Newcomers Navigating Healthcare

Community Dialogue for Health Practitioners

9:00 am - 1:00 pm, April 14, 2023
Windsor Pavilion, 2451 Windsor Rd.
Victoria B.C.

Presented by

Greater Victoria Local Immigration Partnership (GVLIP)
and
Refugee Readiness Team Vancouver Island (RRT-VI)

We are GVLIP

The Greater Victoria Local Immigration Partnership (GVLIP) is responsive to the needs and aspirations of newcomers and the communities in which we live. By listening, informing, researching, connecting, and collaborating on community projects and events we foster partnerships with local governance, employers, educators, healthcare professionals and housing organizations to create a welcoming, equitable, inclusive, just, and well-connected community in which everybody has opportunities to thrive, learn, live, work, and play in safety. We have four priorities: health, housing, employment and equity.

We know that social determinants of health such as language, culture, race, gender, displacement, income, employment and housing security add complexity to health encounters for immigrants. The GVLIP Health Sector Table works to ensure that Greater Victoria has culturally competent health services that effectively work in collaboration with community partners to ensure that everybody is healthy in mind, body, and spirit.

We gratefully acknowledge the financial support of the Government of Canada through Immigration, Refugees and Citizenship Canada (IRCC).

We are RRT-VI

The Refugee Readiness Team of Vancouver Island (RRT-VI) works to ensure that Island communities are ready to welcome, respond to and leverage the strengths and contributions of refugees and displaced Ukrainians. We are here to build safe, welcoming, and resilient communities where refugees and displaced Ukrainians can build their lives. We focus on four key areas: housing, health, employment and education.

The RRT-VI addresses healthcare by working to ensure that forcibly displaced individuals have information about the healthcare system and associated services and by increasing the number of healthcare professionals registered with the Interim Federal Health Program (IFHP).

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Municipal Affairs.

We are Collaboration

We are indebted to our GVLIP and RRT-VI Health Sector Table partners for co-planning and co-designing this event. We hope that “Newcomers Navigating Healthcare” will be an opportunity for you to connect with other healthcare professionals and create a strengthened community network. At the end of the event, we hope you have an increased understanding of immigrants’ challenges seeking healthcare and solutions to make it more accessible.

We are in this together and we are here to provide support and collaborate with you!

Case Studies & Questions for Discussion

These case studies are inspired by actual experiences of immigrants on Vancouver Island as recounted by their settlement workers or counsellors. Please note that personal details have been altered and multiple stories are combined as one. Additional details and the first-person narratives of these stories are based on *direct quotations* found in several Canada-based studies of immigrants' experiences with health care systems (this includes data from Vancouver,[1] Ontario,[2] Alberta[3] and across Canada[4]). While none of the stories correspond exactly to any *one* individual's story, these are the voices of real immigrants recounting actual experiences.

1 – Encountering A New System

Themes for discussion: systems, interpretation, information sharing, national and cultural differences, mental health, not feeling heard/understood, anxiety, avoiding health care, self-medication, bias, points of care. Others?

A. Avoidance

Patient: Woman, 40, Iranian, 4 children, speaks Farsi and limited English.
Locations: Walk-in clinic, pharmacy.

After I arrived, they gave me lots of paper about healthcare in small print in 4 or 5 different languages. I guess in English, French, Spanish, Chinese, and, of course, Urdu. I didn't have any idea about them. I could understand just a bit of English. When I looked at this mixed-up information, I wasn't eager to read them...even the English version. You know I was so tired and anxious, and I got overloaded with a tremendous amount of unnecessary information...It was too much...I got confused...I just put them aside carelessly. I heard about family physicians, but I didn't know what this is. Then heard about walk-in and didn't know about it. I knew that there are doctors, and I can go to them but never knew those were two different services.

Because I'm not confident speaking in English, I'm afraid to call the walk-in clinic. It would be less scary if I could book on-line and take some time to think and would not have to speak. I have asked my settlement worker for help, she called multiple times for several days to book an appointment for me, but I also know that she really does not have time to do that.

