951).

Statistics Canada describes the term immigrant as someone, *"who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group"* (Government of Canada, 2022).

Optimal physical and mental health is an integral source for the integration and resettlement of newcomers into any society. Studies suggest that many immigrant and refugee women tend to underutilize mental healthcare services as opposed to their Canadian-born population (Kassam 2019; McKeary & Newbold, 2010; Vigod et al., 2017). As Canada becomes increasingly diverse, it is crucial to monitor the well-being of this population and examine their access to healthcare services as a fundamental human right in Canadian society.

The right to health is a well-founded human right under Article 25 of the Universal Declaration of Human Rights, 1948 and it includes the highest attainable standard of both physical and mental health (ICESCR, 1966). The World Health Organization describes ‘mental health' as *"a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community"* (WHO, 2019).

Access to mental healthcare services is crucial for the overall well-being and successful integration of immigrant and refugee women, but research suggests that they face numerous barriers, with the most prevalent being the socio-cultural (Newaj & Riediger, 2020). These barriers include stigma, discrimination, lack of knowledge about cultural differences, difficulty navigating the healthcare system, and an unfamiliar environment. A scoping review was conducted to address these barriers, focusing on existing literature related to refugee and immigrant women's access to mental healthcare services, with a particular focus on Winnipeg, Manitoba. The review identified gaps in the literature and provided recommendations for targeted policies and interventions to improve access to mental healthcare services for this population.

2. Research Questions

The review uses an intersectional approach to understanding the socio-cultural barriers that refugee and immigrant women face in accessing mental healthcare services, recognizing that their experiences are shaped by multiple intersecting identities and factors. The review further provides the opportunity for the verification of the situation to apprise policy, practice, and research on the best practices for Winnipeg, Manitoba. To ensure efficacy, the following research questions guide the research:

A. *What is currently known about the socio-cultural barriers that refugee and immigrant women face when accessing mental healthcare services in Canada?*
B. *What are the social determinants of mental health for refugee and immigrant women in Canada?*
C. *What is currently known about the access to culturally competent mental healthcare services in Winnipeg?*
D. *What are the best practices for improving the access to mental healthcare services for refugee and immigrant women in Winnipeg?*

3. Methods

The research objectives are approached using the scoping study methodology. Canadian Institutes of Health Research defines scoping reviews as *"exploratory projects that systematically map the literature available on a topic, identifying key concepts, theories, sources of evidence and gaps in the research"* (CIHR, 2010). This type of methodology has increasingly become popular for mapping broad and wide research topics regarding the nature, characteristics, scope, and volume of primary research (Arksey and O'Malley, 2005). It is often used as a preliminary step toward a systematic review (Arksey and O'Malley, 2005). This review is grounded on the scoping study framework as presented in the paper by Arksey and O'Malley (2005).

3.1 Relevant Study

A wide and comprehensive definition of the keywords is adopted to avail an extensive coverage of the literature. Electronic databases like MEDLINE/PubMed, CINAHL, JSTOR, Women's Studies International, and the University of Manitoba Library are explored and any study that identified socio-cultural barriers (including format and content features) to uptake mental healthcare access for refugee and immigrant women in Canada was eligible for inclusion. To increase the feasibility of my scoping review, I am limiting the search to publications written in English from January 2000 to December 2022.

3.2 Search String

The search strings include a variety of keywords relating to mental health services, the population of interest and the utilization of services to capture a broad range of literature. The string used for JSTOR is: ((“mental health services” OR “mental health” OR “mental health illnesses” OR “mental healthcare disparities” OR “psychological distress”) AND (“socio-cultural barriers” OR “social barriers” OR “cultural barriers”) AND (“refugee women” OR “female refugees” OR “immigrant women” OR “female immigrant” OR “newcomer

women") AND ("social determinants of mental health" OR "determinants of mental distress") AND ("Canada" OR "Canadian Society") AND ("Winnipeg" OR "Manitoba"))

3.3 Study Selection

A total of 1,326 articles are identified with the help of keywords. The study uses a multidisciplinary approach and disciplinary perspectives such as public health, social work, psychology, and sociology are included. Before screening the articles, the entries are exported to Zotero (reference management software) and 368 duplicates are removed. The full-text version of particular citations was considered in a few instances of uncertainty. Citations sharing the same author, title, volume, and publication date have been considered duplicates. Screening the articles against titles and abstracts is the first step in my scoping review to determine whether these articles meet the inclusion and exclusion criteria. After screening the records against the titles and abstracts to determine their relevance to the research question, 759 articles that made a passing reference to the topic are excluded using the exclusion criteria. This leaves 199 records for full-text eligibility and examination using the inclusion criteria.

Socio-cultural factors refer to social and cultural influences that influence an individual's health and well-being (Baiden & Evans, 2020). In this study, examples of socio-cultural factors that are used to include or exclude articles include language barriers, cultural beliefs and values related to mental health, gender-specific barriers to care, and discrimination and stigma related to one's cultural background. The full texts of these records are reviewed to determine their inclusion in the scoping review and whether these meet the research question and objective of my research. After carefully considering, a further 175 articles are excluded as these articles do not discuss the access or usage of mental healthcare services, socio-cultural barriers, and factors, do not explicitly deal with immigrant and refugee women and are not specifically referencing Canada. Finally, 24 articles are

identified as relevant and reviewed in detail in the paper. A list of inclusion and exclusion criteria used is presented in Table 1. The Preferred Reporting of Items for Systematic reviews and Meta-Analyses Statement (PRISMA) flow diagram has been used for study selection (M.J. et al., 2021). The same has been depicted in Figure A.

