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Interventions, Programs, and Policies for Enhancing Mental Well-Being of Immigrant and Refugee Communities in the Region of Peel in Ontario, Canada: A Rapid Scoping Review Protocol

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ADMINISTRATIVE INFORMATION

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INTRODUCTION

Review question / Objective Given the significant growth of the immigrant population in Peel since 2000 (28), we aim to conduct a rapid review of existing gray and academic literature on interventions, programs and policies implemented in Peel to support the mental well-being (mental well-being encompasses a more holistic and positive mental health perspective that may or may not indicate the absence of mental illness or distress and is closely linked to positive mental health and emotional well-being(29–31)) of immigrants and refugees

living in the region. The specific objectives are as follows:

- 1) To identify the nature and extent of existing evidence on interventions, programs, and policies implemented in Peel to enhance the mental well-being of immigrants and refugees over time.
- 2) To characterize these interventions, programs, and policies according to the type of services or support provided, the immigrant and refugee populations served, the delivery models used, the types of providers involved, and the impacts observed.

3) To identify gaps and opportunities for community-based, evidence-informed interventions, programs, and policies that support the positive mental health and emotional well-being of diverse immigrant and refugee communities, particularly families from various ethno-cultural and socio-economic backgrounds settling in Peel.

The following principal and secondary research questions guide the present scoping review.

What evidence has been published on interventions, programs, and policies implemented in the Region of Peel (Ontario, Canada) to enhance the mental well-being of immigrants and refugees over time?

- a) What are the main characteristics of these interventions, programs, and policies regarding their type, components, implementation strategies, and impacts?
- b) What are the gaps in mental health programming and policy evidence for immigrant and refugee communities in Peel?

Background Positive mental well-being is crucial for a healthy and productive life (1) and appropriately coping with stressful situations people face over their life course(1,2). Although Canada is a culturally diverse country(3), with 23% of its population being immigrants (of which 15.9% are recent immigrants)(4), there are widening health disparities and inequities (5). These disparities, including those in mental health and well-being (6), disproportionately affect visible minority and racialized communities (7–9). Visible minorities and racialized groups are defined in the Canadian Employment Equity Act as persons "other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour that include large migrant and refugee populations. As a whole population, immigrants and refugees in Canada tend to report better health than the average Canadian population—the so-called "healthy immigrant effect" (10–12). However, when examined as diverse ethno-racial and sociocultural populations, they experience adverse health outcomes and trajectories both before immigration and during the settlement period, especially long after they have emigrated. This includes poor mental well-being and inequities in access to mental healthcare. Also, immigrant parents in Canada, particularly those from visible minorities and racialized groups, experience a high burden of parental stress, which is linked to emotional and mental health issues

such as sadness, loneliness, and depression in caregivers(13), as well as familial stressors, and declines in mental health and well-being in their children(14).

These inequities and poor mental well-being outcomes are due to the intersecting and often exacerbating role of social determinants of health at the individual (e.g., pre-settlement conditions including traumatic experiences, gender identity, education level, resilience capacity, and individual or cultural norms attached to mental health), family (e.g., differential intergenerational and cultural life perspectives and adaption capabilities among family members), contextual (e.g., living in underserved or segregated communities), and structural (e.g., barriers to accessing employment, unaffordable education, stable housing, and appropriate healthcare due to racism, discrimination, stigmatization, and affordable mental health services) levels (7–9,15,16). Although these factors are known to contribute to health inequities in migrant populations settling in Canada, there are limited mental well-being programs for immigrants and refugees, particularly those that are family-focused and culturally sensitive. Hence, there is a need and call for psychosocial, culturally sensitive, equitable, community-based, and family-centred approaches that address the intersecting individual, contextual, and structural social determinants of mental health inequities (9,17–23).

Rationale The region of Peel is the most ethno-racially, culturally, and religiously diverse jurisdiction in Canada (24,25), and over half of its residents (51.8%) are immigrants and refugees, which in turn, accounting for 18% of Ontario's immigrant population (24,25). Moreover, several community-based reports in the Peel region have highlighted the need to prioritize community-based and family-focused mental health solutions that are culturally and linguistically sensitive, given the needs of the region's culturally diverse communities, including immigrants and refugees (26,27). Therefore, there is a need to better understand and characterize any potential existing programs, interventions, and policies implemented to support the mental or emotional well-being of immigrants and refugees settling in the Peel region, Ontario. Identifying and characterizing these programs, interventions, and policies will inform our research program, which aims to collaboratively co-design a community-based, culturally sensitive, and family-focused program that enhances the long-term mental well-being of newcomer families settling in the Region of Peel, Ontario, Canada.