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[1] Floyd, A., Sakellariou, D. Health care Access for Refugee Women with Limited Literacy: Layers of Disadvantage. *International Journal for Equity in Health* 16, 195 (2017). https://doi.org/10.1186/s12939-017-0694-8.
[2] Pollock, G., Newbold, B., Lafreniere, G., & Edge, S. Perceptions of Discrimination in Health Services Experienced by Immigrant Minorities in Ontario. *Pathways to Prosperity* (2011). http://p2pcanada.ca/files/2015/09/Perceptions-of-Discrimination-in-Health-Services-Experienced-by-Immigrant-Minorities-in-Ontario.pdf.
[3] Salami B, Mason A, Salma J, Yohani S, Amin M, Okeke-Ihejirika P, Ladha T. Access to Health care for Immigrant Children in Canada. *International Journal of Environmental Research and Public Health*. 2020; 17(9):3320. https://doi.org/10.3390/ijerph17093320
[4] Dastjerdi, M., Olson, K. & Ogilvie, L. A Study of Iranian Immigrants' Experiences of Accessing Canadian Health Care Services: A Grounded Theory. *International Journal for Equity in Health* 11, 55 (2012). https://doi.org/10.1186/1475-9276-11-55; Chen, Y.Y. Brandon. Protecting Refugees' Health: How is the Reinstated Interim Federal Health Program Working? *Pathways to Prosperity Research Report* (2021). http://p2pcanada.ca/wp-content/blogs.dir/1/files/2021/09/Protecting-Refugees-Health.pdf

For the first visit, I went alone. I tried to get by with hand gestures to offer to call a friend, but they said, 'We can't communicate', so I was sent away and there was nothing done at that visit. When I finally saw a doctor, I did not feel comfortable. They seemed to judge me for the number of children I had, and they used lots of terms that I am not familiar with. And afterwards… Oh my God going to the pharmacy was a stressful experience. You go there, they talk like a machine gun and talk very fast. I was freaked out.

Now, I avoid the doctor. One day, around noon, we got up. I felt pain all over my body…I hardly could move. I checked my kids' temperatures…Oh my God…they were burning like a furnace…I got anxious…I didn't know what to do…I had lost my self-confidence…I feel helpless and I still feel afraid to call the walk-in clinic.

So I don't go. I just put them at home on the Tylenol, Advil, and so I start, and so it's better, I don't need to go there. Every year, my family sends me some pills for headache, muscle ache, fever, cold and diarrhea and also some routine antibiotics. I can manage some common health problems without being in lots of stress to make an appointment.

I avoid the doctor as much as possible.

B. Flexibility

Patient: Man, 35, South Korea, speaks advanced English.
Location: Family physician's office.

Sometimes I feel that doctors here make assumptions that there is no good health care in my home country. But in Korea I can pick up the phone and book any specialist I want and book multiple appointments if I need it. I also do not need a referral. Some questions and behaviors showed me that they [health care providers] don't understand and have no knowledge of other cultures and countries… it got on my nerves.

I don't like it here. It seems your doctor has the right to make all decisions on your behalf…yeah…they discuss the situation with you, but they don't give you lots of choices…there is no room for negotiation…You are caught between a rock and a hard place…no room to make any different move… You have to go with their suggestions. [The doctor] assumed that I know the system. She never explained.

I told my doctor that I wanted to choose my specialist, but she didn't listen to me. They tell me that what I want is not acceptable and does not fit with Canadian health care services. Well, I didn't go back to that doctor. There was no point having her. She didn't listen to me.

Whenever I am back in Korea, I get my health check-ups there.

C. Questions for "Encountering a New System"

What is happening?

1. We are experiencing a crisis in health care in B.C. and many individuals do not have access to family physicians or regular care. How do you think this crisis is compounded for immigrants accessing health care?
2. While information about the health care system in Canada has been shared with these individuals, why has it not been understood or utilized? Is there a difference in how both these individuals have engaged with the information about B.C.'s health system?
3. Where in these stories do you see information sharing breakdowns or gaps?
4. How does mental health, such as experiencing stress, anxiety, and discomfort related to the immigration process affect the health journey of an immigrant?
5. How does the challenge of speaking and reading English affect the health outcomes of these immigrants?
6. Where in these two stories do you see examples of miscommunication? Are they the same in each?
7. Where in these two stories do you see examples of bias and prejudice? Are they the same in each?
8. Intersectionality: What intersections of identities and backgrounds are at play in the stories?
9. How would the story change if other intersectional identities were at play here: LGBTQIA identities, disabilities, religion, or other such identities and backgrounds.
10. How does the experience related here differ between different points of care: walk-in clinics, pharmacies, and family physicians.
11. Which aspects of the above stories would cause the most struggle for health providers and why?
12. What may be some reasons why interpretation and/or adequate explanations were not provided by the health professionals?
13. What type of access to an interpreter could these health professionals have (if any)?
14. The settlement worker in the story has booked appointments for the client. How does the client, and how does the health care professional, view the ongoing role of the settlement worker?
15. Both individuals end up avoiding health care. Do they do that for the same reason? What are some risks of both their approaches to accessing care outside of the Canadian system?