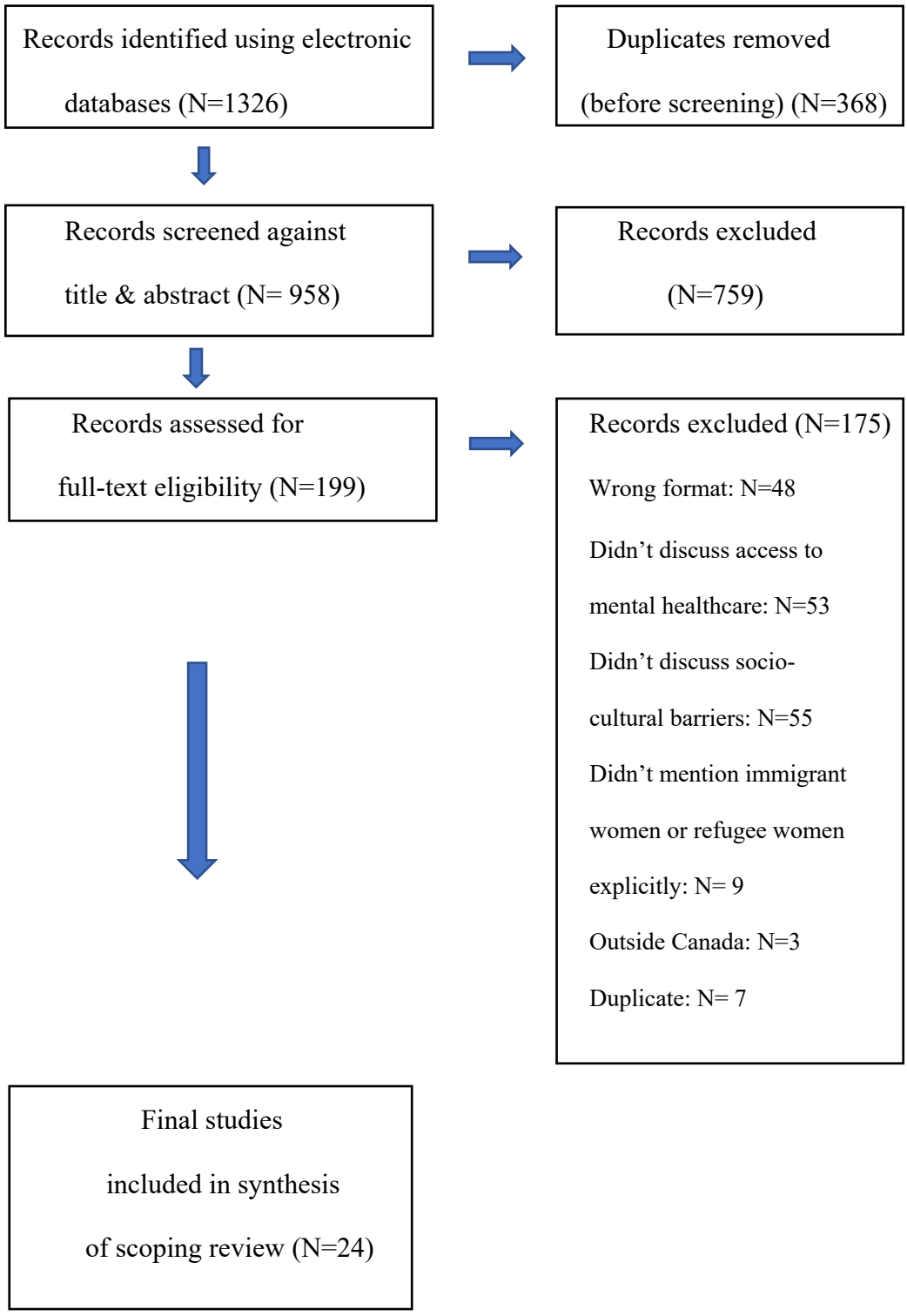
Table 1

Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Language	English	Non-English articles
Time Period	2000-2022	Articles outside this time frame
Context	Canada (with a focus on Winnipeg, Manitoba)	Countries other than Canada
Center of Literature	Papers that were related to socio-cultural factors and barriers when accessing mental healthcare services (These factors can include, but are not limited to, race, ethnicity, gender, socioeconomic status, language, religion, cultural beliefs, and values)	Papers that were indirect or made token reference to socio-cultural factors and barriers when accessing mental healthcare services (structural, material and organizational barriers and factors)
Population	Refugee and immigrant women in Canada	Precarious status women, men, children, youth, non-immigrant and non-refugee populations
Study Design	Qualitative, Quantitative and Mixed Methods	Review articles, editorials, case reports, opinion pieces

Figure 1

PRISMA Flow Diagram of Literature Search and Selection



3.4 Data Analysis and Summarising Findings

The final stage by Arksey and O'Malley (2005) in the scoping study paper is to analyze the final research studies and summarise the findings. The details of the selected research articles based on study design, population, the center of literature and outcomes are analyzed in the findings. These findings have been used in the paper to map out what is currently known about the research questions and also identify the gaps in the literature. The limitations of this study are also discussed in detail in the paper.

3.5 *Gaps in the Literature*

A growing Canadian academic and grey literature investigates the access to health services for newcomers in Canada. Current literature focuses on limited geographical areas with the majority of research focused on services in Ontario. However, there is limited attention on the intersectionality of gender, culture and mental health and there is a better need to understand how these factors interact with each other and influence the experiences of marginalization for an individual. Literature on the provision of mental healthcare services for immigrant and refugee women has not yet been consolidated. Most studies focus on postpartum depression for immigrant women or a blanket approach for newcomer women as compared to a strong focus on the needs of refugee women.

The purpose of this scoping review is also to focus on reflections for Winnipeg. In the past few years, the healthcare services in Manitoba have faced shortfalls due to policy reforms and budget cuts (Manitoba Health Coalition, n.d.). Budget 2022 has also failed to repair the damage done by previous cuts to the healthcare framework (Manitoba Health Coalition, n.d.). Healthcare has often been the first area cut whenever governments try to contain their spending (Snell, 2021). A search of the academic literature provides that there is a lack of collaboration and coordination among the agencies on how and on what basis funding is allocated. Some agencies receive their funding from Winnipeg Regional Health

Authority (WRHA), some from the federal government and some depend on charity. The barriers to integration may be viewed as negative consequences or as a result of insufficient settlement services. A feedback loop may result in funders reducing funding due to poor outcomes. Hence, additional research is required to update existing studies on funding allocation models. Limited research has investigated the mental healthcare needs of immigrant and refugee women in Winnipeg, Manitoba. The available research has mostly focused on Syrian and African newcomer women in Winnipeg (Newaj & Riediger, 2020; Woodgate et al., 2017). Little research available in Winnipeg that accounts for differences in service provision existing between rural and urban settings and examines the perspectives of settlement organizations, services, and healthcare providers (Woodgate et al., 2017). Additionally, while mental healthcare needs for newcomer women are crucial, some studies conducted lack the need for a comprehensive evaluation of culturally sensitive care in Winnipeg and Manitoba (Newaj & Riediger, 2020). For these reasons, this scoping review is done to systematically map the research conducted in this area, as well as to focus on reflections for the city. Future research must address policy, research, and practice to improve the access to mental healthcare services for refugee and immigrant women.

3.6 Limitations

There are a few limitations to this scoping review. One of the most notable limitations is that the majority of the research has been centred on services available in Ontario. This limits the generalizability across Canada. The generalizability of the findings in this scoping review is limited as most of the studies included are qualitative, which is not inherently generalizable. However, the consistency of similar findings across many studies lends significant strength to the results of my research. Nevertheless, this scoping review has excluded grey literature and there may be a possibility of publication bias. As a result, researchers in the future may wish to augment their literature search by including grey

literature sources and conducting further quality assessments to overcome these limitations. The literature is further constrained in terms of geographical representation, as it is primarily concentrated on urban settings, with no studies conducted on rural areas. This study is further based on a blanket approach for immigrant and refugee women rather than being more specific. For these reasons, the term ‘newcomer women’ is used to denote immigrant and refugee women. Although this approach allows for a wider scope of literature to be included, it may overlook the nuances in the interactions between refugee and immigrant women and their unique needs and challenges. In the end, the primary constraint of this study is the scarcity of literature on the subject of access to mental healthcare services for refugee and immigrant women, which limits its ability to fully answer the research questions.

4. Findings

This scoping review yielded 24 research articles based on inclusion and exclusion criteria. There was a notable absence of literature on socio-cultural barriers and factors to accessing mental healthcare services for refugee and immigrant women in Canada and specifically in Winnipeg, Manitoba. The broad categories of socio-cultural barriers identified in the papers included the lack of knowledge of culture, differences in expectations, stigma, discrimination, difficulty in system navigation and unfamiliar environment. There was a lot of overlapping information in the papers and for these reasons, a blanket approach has been used for refugee and immigrant women. Most of the included papers focused on postpartum depression amongst this population and highlighted the need to hone access to culturally appropriate care. To provide further contextualization, the data has been charted in Table 2.

