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Community-based and family-focused mental well-being interventions and programs for immigrant and refugee Communities: A Systematic Scoping Review Protocol

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INTRODUCTION

Review question / Objective This scoping review aims to examine and synthesize the scope, nature, and components of community-based interventions and programs designed to promote or support the positive mental well-being of immigrant and refugee families in various jurisdictions globally, along with their implementation approaches and impacts.

Background Globally, immigrant and refugee populations have significantly increased in recent years (1). According to a recent report from the

International Organization for Migration, the global population of international migrants reached 281 million by 2020 (2). This means that 3.6% of the world's population resides outside their country of origin (2). Of the 281 million international migrants worldwide, 10.1% (around 28 million) were children, and 48.0% (approximately 135 million) were women. This increase underscores the growing trend of people, including children and families, crossing borders due to factors such as employment opportunities, conflicts and wars, and environmental challenges (1,2). Furthermore, by the end of 2022, 117 million people were displaced worldwide, marking a new high in this social and public health concern (2–4). These individuals include refugees (35.3 million), asylum seekers (5.4 million), and those displaced within their own countries (71.2 million) (2).

The rise in global migration has increased the need for resettlement and supportive programs in major immigrant-hosting nations, such as Canada and the United States, which have provided homes to tens of thousands of international students and refugees each year (1,2). In 2022, Canada led global official resettlement efforts by welcoming over 47,000 refugees (primarily from Afghanistan, the Syrian Arab Republic, and Eritrea), followed by the United States of America (USA), which admitted 29,000 refugees, mainly from the Democratic Republic of Congo, the Syrian Arab Republic, and Myanmar (2). These efforts underscore the commitment of both countries to addressing the ongoing humanitarian needs of displaced populations worldwide (2). Additionally, in 2021, Canada welcomed nearly 318,000 international students, while the USA hosted over 833,000; these figures highlight the significant demand for integration and assistance initiatives for newcomers across North America (2).

During the pre-immigration phase, individuals and families often face enduring factors related to the social determinants of health, such as leaving behind formal and informal (e.g., family and friends) social, educational, economic and health support systems and sources, exposing them to exploitation, financial hardships (2), and negative impact to their mental well-being. For refugees and asylum seekers, pre-arrival hardships are often intensified by the challenges of fleeing conflict, violence, or persecution. These circumstances expose them to traumatic experiences, including physical and psychological violence, prolonged stays in refugee camps or other unsafe transitional locations, separation from family members, and discrimination and stigma (2), which could have short- and long-term negative impacts on their mental well-being (5).

Upon arrival, the settlement process can also be challenging. Immigrants and refugees must often navigate unfamiliar systems of healthcare, education, and employment, often with limited access to social support or knowledge of local languages and customs. These factors can lead to social isolation, financial insecurity, and difficulties accessing essential services (including healthcare, housing, childcare, food, and employment opportunities) (5,6), as well as social and health inequities, all of which can worsen or trigger negative mental health outcomes, both in the short and long terms (5,6).

Rationale Mental well-being is not limited to the absence of mental disorders. It encompasses a broader range of mental and emotional health aspects, including positive mental health, psychological wellness, emotional balance, mental wellness, and both emotional and psychological well-being (7,8). Given the multidimensional and interrelated Social Determinants of Health that shape the immigration experience across the pre-arrival, arrival, and settlement phases (1,2,5,6), immigrant and refugee families, including each family member at the individual level, face significant challenges that negatively impact their mental well-being (5,6). Addressing these complex needs requires evidence-informed, cross-sectoral efforts to co-design new solutions or adapt promising existing community-based solutions. Such solutions should be community-based, culturally sensitive, and family-focused, with a long-term horizon to enhance positive mental well-being during the immigration process, particularly during the settlement stage. Enhancing positive mental well-being outcomes and trajectories (7,8) in immigrant and refugee families could significantly contribute to positive settlement outcomes. Among such outcomes can be newcomers' active and positive participation in building the social, financial, employment, community, and cultural capital of the host setting (9).

Among such host jurisdictions is Canada, where the newcomer population is very diverse (10). Newcomers to Canada come from diverse ethnic, racial, and cultural backgrounds, as well as varied geographical and socio-economic environments (11), and have distinct or unique life experiences and immigration trajectories (12–16). However, both immigrants and refugees in Canada face several structural barriers, including difficulties finding employment, housing, education and healthcare, due to racism, discrimination, stigmatization, and a lack of culturally and linguistically sensitive care (12–16). Factors such as these can contribute to adverse mental health

outcomes and trajectories among members of newcomer communities in Canada (12–16).