What can be done?

1. What can be improved in information sharing to make sure newcomers know what to expect when accessing healthcare in B.C.?
2. How would the use of Provincial Language Services (or a trained interpreter) make a difference in these stories? What are ways to bridge the language challenges these people experience?
3. For health care providers: what policies, protocols, training, or information would help prevent such experiences at your own place of work?
4. What support would you need from your institution to help make healthcare accessible for newcomers? What role (if any) do you see for external organizations?
5. Any other learnings from these cases that stand out for you?
6. Any other recommendations and ideas that these cases spark for you?

2 – Interpretation/Translation Challenges

Themes for discussion: interpretation (PLS), communication, cultural differences, information sharing, mental health, medication, pharmacies, role of settlement workers, training, examination protocols, assumptions/biases. Others?

A. Illustration as Interpretation

Patient: Man, 63, Chilean, speaks limited English.
Location: Hospital.

At the very first when I came to this country, going to the doctor meant nothing to me...I couldn't tell them what's wrong with me... I didn't think that was going to solve the health problems that I had.

One day I had to go to the hospital. My settlement worker was with me. While she did not speak my language, she could explain to them how to use the interpretation system [through Provincial Language Services]. It was so helpful to have someone translate my words and explain to me everything the doctor said. I was told I would need to have an operation and that I would wake up with a breathing tube. It helped to know what was going to happen and I trusted them. I was happy that my settlement worker had explained the interpretation process to the people who worked in the hospital.

I woke up with a breathing tube. Being in the hospital felt confusing but I was cared for.

One morning a nurse came in looked at my tube. I thought he was trying to see if it still worked. I did not understand what he was trying to say. Then he drew some pictures for me, but all that it looked like to me was some squiggles and arrows, I was confused and worried and hoped he would call an interpreter. But I could not talk and would not have been able to explain the system to him anyway. Then he pulled out the tube! I was so shocked, I thought I was going to stop breathing! It felt like I needed more air... I panicked... The nurse looked concerned. He obviously cared and tried to calm me down, but I was too stressed. Eventually the breathing felt easier, and I noticed I was getting better. But I never forget that first panic and the feeling that I could not get enough breath. It was traumatizing.

Maybe I should have looked more carefully at that picture. I know he meant well but I could simply not recognize what he was trying to draw.

I was given several prescriptions for medicine, with instructions how to take them, when, and how many. All the medicines have different colours, which is probably important, but I do not know. I did not understand the paper they gave me and worry about not doing it right. How would I even call the pharmacist to ask advice or get a refill?

B. Miscommunication

Patient: Woman, 71, Iranian, has fair command of English.
Location: Family physician's office.

I don't like it here [in Canada]. As soon as you open your mouth and speak with an accent, they start asking where are you from and right away about political turmoil in my country...the center of conversation always changes from my problems to my previous country [Iran]...It is really annoying...

Once I needed to go to the doctor because I had pain. I mean, I can speak English in shops and stores. But it feels different at the doctor's, more is at stake. I could have invited my son to come along, his English is great. But if he comes with me as an interpreter, I will feel shy to say something in front of him. He also would not feel comfortable explaining everything to me... it is really a barrier. Maybe, it is not a problem for Canadians as they can say many things to their sons, but in our culture we don't.

So, I took a friend to help me interpreting. I regretted it though; she didn't ask *my* questions. She asked questions that *she* wanted to know about, or *she* thought were important. I was upset and the doctor got confused too.

As well, whenever the doctor asked me something and I nodded "No" the doctor thought that was a "Yes," and my friend always corrected it. The doctor was confused in my "yes" and "no" response. In Iran, for showing "yes" we nod our head down and up (like here) but for saying "no" we nod up and down.