Table 2

Overview of Selection Sources

No.	Author(s) & Year	Study Population	Province	Outcomes Measured
1.	Ahmed et al., 2017	12 Syrian Refugee Women	Saskatchewan	Reuniting Syrian refugee women with families and engaging in culturally responsive care can enhance mental health outcomes for them
2.	Alvi et al., 2012	66 Immigrant Women	Ontario	The perceptions of neighbourhood social support & cohesion in immigrant women had a greater impact on their mental health status
3.	Baiden & Evans, 2020	10 Black African Immigrant	Ontario	The sociocultural factors (culture, language, religion,

			values, education) affect the perception of mental health utilization after childbirth
4. Delara, 2016	Immigrant Women	Canada-wide	Mental health of immigrant women is an outcome of social, cultural and community levels.
5. Donnelly et al., 2011	10 Immigrant and Refugee Women	Alberta	The lack of awareness about mental health issues and lack of informal support system affects their mental illness and inhibits coping
6. Ganann et al., 2020	11 Immigrant Women	Canada-wide	More effective communication with diverse ethnocultural communities, support with navigating the system, and timely access is crucial to mental health of immigrant women after childbirth
7. Guruge et al., 2015	Immigrant Women	Canada-wide	Social support and culturally safe care have positive effect on the mental health of immigrant women
8. Higginbottom et al., 2013	Immigrant Women	Canada-wide	Ethnoculturally defined patterns of help-seeking behaviours are positively influenced by culturally relevant

			care and can improve access to mental healthcare services
9. Kassam, 2019	Immigrant and Refugee Women	Canada-wide	Lack of social support increase the risk of depression amongst refugee and immigrant women after childbirth
10. Khan, 2016	South Asian Immigrant Women	Canada-wide	Socio-cultural and gender-related barriers can be eased with the the help of cultural values & rituals
11. Macdonnell, 2012	35 Immigrant Women	Ontario	Social dynamics shape the overall mental wellbeing for immigrant women
12. Mahajan & Meyer, 2019	Refugee Women	Canada-wide	Discrimination, stigma, unfamiliar environment and culturally incompetent care impact the mental health of refugee women in Canada
13. Newaz & Riediger, 2020	9 Syrian Refugee Women	Manitoba	Lack of collaboration among providers and need for culturally competent care was highlighted
14. Newaz & Riediger, 2020	9 Syrian Refugee Women	Manitoba	The most cited barriers were language, stigma weather, lack of culturally appropriate care & unemployment
15. O'Mahony & Donnelly, 2007	Immigrant Women	Canada-wide	Culture exerts both positive and negative

			impact on how immigrant women utilize mental health service
16. O'Mahony & Donnelly, 2007	Immigrant Women	Canada-wide	Race, gender and class intersects to influence the mental healthcare needs for immigrant women
17. O'Mahony & Donnelly, 2010	Immigrant Women	Canada-wide	A feminist perspective identifies that mental health for immigrant women are influenced by social, cultural and political factors
18. O'Mahony & Donnelly, 2010	Immigrant and Refugee Women	Canada-wide	Social support needs affect help-seeking & access to mental health services for refugee and immigrant women
19. O' Mahony et al., 2013	Immigrant and Refugee Women	Canada-wide	Both immigrant and refugee women were influenced by culture and social factors in seeking support. Recommendations for more culturally appropriate care made
20. O' Mahony & Clark 2018	Immigrant Women	Canada-wide	Environmental scan concludes culture, geographic isolation, language difficulties to influence post-partum influence in immigrant women

21. Teng et al., 2007	Immigrant Women	Ontario	Culturally determined barriers like stigma, lack of validation & discrimination combined with professional limitations of language & culture is an obstacle for immigrant women
22. Tobin et al., 2018	Immigrant and Refugee Women	Canada-wide	Both immigrant and refugee women suffer in silence and it is important to raise awareness amongst this population and service providers about culturally appropriate care
23. Vigod et al., 2017	450,622 Immigrant Women	Ontario	The high burden of postpartum mental disorders among immigrant women may be attributed to the underuse of mental health services
24. Zivot et al., 2020	Refugee Women	Canada-wide	It is observed that the negative gender roles and expectations pose threat to mental health of refugee women during resettlement and its impact should be understood by the healthcare system

5. Discussion

5.1 What is currently known about the socio-cultural barriers that refugee and immigrant women face when accessing mental healthcare services in Canada ?

According to O'Mahony & Donnelly (2010), migration and post-migration settlement are difficult and can cause changes to the mental health needs of both refugee and immigrant women. Leaving everything behind and starting a new life in an unfamiliar environment can be stressful. Newcomer women are generally more traumatized by the consequences of settling in a new culture (Zivot et al., 2020). They are challenged by social exclusion and isolation and are less likely to learn and speak a foreign language and work outside as compared to men (Tobin et al., 2018). The traditional support system changes and family roles begin to change causing cultural differences and communication barriers (Mahajan & Meyer, 2019; Khan, 2016). Tobin et al. (2018) argue that this makes them more likely to have acute and long-term mental illnesses.

Barriers relating to socio-cultural status, among others, have been found to limit their access to mental healthcare and cause profound consequences on their overall mental health and well-being. The most cited socio-cultural barriers in accessing the mental healthcare system amongst the several included studies are described in detail below.

5.1.1 Lack of Knowledge of Culture

Having access to mental health care is difficult for many refugee and immigrant women due to the lack of culturally competent care. Evidence suggests that many refugee and immigrant women are unfamiliar with 'Western' ways of treating mental illness (Salami et al., 2022). A physician who is unfamiliar with the culture might have difficulty reading the body language or interpreting the cultural context when treating mental illness. The lack of adequate communication is regarded as a major obstacle to accessing mental health care services, as well as affecting the quality of care since it obstructed clear communication

between providers and patients when diagnosing and treating patients (McKeary & Newbold, 2010).

The lack of cultural sensitivity on the part of mental healthcare providers can also lead to communication barriers. The care of refugee and immigrant women suffering from post-partum depression, anxiety, paranoia, and other crises may be compromised by cultural ignorance (O'Mahony et al., 2013, Macdonnell et al., 2012). The solution is not to homogenize all newcomers and present them with one large 'newcomer' service. Every culture is unique, and every newcomer woman is unique and has a different background. Service providers must consider tailoring their services to refugee and immigrant women based on their unique backgrounds, needs and challenges.

5.1.2 Differences in Expectations

Trust issues have arisen among many refugee and immigrant women regarding mental healthcare services due to not being heard. O'Mahony & Donnelly (2010) support this statement as they suggest that it may be because the family physician did not take enough history or did not engage the woman in conversation, giving the patient a sense of neglect. Various studies found that many newcomer women do not feel comfortable expressing themselves in detail and end up underutilizing the mental healthcare system as opposed to Canadian-born women (Kassam 2019; McKeary & Newbold, 2010; Vigod et al., 2017). The difference in expectations between physicians and many newcomer women makes it more difficult to receive effective medical treatment.