Existing mental health services offered to immigrants and refugees across Canadian jurisdictions where over 50% of their population are immigrants, such as the Region of Peel (Ontario, Canada) (17), lack a broad psychosocial and equity focused approach, are siloed, lack continuity and sustainability, and are not always culturally and linguistically tailored to the needs of individuals (18,19). Furthermore, existing programs often overlook the family unit in mental health and lack evidence-informed approaches, partly due to limited financial and human resources, capacity and training, supportive systems, and enduring structural or policy support (18,19). Despite many local Peel-based organizations offering diverse mental well-being programs for refugees and immigrants, there is limited evidence on the implementation and impact of these programs, as found in a recent scoping review conducted in Peel by some of the authors of this protocol.

Given these challenges, we planned this systematic scoping review to inform the co-design, implementation, evaluation, and adaptation of community-based programs aimed at enhancing the positive mental well-being of immigrant and refugee families settling in the Region of Peel, Canada, and beyond (7,8). This co-design initiative represents a significant partnership between academic and community-based organizations to strengthen programs that are community-driven, family-focused, and culturally sensitive, ensuring they are responsive to the unique needs of immigrant and refugee populations in Peel and similar settings.

This scoping review aims to contribute to synthesizing evidence in this important area, addressing gaps in recent reviews on the mental well-being of immigrants and refugees from a family perspective (20). Recent reviews in mental health among immigrant and refugee communities have primarily focused on refugee communities, employed limited study designs, and relied exclusively on academic evidence (20). This approach overlooks important evidence from both academic and grey literature that could provide a more comprehensive understanding of promising solutions, components, and approaches, particularly those that can be implemented within and led by community settings and service providers, rather than traditional healthcare environments.

METHODS

Strategy of data synthesis We will conduct a systematic scoping review (21–24) of publicly available peer-reviewed literature and selected community-based non-academic literature (reports) on community-based, family-focused mental well-being interventions for immigrants and refugee communities.

We will follow the Scoping methodological framework suggested by Arksey and O'Malley's (25) and expanded by Levac, Colquhoun and O'Brien (23,26) to guide the conduct of our scoping review.

Based on Levac, Colquhoun and O'Brien (23,26), the following eight key stages were followed to guide our review protocol and its subsequent execution:

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.
8. Conducting consultation with community partners.

Identifying the research questions (23,26) The principal question guiding our review is:

What community-based and family-focused interventions or programs have been implemented locally (Canada) and globally to enhance the mental well-being of immigrants and refugees while settling in their host country?

Additionally, the four specific questions below will contribute to gaining knowledge about the models, features, and impact of the identified interventions.

- What main community-based models, family-based and culturally sensitive approaches, have been considered(implemented) in the identified interventions?
- What are the main components /features/ characteristics of identified interventions?
- What main implementation approaches have been used to implement and deliver such interventions?
- What have been the main direct impacts of such identified interventions/programs in enhancing the mental well-being-related outcomes of immigrant/refugee families as a unit and individuals, particularly in parents and children?
- What have been the impacts of such interventions/programs on non-direct mental well-being outcomes?

- What are the main limitations of the identified interventions?

Identifying relevant studies (23,26) The following inclusion and exclusion criteria will guide the selection of the existing peer-reviewed literature and selected community-based non-academic literature.