The doctor examined me and then asked if I had difficulty seeing. And I nodded yes which seemed to make her worried and she started to order special tests for me. I did not understand why I would need tests for my eyes, my eyesight has always been bad and I usually wear glasses but had forgotten them at home. What did it have to do with my infection? I had answered her question honestly, had I done something wrong? But I don't like to ask too much myself, I wait to be asked... to be polite, we always were told to wait until you are asked.

Later I understood that she wanted to know if my eyesight had gotten worse since the infection. But she never asked exactly that. And no, my eyesight had not changed since the infection.

It is funny now, when I think of it, but then it was confusing and I wanted the doctor to understand the pain I felt. I'm not sure she did.

C. Questions for "Interpretation/Translation Challenges"

What is happening?

1. How does the challenge of speaking and reading English affect the health journey of these immigrants?
2. Where in these two stories do you see examples of miscommunication?
3. Where in these two stories do you see examples of bias and prejudice?
4. Where in these stories do you see information breakdowns or gaps?
5. What is the risk of using a friend as a lay interpreter? Might this have consequences for the patient's health journey?
6. Many patients prefer to bring a family member as interpreter, such as a spouse or a child. How would bringing a spouse or a child interpreter affect these stories?
7. How is the child affected by being put in a position of having to interpret for their parents?
8. In what way do these experiences affect the mental health of these individuals?
9. How would cultural differences such as someone's readiness to ask questions or advocate for themselves, affect your understanding of their health complaints?
10. How do the experiences related here differ between different points of care: family physicians, hospitals, pharmacies?
11. Intersectionality: What intersections of identities and backgrounds are at play in the story?
12. How would the story change if other intersectional identities were at play here: LGBTQIA identities, disabilities, religion, or other identities and backgrounds.
13. Which aspects of the above stories would cause the most struggle for health providers and why?
14. What may be some reasons why interpretation and/or adequate explanations were not provided by the health professionals?
15. Do these stories give rise to worries about liabilities for the health care providers?
16. What type of access to an interpreter could these health professionals have (if any)?
17. The settlement worker explained the Provincial Language Services to the health professional. How does the client, and how does the health care professional, view the ongoing role of the settlement worker?

What can be done?

1. What are ways to bridge the language challenges these people experience?
2. How would the consistent use of Provincial Language Services make a difference in these stories?
3. For health care providers: what policies, protocols, training, or information would help prevent such experiences at your own place of work?
4. What support would you need from your institution to help make healthcare accessible for newcomers? What role (if any) do you see for external organizations?
5. Any other learnings from these cases that stand out for you?
6. Any other recommendations and ideas that these cases spark for you?

3 – NAVIGATING THROUGH PREGNANCY

Themes for discussion: vulnerable immigrant populations, immigrant women, trauma, interpretation (PLS), communication, cultural differences, information sharing, mental health, anxiety/stress, literacy, role of settlement workers, training, examination protocols, assumptions/biases. Others?

A. Literacy

Patient: Woman, 29, Sudan, pregnant, speaks limited English and is illiterate.
Locations: Maternity and family doctor's office, hospital ward.

I was pregnant and had to go for check-ups regularly but everything about this is difficult for me. I cannot read the piece paper they gave me to remember my appointments. To help me remember, I'll talk to my children, so we'll be reminded about that.

Finding my way to the clinic in Canada was difficult, if someone could not take me, I had to find my way with busses and street names that I could not read. I kept showing the address to the people on the street. 'I'm looking for this place'. And they told me.

Luckily, I had someone with me for some of the visits. Although having an interpreter is very helpful, the problem is that the doctor looks at her and always talks to the interpreter instead of me. I am like nobody; I think I am not there. Suddenly, the interpreter is the center of attention, not me. I am the most ignored one.

When I had to go to the next appointment, I thought I would see the same person. But it was not. Sometimes you do not want to be fussy, like, they would think, 'the Muslim girls are the fussy ones because they do not want a male doctor' and that the staff would have to run around finding a woman for us. I felt already ashamed, I was just praying in my head, 'Please let the doctor be a woman.' But this time it was a man and I panicked and did not know what to do, I called my settlement worker. I told her: "help me, there is a man and I do not want him to touch me!"