5.1.3 Social Stigma

Stigma is also a major socio-cultural barrier to newcomer women in accessing mental health care (Mahajan & Meyer, 2019). This might delay the help-seeking process because they may be reluctant to believe that the problem is real. In many cases, despite experiencing significant mental health issues, many newcomer women managed their stress and anxiety by

themselves and kept going, ignoring their mental health issues (O'Mahony et al., 2013). The stigma towards mental illness was largely a result of their negative attitudes and culture experienced or witnessed in their home country. Discussing mental illness in their country of origin is taboo and thus, no one wants to admit they have a mental illness.

According to Khan (2016, p.63), shame and stigma in South Asian culture are associated with every kind of mental illness. The desire to hide their problems that impedes help-seeking behaviour is because of the persistent fear of discrimination by their ethnocultural community and to avoid the judgment of family and friends. Even if they visit a psychiatrist, many will not take the prescribed medications or follow psychological advice. Service providers have noted that newcomer women often find it difficult to discuss their history of certain diseases like psychotic illness, bipolar disorders, and schizophrenia because they are afraid to trust anyone and will not seek care (Mahajan & Meyer, 2019; Khan 2016).

Some of this mistrust is also because most psychological counselling services in Canada lack personnel with culturally appropriate knowledge and treatment options that account for our varied cultural and religious orientations. In addition, fewer still have the trauma-based training needed to understand those fleeing conflicts, war, and violence. This shortage is dire given that nearly one-quarter of all persons in Canada were not born here which means the few professionals with this type of training are extremely overworked.

5.1.4 Discrimination

Newcomer women are often subjected to negative attitudes and behaviour in their host countries, which can result in isolation and can limit their access to medical care (Kassam, 2019). A negative attitude or behaviour toward them in a doctor's office can further lead to increased stigma (Mahajan & Meyer, 2019).

Not only clinic staff but also healthcare providers were concerned that their language abilities, accents, and cultural differences could lead to discrimination (Teng et al., 2007;

Newaz & Riediger, 2020). The effects of discrimination are harmful to the mental health of many refugee and immigrant women who are already stressed enough due to undergoing resettlement and integration into Canadian society.

5.1.5 New Life and Unfamiliar Environments

Many refugee and immigrant women found it challenging to adjust to a new life, in an unfamiliar Western environment in Canada (Newaz & Riediger, 2020). The lifestyle in Canada is vastly different from their home countries. Typically, newcomer women who do not work in their countries of origin and are financially dependent on their husbands. Most of the newcomer women come from high-context cultures, which makes it difficult for them to adjust to Canada's low-context culture. In their country of origin, they had extended family support (Alvi et al., 2012). However, in Canada, they have to work as well as care for their families given the inflated cost of living and the social expectations that make working for women the 'norm' here (Guruge et al., 2015).

Having so many additional responsibilities also prevents some of them from taking language classes, which results in poor communication skills that could have improved their access to mental healthcare and employment opportunities. The utilization can be further limited by social, physical, and cultural isolation (Baiden & Evans, 2021; Ganann et al., 2020). Moreover, because of the change in weather conditions, particularly during the winter months, women who are already depressed may find it difficult to adjust since their outdoor activities and social interactions are limited (Tobin et al., 2018). It is common for these women to feel isolated and uncomfortable when they are segregated within their new communities.

5.2 What are the social determinants of mental health for refugee and immigrant women in Canada?

Arguably, delving into the topic of access to mental healthcare without first addressing the social determinants of mental health is deficient. Gender is an important social determinant of mental health (Hynie, 2018). The social determinants of mental health for refugee and immigrant women may vary based on age, country of origin, immigration status, and other demographic factors. However, for the purpose of this study, I have focused on identifying the shared social determinants of mental health within this population. Zivot, Dewey, Heasley, Srinivasan, and Little (2020) explored the state of gender-centred health research in the context of resettlement and found that gender intersects with culture and mental health at many levels and this can result in delayed access to mental health services for many refugee women.

The fundamental factors that shape the mental health of immigrant women are not only biological factors but also social factors like living conditions (Delara, 2016). These living conditions are known as the social determinants of their mental health (Delara, 2016, p.2). Across multiple included studies, it is observed that the mental health of newcomer women is highly influenced by their post-migration conditions. Social determinants can further make the process of integration challenging and deteriorate their mental health needs. O'Mahony, Donnelly, Bouchal, and Este (2013) argue that long-term mental health for refugee and immigrant women may deteriorate due to resettlement into a highly stressful setting.

The quality of these social determinants is affected by decisions made in public policy domains on employment, housing, family benefits, social assistance, health benefits, recreation, etc. (Kuo et al., 2020). Post-migration social determinants put refugee and

immigrant women often at the lower end of the social gradient resulting in an increased risk of mental health issues (Kuo et al., 2020; Newaz & Riediger, 2020; Delara 2016).

Most of the studies included in this review discussed the following determinants:

5.2.1 Culture

Culture is indeed a key social determinant of mental health, and affects common mental health illnesses for newcomer women including post-partum depression, distress, elevated rates of mood disorders, negative rumination, and insomnia (Ganann et al., 2016; Macdonnell et al., 2012; Baiden & Evans, 2016). It can be a challenge to adjust to a new culture when someone has spent their entire life in one culture and then moves to a foreign country. It affects their perception of mental health, mental illness, stigma, and approaches to cause of death, mental illness, pain and suffering. Culture also acts as a moderator in influencing the enthusiasm of a woman in accessing mental healthcare services and service-seeking behaviour (Kassam, 2019, p. 11).

5.2.2 Income

Income is a powerful determinant that affects the mental health of refugee and immigrant women (O'Mahony et al., 2013). Levels of income shape factors like living conditions, quality of diet, and the extent of physical activity, for newcomer women (Guruge & Butt, 2015). Refugee women at times leave behind their savings, valuable possession and gains due to forced migration and are not able to bring over all their resources to Canada. Thus, many arrive in a situation of relative poverty not able to afford basics like food and clothing affecting their mental health and can remain in a situation of poverty for years. Studies on refugee and immigrant women have found a clear linear relationship between low socio-economic status and mental health illnesses (Delara, 2016; O'Mahony et al., 2013).

5.2.3 Employment

Newcomer women sometimes find it difficult to secure stable employment in Canada due to a variety of factors and language is one of them (Kuo et al., 2020; Delara, 2016). Meaningful work in one's field of expertise is crucial to overall well-being. Refugee women have a lower chance of finding employment as compared to immigrant women due to their inability to control factors like when and where to migrate (CRIAW, n.d.). Inconsistent employment can also result in stress, increased anxiety, and low self-esteem for this population. Many times, newcomer women are overqualified for their ongoing employment (King et al., 2022). This indeed puts them at an increased risk of poor mental health.

5.2.4 Language

As discussed above, language is a major impediment for newcomer women settling in Canada making it difficult to access settlement, employment, and mental health services (Kuo et al., 2020; Delara, 2016). It sometimes makes it difficult to understand social policies, and legal conditions, navigate the system and restrict their ability to advocate for their rights (Roy & Krupa, 2017). Every so often, service providers also tend to underutilize the services of interpreters due to a lack of education and advocacy (Roy & Krupa, 2017). The healthcare framework has at times relied on non-medical staff or other family members for interpretation and this can result in pervasive effects (Newaz & Riediger, 2020).