Eligibility criteria

1. Type of literature: Guided by the review's main objective and key questions, this scoping review will be limited to identifying, mapping, characterizing, and synthesizing existing and publicly available primary peer-reviewed literature with qualitative, quantitative and mixed-method methodologies and any other research or study design. We will also be reviewing community-based, non-academic literature (non-academic reports) that reports on the impact of mental well-being-related programs for refugee and immigrant communities implemented in the following countries who are major recipients of immigrant and refugee populations (1 million or over) around the world (3,4) due to their geographical proximity to conflict zones and their policies towards refugees: Turkey - hosting about 3.5 million refugees, mainly from Syria; Islamic Rep. of Iran – hosting nearly 3.4 million; Colombia - hosting approximately 2.5 million Venezuelan migrants and refugees; Germany - home to almost 2.1 million refugees; Pakistan - hosting approximately 1.7 million refugees, primarily from Afghanistan; Uganda - accommodating around 1.5 million refugees; Russian Federation-hosting approximately 1.3; Sudan - hosting about 1.1 million refugees; Lebanon - hosting approximately 1 million refugees, predominantly from Syria; and Ethiopia - with around 1 million refugees, primarily from South Sudan.
2. Study population: Academic and grey literature should focus on immigrant and refugee (including asylum claimants) communities and explicitly state that the intervention/program has a family-centred approach or that the family unit is the primary population intervened upon or served by the intervention or program. The definition of a family unit may vary across studies. We are specifically interested in studies where the family unit includes biological or adoptive parent(s), spouse, common-law partner or conjugal partners, as well as parents and grandparents who hold legal, financial, or caregiving responsibilities for a dependent child under the age of 22 living in the same household (27), and who were first-generation immigrant and refugees; and at least one child under the age of 22 (the children not required to be first generation immigrants) was considered in the intervention or program.
3. Topic of the study: Primary academic and selected non-academic literature that includes community-based or lead interventions or programs tailored at enhancing or supporting positive mental well-being (positive mental health, psychological wellness, emotional balance, psychological well-being, emotional well-being, mental wellness, emotional health, psychological health) (7,8) of immigrant and refugee families (e.g., skilled or seasonal immigrants, international students, asylum claimants). The evidence should clearly state whether the intervention or program used a community-based or community-led approach and be provided in a community setting/facility. Additionally, evidence sources must report data on at least one aspect or outcome related to mental well-being in any member of the unit family (biological or adoptive parent(s), spouse, common-law partner or conjugal partners, as well as parents and grandparents and/or their children/grandchildren under the age of 22).
4. Literature publication timeline: Literature published from January 1990 to January 2025 will be considered in our scoping literature review. The reason for selecting 1990 as the starting point is that the number of refugees globally has more than doubled since then, from around 40 million in 1990 to approximately 110 million in 2023 (3,4).
5. Literature Published in Language: Our literature search will utilize English-based search terms (see search strategy below) but will not impose language restrictions across the various databases. However, we are committed to including full-text evidence published in languages beyond English, particularly Spanish, French, Italian, Chinese, and Portuguese—the languages in which our review team members are proficient. This effort promotes a more inclusive and comprehensive approach to knowledge synthesis. We acknowledge that relevant literature published in languages other than those listed above may be excluded due to our resource limitations, as we are unable to support the translation of texts beyond those published in the listed languages.

Exclusion criteria

We will exclude academic literature that includes commentaries, opinions, abstracts, conference proceedings, reviews of any type, retrieved papers without available complete text, books and book chapters, protocols without reported findings, and guidelines and other non-primary source academic evidence. From the grey literature, we will exclude sources not explicitly defined as reports, such as news articles, opinion pieces, abstracts, and full texts that cannot be retrieved. Additionally, we will exclude both academic and non-academic

evidence that: (1) does not report on interventions related to mental well-being for immigrant or refugee families (i.e., must report at least one mental well-being outcome in any member of the family unit); (2) does not clearly state that the intervention is family-focused and includes at least one member of the family unit and a child (see Study Population criteria); and (3) does not indicate that the intervention is community-based, -led, or have a community approach. Studies focusing on internally displaced populations or migrant communities/families (not classified as immigrants or refugees) will also be excluded..