They did not know but in my refugee camp when I was waiting to be able to go to Canada, I had multiple such exams, five different times by five different doctors. It traumatized me, so I don't like it when they change doctors on me, especially when it is a man.

When I gave birth there was no interpreter, and I did not know what was happening and what decisions were being made for me. It was frightening not knowing the language...I had no idea what they [health care workers] were talking about or what they were going to do to me.

When you ask people all the time, 'help', they will hate you by the end - and I have children and my health, and I cannot ask all the time people to get help. I feel shame because I see people, like people write, people speak, people read. I cannot do that. I'd like to do that, but I cannot do that.

B. Feeling Depersonalized

Patient: Woman, 32, Ukrainian, recently arrived, pregnant, speaks limited English.
Location: Emergency Room.

After I arrived, well it was like...I was from another planet. Even making tea and coffee seemed to be different, let alone going to doctor. It took me a long time to stand on my own feet. I didn't know what I should do or shouldn't do, or whom to ask. I thought I was living in limbo. I... couldn't find my place... Well, everything was new to me. I felt kind of stupid. I was so nervous. I lost my self-confidence, which made me more incapable.

I was pregnant and experienced an emergency. Going to the hospital was frightening, unfamiliar to me. Being new and having communication issues make the emergency room like being in hell. When I was in emergency, I felt helpless and didn't know what to do and who to talk to.

There was no interpretation at the hospital, and I did not know that I could have talked to an interpreter on the phone. It felt depersonalizing when they did not even try to say my name correctly.

It was too much, I was so worried for my new baby, I panicked, and everyone looked really frustrated. I know they probably meant well, but I was too scared to focus and try to understand. So, I decided to call my settlement worker who speaks Ukrainian. I calmed down as soon as I heard her voice. She stayed on the phone with me for hours! Even after she already went home, she was still on the phone with me and the hospital workers. She did that for hours and it really helped me because I trust her. I told her that she is magic, and the nurse who assisted me agreed! And luckily the baby was fine in the end.

As immigrants we're fragile, there's frustration feeling included... all of these things that already put you in a situation where you're scared. It's a health issue, the stress attached to the particular situation... it is difficult.

C. Questions for "Navigating Through Pregnancy"

What is happening?

1. How does the challenge of speaking and reading English or any language affect the health journey of these immigrants? Are they the same in each story?
2. Where in these two stories do you see examples of miscommunication?
3. Where in these stories do you see information breakdowns or gaps?
4. Where in these two stories do you see examples of bias and prejudice?
5. Where in these two stories do you see examples of cultural differences?
6. Intersectionality: What intersections of identities and backgrounds are at play in the story?
7. How would the story change if other intersectional identities were at play here: LGBTQIA identities, disabilities, or other such identities and backgrounds.
8. Why and how do both women experience a sense of "depersonalization" or being ignored? Might this have consequences for the patient's health journey?
9. How do the mental health issues (trauma, stress) affect the health and the responses of these two individuals?
10. How do cultural differences affect the needs of these individuals? And how does shame and self-doubt around some of these differences affect the stories?
11. How do the experiences related here differ between different points of care: maternity offices, hospitals, emergencies?
12. Which aspects of the above stories would cause the most struggle for health providers and why?
13. What may be some reasons why interpretation and/or adequate explanations were not provided by the health professionals?
14. Do these stories give rise to worries about liabilities for the health care providers?
15. What type of access to an interpreter could these health professionals have (if any)?
16. One settlement worker stayed on the phone for hours and is described as "magic." What is the role of a settlement worker? What is a problem when newcomers and care providers see a settlement worker as magic?

What can be done?

1. What are ways to bridge the language challenges these people experience?
2. How could information be shared more thoughtfully for people who are illiterate?
3. How would the consistent use of Provincial Language Services make a difference in these stories?
4. What policies are in place for women who prefer access to female health professionals? Or how can you lower a patient's stress of engaging with a health professional of a different gender?
5. For health care providers: what policies, protocols, training, or information would help prevent such experiences at your own place of work?
6. What support would you need from your institution to help make healthcare accessible for newcomers? What role (if any) do you see for external organizations?
7. Any other learnings from these cases that stand out for you?
8. Any other recommendations and ideas that these cases spark for you?