5.2.5 Food Insecurity

The right to adequate food and to be free from hunger is itself a human right under Article 25 of the (UDHR) Universal Declaration of Human Rights (UDHR, 1948) and Article 11 of the (ICESCR) International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966). Newcomers from diverse cultural backgrounds have different food preferences and access to traditional food can be an important source of nutrition as well as a cultural identity. Inadequate food and nutrition can also result in longer-term impacts on the

mental health of refugees (Newaz & Riediger, 2020). Low income, unemployment, housing costs, etc. force many newcomer women to compromise on their food choices and food security.

5.2.6 Housing

Securing stable and safe housing is another important social determinant of mental health for this population (Newaz & Riediger, 2020; Delara, 2016). Overcrowding and inadequate housing are common problems faced by many refugees (Hynie, 2018, p. 299). The low socio-economic status of some immigrant women allows for resettlement in poor neighbourhoods and unsafe housing and this further influences their mental health (Delara, 2016, p. 5). Housing challenges and better facilities are further heightened by financial restraints, housing policies and discrimination (Newaz & Riediger, 2020).

5.2.7 Discrimination and Racism

Feeling accepted in one's country of settlement can have a major impact on mental health (Donnelly et al., 2011). Many newcomer women face discrimination and racism after their traumatic experiences from the past, which degrades their mental health even more and adds to their isolation. Negative attitudes by health professionals and lack of respect and dehumanization lead to a feeling of helplessness and unacceptance for refugee women (Newaz & Riediger, 2020). Discrimination and racism can be associated with prominent levels of stress, anxiety, depression, mood disorders and psychotic illnesses among refugee and immigrant women (Donnelly et al., 2011; Delara, 2016).

5.3 What is currently known about the access to culturally competent mental healthcare services in Winnipeg?

A culture is a shared pattern of behaviour, art, custom and interaction through socialization and is a determinant of health in many ways (Handtke & Mosko, 2019). Culture

can have an enormous impact on an individual and his ability to make positive interactions in a healthcare framework. It also defines the extent to which individuals use and access healthcare services. These sociocultural barriers frequently influence the newcomer women's presentation of mental health needs, the dynamics in mental health encounters, and the utilization of mental health services and navigation of the system.

According to the Manitoba Immigration Facts Report (2020), Manitoba's population has been steadily increasing by accepting 163,650 immigrants from 2010 to 2020, contributing to its growth. Manitoba was home to 2.4% of all refugees and protected persons in Canada in 2020, which is lower than 4.2% in 2019 (Manitoba Immigration Facts Report, 2020). Given the diversity in Manitoba, the mental healthcare framework needs to adopt a more culturally sensitive system and understand the unique and complex needs of newcomers.

Culturally appropriate care is the ability of the healthcare system to care for patients with diverse behaviours and beliefs and includes tailoring the delivery of mental healthcare framework to meet the unique needs (social, cultural, and linguistic) of the patients (Handtke & Mosko, 2019). Supplementarily, it allows for providing individual and family-centred care with respect for all cultures and the ability to seek appropriate cultural knowledge. This can be done in a variety of ways by recognizing histories, languages, values, and attitudes while being open-minded and able to integrate cultural knowledge.

Winnipeg Regional Health Authority (WRHA) is the governing body for healthcare regulations in the city of Winnipeg, the northern community of Churchill, and the rural municipalities of East and West St. Paul. As per the WRHA Community Health Advisory Councils Report (2008), the social, cultural, and linguistic barriers disrupt the equitable access to healthcare services for immigrants and refugees and influence the dynamics of healthcare needs, utilization, and navigation of the system. Patient-centeredness is an important requirement for the delivery of quality healthcare. The very goal of patient-

centredness is to ensure that the beliefs and preferences of patients are considered (Campinha-Bacote, 2002). The Language Barrier WRHA Report (2004) documents the association between the language barrier and negative effects on health service utilization and increase utilization of higher intensity services, admission and stay. The quality of the services is compromised when ethnic and cultural aspects of refugee and immigrant women are not considered.

Cultural proficiency awareness is extremely important to WRHA and in the past years, WRHA has taken the initiative to improve cultural proficiency at all levels (WRHA, 2014, p. 4). The staff also identified a broader need for diversity during the development of WRHA Language Access Interpreter Services (LAIS) (Bowen, 2004). Providing culturally sensitive care makes mental health services accessible and reduces the risks of misdiagnosis and disparities (Campinha-Bacote, 2002). There is still a low use of professional or ad-hoc translation services and providers tend to underutilize interpretation services in Winnipeg, Manitoba (Newaz & Riediger, 2020). Providers should be willing to discuss discrimination, racism, and foster respect for refugee and immigrant women and their journey. When selecting assessment tools, healthcare providers should account for communication, space, time, social organization, environmental control, and biological variations as factors of mental health (Handtke & Mosko, 2019). Providers are also encouraged to understand the systematic oppression and societal expectations for refugee and immigrant women and care effectively in cross-cultural situations.

The Government of Manitoba released the VIRGO report in 2018 on the provincial mental health and addictions treatment strategy authored by Virgo Planning and Evaluation Consultants of Toronto (Virgo, 2018). This report has also identified years of underfunding and significant gaps between mental health needs and funding and further addresses the trauma faced by newcomers at the pre-migration, migration, and post-migration stages

(Virgo, 2018). More than 30 projects arose from the recommendations of this report including Newcomer Trauma Focused Services collaborating with Aurora Family Therapy Centre stages (Virgo, 2018). This project has allowed Aurora Family Therapy Centre to provide newcomer trauma-focused services, culturally safe therapy, and transitional support services to help navigate linkages between Winnipeg Regional Health Authority mental health framework and settlement agencies (MHWR, n.d.).

5.4 What are the best practices for improving the access to mental healthcare services for refugee and immigrant women in Winnipeg?

5.4.1 Better Collaboration of the Involved Actors

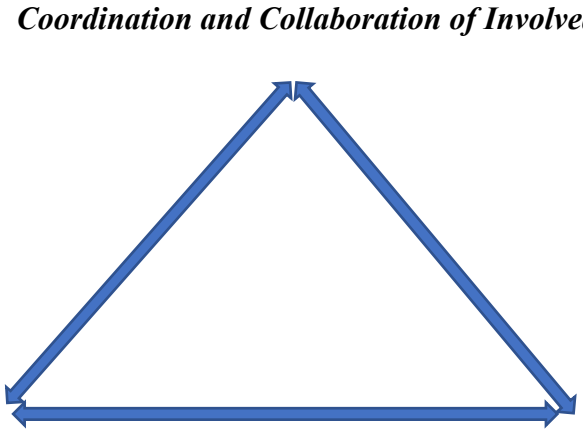
The need for better inter-sector collaboration and support has been long outstanding. The Mental Health Commission of Canada (MHCC), Canadian Mental Health Association (CMHA), and Centre for Addiction and Mental Health (CAMH) also have published several documents, resource toolkits and fact sheets highlighting this need (CMHA, 2017). The Immigrant and Refugee Mental Health Project, IRMHP builds on former The Refugee Mental Health Project (RMHP) and is looking ahead to continue building the capacity of service providers across Canada in 2022-2025 (CAMH, n.d.).