METHODS

Strategy of data synthesis We will conduct a rapid scoping review following the methodological framework suggested by Levac, Arksey, and O'Malley (32,33) to achieve the literature review objectives.

The present review follows these key stages to guide data identification and synthesis: 1) Identifying the main questions that drive the scoping review; 2) Establishing inclusion and exclusion criteria; 3) Identifying information sources and developing the search strategy; 4) Outlining the study selection approach; 5) Developing the data charting strategy; 6) Implementing the methodological quality appraisal approach; 7) Summarizing and reporting results; and 8) Conducting consultation with community partners.

The review reporting will be guided by the PRISMA extension for Scoping Reviews (PRISMA-ScR)(34).

Eligibility criteria We will include primary academic(peer-reviewed) and grey literature (reports, policy documents, thesis) that has the following main characteristics: 1) Had been conducted in or included the region of Peel (Ontario, Canada) as a geographical setting. 2) Reported or studied programs, interventions, or policies focused on mental well-being, which encompasses a more holistic and positive mental health perspective that may or may not indicate the absence of mental illness or distress and it closely linked to positive mental health and emotional well-being (29–31). 3) The study population included immigrant or refugee (including asylum seekers) communities. 4) Existing evidence published between January 1, 2000, to July 2024. The 2000 starting point aligns with the observed significant increase of immigrant and refugee communities settling in Peel (28).

The review will exclude abstracts, commentaries, methodology papers, protocol papers without reported findings, and reviews of any type. Evidence records without full text available will also be excluded. Finally, we will exclude evidence records where mental health or emotional-related outcomes or impacts are not explicitly reported. No exclusion criteria based on publication language will be applied.

Source of evidence screening and selection A comprehensive literature search will be conducted by a professional librarian in the following bibliographic databases: Ovid MEDLINE, Ovid

Embase, Ovid PsycINFO, Ovid EBM Reviews - Cochrane Central Registry of Clinical Trials, Ovid EBM Reviews - Cochrane Database of Systematic Reviews, EBSCO CINAHL Complete, Clarivate Web of Science, and PubMed (Non-Medline records). Grey literature will be searched in Google Scholar (First 500 results) using the Publish or Perish software(35), ProQuest Dissertations and Theses Global database and websites of relevant organizations. The search strategy will include subject headings, free text, and specialized keywords related to three concepts: 1) Immigrant and refugee; 2) Mental health and emotional well-being; and 3) Region of Peel as the primary setting. We will follow the 2015 Peer Review of Electronic Search Strategies (PRESS) Guideline(36) to design the search strategy, including a peer review of the Ovid Medline search strategy by another librarian. To inform our search strategy, we will use an existing Immigrant Population Search Filter published by Northwestern University/Medical Library Association Working Group(37). The Ovid MEDLINE search strategy will be reported alongside the review's main findings.

The retrieved literature will be screened for inclusion against the inclusion criteria using a stage process. In stage one, two research team members will screen the titles and abstracts independently. Any disagreements during the inclusion screening process will be discussed and resolved by the two primary screeners. If they cannot agree, a third team member will be consulted to decide on the inclusion disagreements.

In stage two, the same two members will independently review the full texts of the papers selected in stage one to confirm their eligibility for inclusion in the final review. If any disagreements arise regarding inclusion, the two members will discuss them to reach a unanimous decision. If they cannot agree, a third team member will help resolve the conflict. At this stage, we will also manually review the citations of the included papers to identify additional evidence sources.

Data management We will use the COVIDENCE software(38) to assist with the literature selection process and data extraction and charting.

Reporting results / Analysis of the evidence We will extract overall and specific information from each evidence source to help answer the research questions. This will include the following characteristics:

- **Main study characteristics:** First author, year of publication, journal or publication source title (e.g., thesis), specific Peel

setting, overall type of literature (grey or academic), specific type of grey literature, and study design of peer-reviewed literature.

- **Characterization of the presented intervention or program:** Main topic addressed in the literature source (policy/intervention/program), main objectives, sample size, targeted immigrant and refugee communities/groups and their socio-demographic characteristics (e.g., age, gender, ethnicity, racial background, country of origin, occupations) of the included/targeted population.
- **Intervention model:** Definition, description, and main elements or components.
- **Characteristics of intervention/program/policy implementation and delivery:** Including whether the intervention is family focused.
- **Mental health or emotional well-being outcomes:** Main outcomes analyzed or presented and associated measures.
- **Main findings**
- **Key limitations provided**

We will use the Covidence software (38) to assist with the data extraction process, guided by the data elements outlined above. This will be included in a pre-prepared extraction form integrated within Covidence. The information synthesis will be facilitated using a thematic synthesis approach (39) for qualitative data and descriptive and graph-based summaries for quantitative data.