4 – NEWCOMERS & MENTAL HEALTH

Themes for discussion: mental health, interpretation, mental health referrals, continuation of care, trauma, abuse, suicide, safety, intersectionality, multiple care providers and agents (parents, school, counsellor, physician, psychiatry, youth & family services, Emergency), diagnostic practices and knowledge, social determinants of health. Others?

A. Undiagnosed Mental Health Disorder

Patient: Man, Eritrea, 39, speaks limited English.
Locations: HIV Clinic, Settlement Services office, physician's office.

Settlement Worker: I once worked with a client who was an HIV positive refugee and had arrived five years earlier. He spoke Tigrinya and Amharic and had basic English skills. After meeting with him several times over the course of a month, I became concerned that he was having delusional or dissociative thoughts.

People who have experienced severe trauma can dissociate themselves to cope with the trauma. They often hear voices. This man had been a child soldier and he had been tortured. So, it is important to attend to such symptoms very well when supporting them with other health issues, like HIV.

I checked the logs for the previous years and found no notes regarding mental health concerns. I spoke with his physician's office. They had been seeing him three to six times per year for five years. They had no concerns regarding his mental health, and they had no mental health concerns in his chart. They did use interpretation services when communicating with him.

At my request, and with the client's permission, the doctor's office scheduled him for a mental health screening and the client received a diagnosis of schizophrenia. I still wonder if he has schizophrenia or dissociative disorder, those symptoms might look very similar. It requires excellent awareness of trauma induced disorders to know what to look for.

I wonder why this client's mental health symptoms were overlooked for so long. It might be because of their practices around interpretation. I always try to use the same telephonic interpreter when meeting with clients. That way, I can have a better understanding of the client's "voice". The doctor's office used a different telephonic interpreter each time they met with the client. They were therefore unable to identify mental health symptoms that they weren't specifically looking for.

B. Keeping Someone Safe

Patient: Woman, Syria, 17, speaks limited English.
Locations: School, counselling centre, emergency department, integrated youth services, psychiatrist's office.

Counsellor: It is stressful to move to a new country. Trying to build a new life in a place where everything feels different means that even so-called easy things (the supermarket, taking a bus, making tea) feel confusing, difficult, or strange. Now imagine having to deal with serious mental

health needs beyond that 'regular' stress that other immigrants experience! It quickly gets very complicated.

For example, a young woman was referred to us by her school. She was cutting [herself] and had attempted suicide several times. She comes from a very large inter-generational family all of whom deal with severe trauma. In addition, their housing and employment situation is insecure and "regular" life is difficult. It is important to realize that every person in that household needs mental health support for different mental health challenges due to the trauma they experienced (violent outbursts, depression, dissociation). Most of them have limited English skills. It makes this young woman's home support complicated; her parents could not even recognize that she needed the help.

Most mental health clinics cannot provide counselling for a whole family, but we can and we do. We do not just help this young woman, but also her family.

As is our practice, we paired her with a counsellor and interpreter which she will see each time she comes for a session, the same counsellor and the same interpreter. We have created a network of interpreters we can call upon. We train them ourselves and they debrief with the counsellors.

Finding the right interpreter is important but can be complicated. Clients might prefer interpreters who are not local. They might not want to use interpreters who are originally from a country that is at war with their own. Remote connections are helpful for that reason, we regularly work with interpreters that live in Toronto, Jordan, and India.

The challenge comes when outside clinics and services need to get involved, which is not uncommon. Other clinics and government services often do not use interpretation.

In the case of this teen, she was sent to Emergency because of her suicidal ideation. Unfortunately, the psychiatrist who assessed her did not use interpretation services and was not able to communicate with her. So, they discharged her and sent her home! They did not inform us or follow up with her to see if she was alright. At that moment a client is truly alone. We make sure volunteers and counsellors check in on our clients several times a week, it makes a difference.

Another complication happens when clients need psychiatric assessments and medication. It is difficult to find someone to write that referral. For this young woman it took us a while, but finally, through an Integrated Youth Services organization we were able to get a referral and she was prescribed needed medication. This was a relief, but the challenge is still to get her parents to understand the need for this medication and to help her to actually take it.

Stories like these are challenging, but one physician or NP can make a huge difference in our work and the lives of our clients. Once, we worked with a physician who communicated very well with us and other services and who always used interpretation. It made everything easier for the client and for us. Sometimes relatively simple things, like communicating well and making sure you have the capacity to support interpretation, can make a real impact in people's lives. We need more people like her!