Collaboration and coordination of the involved stakeholders: professionals (service providers, settlement agencies, social workers, lawyers, doctors, nurses, etc.), non-professionals (cultural brokers, family, friends, etc.) and multiple sectors (education, immigration, public health, etc.) can offer valuable resources and knowledge for policy development and advocacy on this topic. Ethno-cultural communities and religious institutions stand in the gap and work in non-traditional ways. Engaging women from similar backgrounds and lived experiences (women who lived as refugees and immigrants) helps to better understand how they define mental health. Federal and provincial governments,

service-providing organizations, and religious institutions must identify and define the goals of the refugee and immigrant women community partnerships committing to build trust, credibility, participation, and positive relationship should make a collective effort.

Figure 2

Best Practices Diagram



5.4.2 Improving the Social Determinants of Mental Health

It is equally important to improve upon the social determinants of mental health for refugee and immigrant women. Developing and assessing protective factors including community cohesion, high self-esteem, acculturation, job and language training, presence of interpreters, adequate housing, etc. can help improve these determinants. Protective factors reduce the impact of the risk factors and promote overall well-being. Socialization, peer support and acculturation aid many newcomer women in maintaining cultural integrity while participating in the larger social network. Educating these women mindfully about their right to mental health and developing strategies to help overcome stigma and racism while understanding its impact is of paramount importance. It is also a considerable need to

promote and facilitate workshops on stress management, skill building and self-efficacy for refugee women. Newcomer women must be effectively engaged in one-to-one consultation, family sessions, and ESL/EAL classes to seek services in formats relevant to their cultural preferences in a safe environment.

5.4.3 Culturally Competent Care

Reducing negative attitudes about mental illness within the community by educating settlement agencies and health providers about cultural beliefs, stigma and taboos within an anti-oppression system and respecting the confidentiality/anonymity of the refugee and immigrant women seeking service is a pressing priority. There should be steady and continuous diversity and health equity pieces of training followed by reflective practices to support the diverse population of newcomer women in Winnipeg, Manitoba.

Cultural competency requires both individual and institutional changes with long-term dedication to serve. It allows providers to care for those who are unlike the provider or provider's culture. Interventions must be made at organizational, structural, and clinical levels. Enhancing values and attitudes, structures and policies, practices, training, and research can help bring change (Bowen, 2004). It is the need of the hour to tighten the existing diversity and inclusion policies to promote fair representation of minorities and make amendments based on the findings from evaluating the existing policies. There should be consistent interventions to support communication and interpretation competency and improve the collaborative partnership. The long-term benefit of cultural competency includes an effective and efficient healthcare system with improved health outcomes. In addressing the increased diversity in Manitoba and Winnipeg in particular, it is now more important than ever to have an improved and efficient culturally competent healthcare framework.

6. Conclusion

This scoping review has found that refugee and immigrant women in Canada, particularly in Winnipeg, Manitoba, encounter significant socio-cultural barriers while accessing mental healthcare services. They face unique challenges that require attention to their intersectionality of gender, culture, and mental health. There is a need for considerable research to better understand how these factors interact and influence experiences of marginalization. The review identified a range of social and cultural barriers including linguistic difficulties, cultural differences, stigma, discrimination, unfamiliar environments, and lack of culturally competent care. Addressing these barriers is crucial for promoting the overall well-being of this population and upholding their human rights.

While the scoping review method is a useful tool for identifying these barriers, future researchers may also consider other approaches such as "Scanning the Horizon" or conducting systematic reviews that include grey literature to obtain a more comprehensive understanding of the topic. The research experience of using the scoping review method for this study was positive. The method allowed for a broad examination of the literature and helped to identify the main themes and gaps in the existing research. However, it was also limited by the exclusion of grey literature and the potential for publication bias. Thus, future researchers may want to consider supplementing their literature search with grey literature sources and conducting additional quality assessments.

As access to healthcare, including mental healthcare, is a fundamental human right, it is important to work towards equitable access for all, irrespective of the status.

References

Ahmed, Bowen, A., & Feng, C. X. (2017). Maternal depression in Syrian refugee women recently moved to Canada: A Preliminary Study. *BMC Pregnancy and Childbirth, 17*(1), 240–240. https://doi.org/10.1186/s12884-017-1433-2

Akbari, A.H., Haider, A. Impact of Immigration on Economic Growth in Canada and its Smaller Provinces. *International Migration & Integration 19*, 129–142 (2018). https://doi.org/10.1007/s12134-017-0530-4

Alvi, S., Zaidi, A., Ammar, N., & Culbert, L. (2012). A comparative and exploratory analysis of socio-cultural factors and immigrant women's mental health within a Canadian context. *Journal of Immigrant and Minority Health*, *14*(3), 420–432. https://doi.org/10.1007/s10903-011-9567-1

Arksey, H., & O'Malley, L. (2005). Scoping Studies: Towards a Methodological Framework. *International Journal of Social Research Methodology, 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Baiden, D., & Evans, M. (2021). Black African Newcomer Women's Perception of Postpartum Mental Health Services in Canada. *The Canadian Journal of Nursing Research*, *53*(3), 202–210. https://doi.org/10.1177/0844562120934273

Bowen, S. (2004). Language Barriers within the Winnipeg Regional Health Authority: Evidence and Implications. *WRHA.* http://torontohealthequity.ca/wpcontent/uploads/2013/02/Language_Barriers_within_the_Winnipeg_Regional_Health_Authority_Evidence_and_Implications.pdf

Campinha-Bacote, J. (2002). The Process of Cultural Competence in the Delivery of Healthcare Services: A Model of Care. *Journal of Transcultural Nursing*, *13* (3), 181-184. https://doi.org/10.1177/10459602013003003

Canadian Research Institute for Advancement of Women. (n.d.). *Immigrant and refugee*

women [Fact Sheet]. https://www.criaw-icref.ca/wp-content/uploads/2021/04/Immigrant-Refugee-Women-Factsheet.pdf

Community Health Advisory Councils Report. (2008). Issues that Impact the Health of Immigrants and Refugees in the Winnipeg Health Region: Community Perspectives. *WRHA.* https://silo.tips/download/community-health-advisory-councils-report

Delara, M. (2016). Social Determinants of Immigrant Women's Mental Health. *Advances in Public Health*, 1–11. https://doi.org/10.1155/2016/9730162

DeSa, S., Gebremeskel, A. T., Omonaiye, O., & Yaya, S. (2022). Barriers and Facilitators to Access Mental Health Services among Refugee Women in high-income countries: A Systematic review. *Systematic Reviews*, *11*(1). https://doi.org/10.1186/s13643-022-01936-1

Donnelly, T. T., Hwang, J. J., Este, D., Ewashen, C., Adair, C., & Clinton, M. (2011). If I was going to kill myself, I wouldn't be calling you. I am asking for help: challenges influencing immigrant and refugee women's mental health. *Issues in Mental Health Nursing*, *32*(5), 279–290. https://doi.org/10.3109/01612840.2010.550383

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a New Definition of Mental Health. *World Psychiatric Association*, *14*(2), 231–233. https://doi.org/10.1002/wps.20231

Ganann, R., Sword, W., Newbold, K. B., Thabane, L., Armour, L., & Kint, B. (2020). Influences on mental health and health services accessibility in immigrant women with post-partum depression: An interpretive descriptive study. *Journal of Psychiatric and Mental Health Nursing*, *27*(1), 87–96. https://doi.org/10.1111/jpm.12557