Presentation of the results Numeric, thematic and visual approaches will assist in synthesizing the evidence, as common techniques used in similar methodological reviews(40,41). The extracted data will be synthesized using numerical and visual descriptive approaches to outline the main characteristics of the evidence, the studied immigrant communities or groups, and the key impact findings. Tables will be used to provide an overview of the evidence synthesis. Thematic synthesis(42) will be employed to identify descriptive and synthetic themes related to the main characteristics of the interventions, programs, or policies, including their key elements, implementation, and delivery strategies.

A graphical visualization, such as a Sankey diagram, will represent the links between these identified synthetic themes, assessed outcomes, and measures to illustrate the flow and connections between the different elements of the interventions. Summarized tables will also be used

to display other significant findings from the review.

The reporting of this review will be guided by the PRISMA extension for Scoping Reviews (PRISMA-ScR) (28). The main findings will be reported in a story mapping output, a community report, and an academic publication.

Language restriction None.

Country(ies) involved Region of Peel in Ontario, Canada.

Other relevant information

Methodological Quality Appraisal : As per the guidance on the scoping review methodological framework by Levac, Arksey, and O'Malley (32,33), appraising methodological quality or risk of bias is not essential for a scoping review. However, we will make every effort to conduct a quality appraisal of the included literature according to the study design, using appropriate existing tools such as the JBI's critical appraisal tools.

Consultation: This review is part of a broader research project we are conducting in collaboration with community-based organizations in Peel and people with lived experiences in immigration and settlement in Ontario and the Peel region. Therefore, the review has been informed by engaging conversations with several of our diverse community research partners in Peel who provide social and health-related services and advocate for immigrant and refugee communities, as well as discussions with individuals with lived experiences related to immigration, mental health, and settlement in the Peel region.

We will seek validation of the interpretation of the main findings and the recommendations derived from this scoping review from our Community Peer Research Advisory Board members, who currently guide a co-design and research-based project focused on mental health for immigrant and refugee families settling in the Peel region.

Discussion: This scoping review will provide us with critical insights into the existing evidence on interventions, programs, and policies implemented in the Peel Region of Ontario (Canada) since 2000 to support the mental health and emotional well-being of diverse immigrant and refugee communities settled in Peel. These findings will deepen our understanding of the types of programming and policies needed to better support immigrant and refugee communities in Peel.

Mental well-being should be considered the cornerstone of a thriving life, enabling each person and family to reach their fullest potential, even when they have chosen or have been forced to relocate to a new setting. Additionally, the findings from this scoping review will inform our co-design process for a community-based, family-focused, and culturally sensitive program to enhance the positive mental health and emotional well-being of immigrant and refugee families settling in Peel.

One of the strengths of this review is the comprehensive search of existing academic literature across diverse databases and the inclusion of grey literature, such as reports from community-based organizations that provide settlement services and communicate their program impacts. Additionally, we considered a long-term timeframe (2000 to 2024) in our literature search to ensure we capture evidence that provides valuable insights for informing programming, research, and advocacy to support both short- and long-term mental well-being of individuals during their settlement journey in new and often socio-culturally, economically, and politically diverse settings.

However, some potential limitations exist. We may not be able to capture all the existing evidence on programs that community-based organizations have implemented to support the mental health of immigrant and refugee communities in Peel, even when we consider grey literature. This is because some of these programs may have been short-term and lack publicly available records of their models and impacts. Similarly, many organizations may not publicly make their programming and associated impacts available due to various factors, such as limited resources and evaluation capacity. We will acknowledge such limitations when reporting our findings.

In conclusion, this review will provide us with a better understanding of the existing evidence on interventions, programs, and policies implemented in the Region of Peel, Ontario, to enhance the mental well-being of immigrants and refugees. It will inform our co-deigning of community-based, family-focused and culturally sensitive programming to enhance the positive mental well-being of immigrant and refugee families settling on Peel. Additionally, findings from this review will be used to inform advocacy, policy development, and further research on immigration, settlement, and mental health in diverse communities both locally and beyond.

Keywords Mental Health; Mental Well-Being, Emotional Mental Well-Being, Immigrant People, Refugee People, Peel Region, Program, Canada.

Dissemination plans The findings of this scoping review will inform our evidence-based, community-driven co-design process for a program that is family-focused, culturally sensitive, and aimed at enhancing the mental well-being of immigrant and refugee families settling in the Region of Peel, Ontario, Canada. The results will be disseminated through a community-based report, a story map, and an academic paper.

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