C. Questions for "Newcomers and Mental Health"

What is happening?

1. How does the challenge of speaking and reading English affect the health journey of these refugees? Are they the same in each story?
2. What stands out in these stories about the use (or lack of use) of interpretation services?
3. What might be some interpretation needs in mental health services that are unique and different from other health services?
4. Where in these two stories do you see examples of miscommunication?
5. Where in these stories do you see information breakdowns or gaps?
6. How does trauma complicate people's health journeys?
7. How do the experiences related here differ between different points of care: counselling centres, Emergency, physician's office, integrated youth services, psychiatry, government services, HIV clinic?
8. What complexity is added by being reliant on multiple clinics, services, and institutions working together?
9. How do social determinants of health impact these stories?
10. Intersectionality: What intersections of identities and backgrounds are at play in the story?
11. How would the story change if other intersectional identities were at play here: LGBTQIA identities, disabilities, religion, or other such identities and backgrounds.
12. What challenges might mental health clinics face if they want to begin offering services to refugee populations? What extra resources and capacity might they need to have?
13. Which aspects of the above stories would cause the most struggle for health providers and why?
14. What may be some reasons why interpretation and/or adequate explanations were not provided by the health professionals?
15. Do these stories give rise to worries about liabilities for the health care providers?
16. What type of access to an interpreter could these service providers and health professionals have (if any)?

What can be done?

1. What are ways to bridge the language challenges these people experience?
2. How would the consistent use of interpretation services make a difference in these stories?
3. How can multiple services and institutions work together better? What information sharing practices and/or tools would help?
4. How can individual services change their practices to ensure better health outcomes in these cases?
5. What support would you need from your institution to help make mental health support accessible for newcomers? What role (if any) do you see for external organizations?
6. Any other learnings from these cases that stand out for you?
7. Any other recommendations and ideas that these cases spark for you?

5 – INTERIM FEDERAL HEALTH PROGRAM

Themes for discussion: health insurance, IFHP & MSP, communication, information sharing, mental health, anxiety/stress, role of sponsors, training, assumptions/biases, structural barriers. Others?

The Interim Federal Health Program (IFHP) provides limited, temporary coverage of health-care benefits to resettled refugees, refugee claimants and certain other groups who do not have access to public health insurance or private insurance for a service or product. IFHP coverage, in most cases, lasts for 12 months.

A. Refugees Accessing Healthcare with IFHP

Patient: Man, Syria, 55, speaks intermediate English.
Location: Hospital billing department.

I came to Canada through the private sponsorship program. After years of waiting, it was great to finally be here. It was hard but our sponsors helped.

I'm diabetic and I tried to find a health services but they don't accept me. It was about being a refugee. When I start the conversation with them, everything is normal. But when I said I am a refugee, they say, 'ah sorry, we do not take refugees'. I said, 'okay, at the same time I am a human, too'. What is the difference between a refugee or citizen? I am human. So, some of them, hang up the phone in my face. Some of them said, 'you are right, but our policy is like this'.

I still myself don't really understand exactly what the IFHP is. All I know is it's something that you cannot go without. It's a necessity. It's something that you really need. In some cases, I don't know what's covered. So, I'm not going to go and ask for it because I am afraid that I embarrass myself, like, 'oh yeah, I have this coverage', and they'll be like, 'oh no, that doesn't work here'.

Once I was in the hospital and they send me a bill, at home. I did not know what to do with it. When I needed to go back for a check-up back, they told me I could not leave until I had paid that first bill, it was several thousand dollars... I do not have that!

I said that I have IFHP, I brought all my papers. I said: "I am a refugee I am covered!" The person told me "No you are not a refugee, you are a permanent resident and you have to pay." How could they tell me that? I did everything I was told to do, why did they not believe us?

We were stuck there, so we called our sponsors. One of them came to the hospital to meet us, but also did not know what to do and the hospital still did not believe us. The sponsor paid for us and was going to ask to be reimbursed. But then they found that my health-care provider should not have asked me to pay. Because, if I'm covered for something, they'll pay the hospital directly. If I, or anyone else pays for it, they won't reimburse that person at all.

I'm not sure if I trust going back to the hospital. I have MSP now, but not sure how that is different. I'm worried the same thing will happen again. Let's hope my diabetes stays under control.