Gibbens, M. & Bowen, S. (2009). Supporting the Implementation of Regional Language & Ethnicity Indicators: Summary Report of Key Research & Evaluation Findings. *WRHA Research & Evaluation Unit.*

https://professionals.wrha.mb.ca/old/professionals/language/files/EquityIssues-Handbook.pdf

Guruge, & Butt, H. (2015). A scoping review of mental health issues and concerns among Immigrant and Refugee youth in Canada: Looking back, moving forward. *Canadian Journal of Public Health, 106*(2), E72–E78. https://doi.org/10.17269/CJPH.106.4588

Guruge S., Thomson M. S., George U., Chaze F. (2015). Social support, social conflict, and immigrant women's mental health in a Canadian context: A scoping review. *Journal of Psychiatric and Mental Health Nursing*, 22(9), 655–667. https://doi.org/10.1111/jpm.12216

Government of Canada. (2022, October 18). Immigrant. *Statistics Canada.* https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=Unit&Id=85107

Government of Canada, Statistics Canada. (2016, February 23). *Immigrant Women*. https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14217-eng.htm#a1

Handtke, Schilgen, B., & Mösko, M. (2019). Culturally competent healthcare - A Scoping Review of strategies implemented in healthcare organizations and a model of Culturally Competent healthcare provision. *PloS One, 14*(7), e0219971–e0219971. https://doi.org/10.1371/journal.pone.0219971

Higginbottom, G. M., Morgan, M., O'Mahony, J., Chiu, Y., Kocay, D., Alexandre, M., Forgeron, J., & Young, M. (2013). Immigrant women's experiences of postpartum depression in Canada: a protocol for systematic review using a narrative synthesis. *Systematic Reviews*, *2*, 65. https://doi.org/10.1186/2046-4053-2-65

Hynie. (2018). The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review. *Canadian Journal of Psychiatry, 63*(5), 297–303. https://doi.org/10.1177/0706743717746666

Immigrant Centre Manitoba (ICM). (n.d.). History. *Immigrant Centre Manitoba.*

https://www.icmanitoba.com/about-us/history/

Immigrant and Refugee Mental Health. (n.d.). *CAMH.* https://www.camh.ca/en/professionals/professionals--projects/immigrant-and-refugee-mental-health-project

Immigration, Refugees and Citizenship Canada. (2023, January 3). Canada welcomes a historic number of newcomers in 2022. *Canada.ca.* https://www.canada.ca/en/immigration-refugees-citizenship/news/2022/12/canada-welcomes-historic-number-of-newcomers-in-2022.html

Kassam S. (2019). Understanding Experiences of Social Support as Coping Resources among Immigrant and Refugee Women with Postpartum Depression: An Integrative Literature Review. *Issues in Mental Health Nursing*, *40*(12), 999–1011. https://doi.org/10.1080/01612840.2019.1585493

Khan, S. (2016). Postpartum Depression and Access to Mental Healthcare among Migrant South Asian Women in Canada: A Literature Review. *International Journal of Social Work and Human Services Practice*. https://doi.org/10.13189/ijrh.2016.040302

King, Este, D. C., Yohani, S., Duhaney, P., McFarlane, C., & Liu, J. K. K. (2022). Actions Needed to promote Health Equity and the Mental Health of Canada's Black Refugees. *Ethnicity & Health, 27*(7), 1518–1536. https://doi.org/10.1080/13557858.2021.1955092

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A.G., Guzder, J., Hassan, G. (2011). Common Mental Health Problems in Immigrants and Refugees: General approach in Primary Care. *Canadian Medical Association Journal, 183*(12), E959-E967. https://www.cmaj.ca/content/183/12/E959

Kuo, Granemann, L., Najibzadeh, A., Al-Saadi, R., Dali, M., & Alsmoudi, B. (2020).

Examining Post-Migration Social Determinants as Predictors of Mental and Physical Health of Recent Syrian Refugees in Canada: Implications for Counselling, Practice, and Research. *Canadian Journal of Counselling and Psychotherapy*, *54*(4), 778–802. https://doi.org/10.47634/cjcp.v54i4.68881

Macdonnell, J. A., Dastjerdi, M., Bokore, N., & Khanlou, N. (2012). Becoming resilient: promoting the mental health and well-being of immigrant women in a Canadian context. *Nursing Research and Practice*, 576586. https://doi.org/10.1155/2012/576586

Mahajan, S., & Meyer, S.B. (2019). Social and structural factors that influence refugee women's use of mental health care services in Canada: A narrative review. *Journal of Health and Social Sciences, 4* (3):345-358 https://journalhss.com/wp-content/uploads/jhss43_345-358.pdf

M.J., McKenzie, J.E., Bossuyt, P.M. (2021.)The PRISMA 2020 statement: An Updated Guideline for reporting Systematic Reviews. *Systematic Review*, 10:89. https://doi.org/10.1186/s13643-021-01626-4

Mahajan, S., Meyer B. (2019). Social and structural factors that influence Refugee Women's use of Mental Healthcare services in Canada: A Narrative Review. *Journal of Health and Social Sciences, 4*(3), 345–358. https://doi.org/10.19204/2019/scln2

Manitoba Association of Newcomer Serving Organizations. (n.d.). Directory. Manitoba Association of Newcomer Serving Organizations. *MANSO.* https://mansomanitoba.silkstart.com/directory?current_page=1&sort_type=featured&search_for=company&asset_type=company_user&display_type=default

Manitoba Immigration Facts Report. (2020*).* Manitoba Immigration Pathways. *Province of Manitoba.* https://immigratemanitoba.com/data/facts-report-2020/

Manitoba 4 Ukraine. (n.d.). Information for new arrivals. *Province of Manitoba.* https://www.gov.mb.ca/mbsupportsukraine/new-arrivals.html

MB Health Care Cuts & Changes. (n.d.). Manitoba Health Coalition. *MHC.* https://www.mbhealthcoalition.ca/timeline

McKeary, & Newbold, B. (2010). Barriers to Care: The Challenges for Canadian Refugees & their Health Care Providers. *Journal of Refugee Studies, 23*(4), 523–545. https://doi.org/10.1093/jrs/feq038

MHWR. (n.d.). Newcomer Trauma Focused Services. *Province of Manitoba.* https://www.gov.mb.ca/mh/mh/docs/virgo/newcomer_trauma_focused_services.pdf

Newaz, Sanjida and Riediger, Natalie (2020). User and Provider Perspectives on Improving Mental Healthcare for Syrian Refugee Women in Winnipeg, Manitoba, Canada. *Journal of Refugee & Global Health*, *3* (1), 7. https://doi.org/10.18297/rgh/vol3/iss1/7

Newaz, S., & Riediger, N. (2020). A QUALITATIVE STUDY ON ACCESS BARRIERS TO MENTAL HEALTHCARE SERVICES BY SYRIAN REFUGEE WOMEN IN WINNIPEG, MANITOBA, CANADA. *International Journal of Health Services Research and Policy*, *5*(3), 276–293. https://doi.org/10.33457/ijhsrp.798280

O'Mahony, J. M., & Donnelly, T. T. (2007). The influence of culture on immigrant women's mental health care experiences from the perspectives of health care providers. *Issues in Mental Health Nursing*, *28*(5), 453–471. https://doi.org/10.1080/01612840701344464