B. Providers Accessing IFHP

Locations: Physician's office, dentist office, other health care offices.

Physician: I think even just the whole idea of having to have providers register as IFH providers is very problematic, because it essentially allows people to self-select out of seeing a very vulnerable population. And I just don't know how we can ethically say that that's okay. ... I mean, you can't do that with anything else, right? You can't say, 'I don't see, you know, people from Somalia'. You can't say that. But to be able to say 'I don't see refugees, I don't accept this insurance' I think is, again, it's sort of like a structural discrimination piece that I think should be looked at.

Our clients do not have enough knowledge of what is covered and what is not. ... No one knows. I have had clients who have two master degrees. And then I have clients who are not even educated in their first language. Like, they don't have basic literacy skills. And, none of them understand what IFHP covers.

But that is the case as well for providers. On a scale of 1 to 10, I think I would rank their knowledge about IFHP as 6. I've heard so many providers tell you they don't have an idea of what IFHP is. Yeah, they're asking you if it's from Canada. Is it from B.C.? They kind of figure that everyone has MSP. So, they request an MSP number. When a patient presents an IFHP certificate, don't know what that is. Part of that has to do with the fact we don't treat refugees very often. We are constantly refreshing ourselves because it's been a while... We've seen it so infrequently so it's a steep learning curve.

Every treatment needs to be preauthorized, that makes it very difficult to treat someone. A dentist once told me: "I will give a treatment plan for one tooth, and it gets approved. Now let's say when I open that first surface, I see the adjacent surface is decayed but I did not get it approved before. They will flatly refuse to pay it. So here, sometimes they are forcing our hand to over-diagnose to be on the safe side, but that also puts you in a highly ethical dilemma. What if you get in there and you over-diagnose that surface and call it a two surface but upon treatment you don't need it and you don't do it? And instead of submitting a two surface, you submit a one surface. Guess what? It gets denied."

Finally, often the language barrier is a huge, huge thing. Explaining to patients not only what they're covered for but also what they're not covered for, also explaining to them how to use this medication, and how often they should use this medication. I think these barriers are the most difficult part... If they can't express themselves and we are unable to understand them, it does raise issues, miscommunications issues. And interpretation of course, I feel it needs to be funded because having someone access a physiotherapist when they can't understand what that person is trying to teach them is not effective, not equitable. It really, really limits the interventions that are available. Not having interpretation funded through IFHP seems like giving someone a gift that they can't open.

C. Questions for "Interim Federal Health Program"

What is happening?

1. What is IFHP?
2. Where in these stories do you see examples of miscommunication?
3. Where in these stories do you see information breakdowns or gaps?
4. Where in these two stories do you see examples of bias and prejudice?
5. With which aspects of the above stories would health professionals struggle most?
6. Not every health provider is required to accept IFHP insurance. How would this affect the health journeys of refugees?
7. What may be some reasons why interpretation and/or adequate explanations were not provided by the health professionals?
8. Do these stories give rise to worries about liabilities for health care providers?
9. What are barriers for health care providers offering services under IFHP?
10. One sponsor came to the hospital to help. What is the role of a sponsor? What knowledge might this person have about IFHP?
11. Intersectionality: What intersections of identities and backgrounds are at play in the stories?
12. How would the story change if other intersectional identities were at play here: LGBTQIA identities, disabilities, religion, or other such identities and backgrounds.

What can be done?

1. What are ways to bridge the interpretation challenges these people experience?
2. For health care providers: what policies, protocols, training, or information would help prevent such experiences at your own place of work?
3. What policies, protocols, training, or information would help you offer services for refugees with IFHP coverage?
4. What support would you need from your institution to help make healthcare accessible for newcomers? What role (if any) do you see for external organizations?
5. Any other learnings from these cases that stand out for you?
6. Any other recommendations and ideas that these cases spark for you?

The Inter-Cultural Association of Greater Victoria (ICA) offers services for immigrant and refugee newcomers, including settlement and integration services, translation and interpretation, English classes, mentoring, job search assistance and guidance, volunteer matching, and peer support. We also provide outreach and education in the community through arts programming, as well as community development workshops on anti-racism, diversity awareness, immigration, and human rights. ICA powers the RRT-VI and GVLIP.

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