O'Mahony, J. M., & Donnelly, T. T. (2007). Health care providers' perspective of the gender influences on immigrant women's mental health care experiences. *Issues in Mental Health Nursing*, *28*(10), 1171–1188. https://doi.org/10.1080/01612840701581289

O'Mahony, J. M., & Donnelly, T. T. (2010). A postcolonial feminist perspective inquiry into

immigrant women's mental health care experiences. *Issues in Mental Health Nursing*, *31*(7), 440–449. https://doi.org/10.3109/01612840903521971

O'Mahony, J., & Donnelly, T. (2010). Immigrant and refugee women's post-partum depression help-seeking experiences and access to care: A review and analysis of the literature. *Journal of Psychiatric and Mental Health Nursing, 17*(10), 917–928. https://doi.org/10.1111/j.1365-2850.2010.01625.x

O'Mahony, Donnelly, T. T., Raffin Bouchal, S., & Este, D. (2013). Cultural Background and Socioeconomic Influence of Immigrant and Refugee Women Coping with Postpartum Depression. *Journal of Immigrant and Minority Health, 15*(2), 300–314. https://doi.org/10.1007/s10903-012-9663-x

O'Mahony J., Clark N. (2018). Immigrant women and mental health care: Findings from an environmental scan. *Issues in Mental Health Nursing*, 39, 924–934. https://doi.org/10.1080/01612840.2018.1479903

OHCHR. (1966). International Covenant on Civil and Political Rights. *United Nations Human Rights Office of the High Commissioner.* https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights

Rousseau, C., & Pottie, K. (2011). Common mental health problems in Immigrants and Refugees: General approach in primary care. *Canadian Medical Association Journal, 183*(12), E959– E967, http://doi.org.10.1503/cmaj.090292

Roy, Lysaght, R., & Krupa, T. M. (2017). Action on the Social Determinants of Health through Social Enterprise. *Canadian Medical Association Journal (CMAJ), 1*89(11), E440–E441. https://doi.org/10.1503/cmaj.160864

Salam, Odenigbo, O., Newbold, B., Wahoush, O., & Schwartz, L. (2022). Systemic and

Individual Factors That Shape Mental Health Service Usage among Visible Minority Immigrants and Refugees in Canada: A Scoping Review. *Administration and Policy in Mental Health and Mental Health Services Research, 49*(4), 552–574. https://doi.org/10.1007/s10488-021-01183-x

Salami, Yaskina, M., Hegadoren, K., Diaz, E., Meherali, S., Rammohan, A., & Ben-Shlomo, Y. (2017). Migration and social determinants of mental health: Results from the Canadian Health Measures Survey. *Canadian Journal of Public Health, 108*(4), E362–E367. https://doi.org/10.17269/CJPH.108.6105

Shishehgar, S., Gholizadeh, L., DiGiacomo, M., Green, A., & Davidson, P. M. (2017). Health and Socio-Cultural Experiences of Refugee Women: An Integrative Review. *Journal of Immigrant and Minority Health*, *19*(4), 959–973. https://doi.org/10.1007/s10903-016-0379-1

Snell, J. (2021, December 7). Health Coalition calls out province over cuts, medical procedure backlog. *Winnipeg Sun*. https://winnipegsun.com/news/news-news/health-coalition-calls-out-province-over-cuts-medical-procedure-backlog

Teng L., Blackmore E. R., Stewart D. E. (2007). Healthcare worker's perceptions of barriers to care by immigrant women with postpartum depression: An exploratory qualitative study. *Archives of Women's Mental Health*, 10(3), 93. https://doi.org/10.1007/s00737-007-0176-x

The Canadian Press. (2017, January 25). One-third of Canada could be immigrants by 2036: StatsCan. *Macleans*. https://www.macleans.ca/news/one-third-of-canada-could-be-immigrants-by-2036-statscan/

Thomson, Chaze, F., George, U., & Guruge, S. (2015). Improving Immigrant Populations

Access to Mental Health Services in Canada: A Review of Barriers and Recommendations. *Journal of Immigrant and Minority Health, 17*(6), 1895–1905. https://doi.org/10.1007/s10903-015-0175-3

Tobin, C. L., Di Napoli, P., & Beck, C. T. (2018). Refugee and Immigrant Women's Experience of Postpartum Depression: A Meta-Synthesis. *Journal of Transcultural Nursing*, *29*(1), 84–100. https://doi.org/10.1177/1043659616686167

Tulli, Salami, B., Begashaw, L., Meherali, S., Yohani, S., & Hegadoren, K. (2020). Immigrant Mothers' Perspectives of Barriers and Facilitators in Accessing Mental Health Care for Their Children. *Journal of Transcultural Nursing, 31*(6), 598–605. https://doi.org/10.1177/1043659620902812

UNHCR. (2022). Figures at a Glance. *UNHCR The UN Refugee Agency.* https://www.unhcr.org/figures-at-a-glance.htm

United Nations High Commissioner for Refugees. (1951). Convention and Protocol Relating to the Status of Refugees. *UNHCR*. https://www.unhcr.org/3b66c2aa10.html

United Nations. (1948). Universal Declaration of Human Rights. *United Nations.* https://www.un.org/en/about-us/universal-declaration-of-human-rights

Vigod S., Sultana A., Fung K., Hussain-Shamsy N., Dennis C. L. (2016). A population-based study of postpartum mental health service use by immigrant women in Ontario, Canada. *The Canadian Journal of Psychiatry*, 61(11), 705–713. https://doi.org/10.1177/0706743716645285

Vineberg. (2011). Welcoming immigrants at the gateway to Canada's West: Immigration Halls in Winnipeg, 1872-1975. *Manitoba History, 65.* http://www.mhs.mb.ca/docs/mb_history/65/immigrationhalls.shtml

Virgo Consulting. (2018). Improving Access and Coordination of Mental Health and

Addiction Services: A Provincial Strategy for all Manitobans. *Province of Manitoba.* https://www.gov.mb.ca/mh/mh/docs/mha_strategic_plan.pdf

Woodgate, R. L., Busolo, D. S., Crockett, M., Dean, R. A., Amaladas, M. R., & Plourde, P. J. (2017). A qualitative study on African immigrant and refugee families' experiences of accessing primary health care services in Manitoba, Canada: it's not easy! *International Journal for Equity in Health, 16*, 5. https://doi.org/10.1186/s12939-016-0510-x

World Health Organization. (2019, December 19). Mental health. *WHO.* https://www.who.int/health-topics/mental-health#tab=tab_1

WRHA. (2014). Optimizing the Mental Health and Emotional Well-being of Immigrants and Refugees in Winnipeg : A Conceptual Framework. Winnipeg. *WRHA.* https://docplayer.net/23252740-Optimizing-the-mental-health-emotional-wellbeing-of-immigrants-and-refugees-in-winnipeg-a-conceptual-framework.html

Zivot, C., Dewey, C., Heasley, C., Srinivasan, S., & Little, M. (2020). Exploring the State of Gender-Centered Health Research in the Context of Refugee Resettlement in Canada: A Scoping Review. *International Journal of Environmental Research and Public Health*, *17*(20), 7511. https://doi.org/10.3390/ijerph17207511