Source of evidence screening and selection

Searching strategy: A professional librarian from the THP library services will conduct a comprehensive literature search spanning from January 1990 to December 2024 across several databases: Ovid MEDLINE, Ovid Embase, Ovid PsycINFO, Ovid Cochrane Central Register of Clinical Trials, Ovid Cochrane Database of Systematic Reviews, EBSCO CINAHL Complete, ProQuest Theses and Dissertations Global, Clarivate Web of Science, and Global Index Medicus. Additional references will be sourced from Google Scholar via Publish or Perish, CADTH Grey Matters, relevant local, national, and international websites, and through hand-searching of pertinent references. There will be no restrictions on age, language, or geography. Following the 2015 Peer Review of Electronic Search Strategies (PRESS) Guideline (28), the search strategy will include subject headings and free text related to the concepts of mental well-being, immigrants and refugees, interventions and programs, as well as community-based and family-focused approaches. The main search terms will be in English and derived from existing literature searches on immigrant and refugee populations and mental health and mental well-being areas, such as the existing Immigrant Population Search Filter published by Northwestern University/ Medical Library Association Working Group (29) and the search strategy used by Bunn et al. in their literature review on family-based mental health interventions for refugee population (30). Additionally, terms related to mental well-being are derived from various sources, which define such concepts and their main components (7,8,31–34).
The full search strategy will be documented in the final publication of the scoping review's findings.
Study selection (23,26): We will use Covidence (an online systematic reviews tool) to assist with the scoping review process. First, we will upload the retrieved literature to Covidence, where duplicate entries will be removed. Second, at least two research team members will independently conduct the literature screening process in two steps. First, we will screen the titles and abstracts against the inclusion and exclusion criteria, selecting evidence that meets the inclusion criteria for the second screening step. Both reviewers must agree for a paper to proceed to the full-text screening stage. Disagreements will be resolved through consensus among screening team members or with the help of an additional senior researcher. Second, at least two research team members (e.g., project lead and RA) will retrieve and screen the full text of papers advancing to the full-text screening stage to confirm their eligibility against inclusion and exclusion criteria, including them in the scoping review synthesis and reporting. Disagreements will be resolved through consensus or assistance from additional senior team members. Third, the references of the final selected papers will be reviewed to identify further relevant literature (using the backward citation searching approach (35,36)) that was not retrieved during the literature search process. The scoping review team will then extract the key characteristics of the included evidence to answer the scoping questions (see the data charting step).

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

Reporting results / Analysis of the evidence

Charting the data (23,26): The aim and questions of this review will guide the extraction of key data from the included academic and non-academic literature. We will prepare a tailored data extraction form within the Covidence to facilitate data extraction and chartering. The project's lead and RA will independently pilot the extraction form on a sample of five to ten percent of the studies, specifically chosen for their complex and diverse designs to make any adjustments needed to enhance the efficiency of the extraction process and capture the required information from the evidence sources (37,38). One team member will extract primary data from the pilot sample (e.g., RA), and a second experienced researcher (e.g., a Co-PI) will validate it. Any discrepancies between the two piloting form members will be resolved through discussion, or if necessary, a third research team member can assist in the decision-making process. Based on this pilot, we will adjust the data extraction form as needed. The final extraction form will be used by the scoping review research team (e.g., PI), Co-PI and RA) to independently extract data from the remaining evidence sources.

Presentation of the results Collating, summarizing, and reporting the results (23,26): The extracted data will be collated and synthesized numerically, thematically, and graphically by the research team (e.g. PI and RA), following approaches used in similar review studies (39,40). The findings will be discussed and contextualized, with implications for researching, co-designing, implementing, delivering, and evaluating solutions for immigrant and refugee communities. Based on this, recommendations will be provided. The main findings of this review will be disseminated through tailored knowledge translation outputs, including an executive report for community partners, decision-makers, and service, policy, and advocacy stakeholders or actors in Peel. For a broader academic and research audience, the scoping review findings will be published in a peer-reviewed manuscript (see further details in the output section) following the PRISMA-ScR guidelines for reporting scoping review (24).

Language restriction We will include only full-text evidence published in the following languages: English, Spanish, French, Italian, Chinese, and Portuguese—the languages in which our review team members are proficient.

Country(ies) involved Canada - Institute for Better Health, Trillium Health Partners, Mississauga, ON, Canada. Peel Institute of Research and Training, Family Services of Peel, Mississauga, ON, Canada.

Other relevant information Consultation (23,26): The need to map existing literature on specific immigrant and refugee populations arose to support the co-design and implementation of community-based, family-focused solutions to enhance the mental well-being of diverse newcomers in our community. This effort was driven by community-based settlement organizations, sectoral agencies, advocacy groups, and researchers serving and studying immigrant and refugee communities in the Peel Region and across Canada (14,41–47). Additionally, some of our local community research partners in Peel recommended exploring existing evidence on community-based programs, particularly in countries with significant immigrant and refugee populations. They expressed interest in understanding which programming approaches have shown promise in other contexts, especially those targeting refugees or asylum seekers. The interpretation of the scoping review findings will be shared with local community partners to gather their perspectives, strengthen their interpretations, and enhance the dissemination and utilization of the findings.

Discussion/Conclusion: This scoping review will significantly contribute to mapping existing evidence on community-based/led interventions and programs that have shown promising impacts in enhancing the positive mental well-being of immigrant and refugee families in diverse jurisdictions worldwide. The findings from this scoping review will inform the co-design, implementation, adaptation, and evaluation of mental well-being programming in Canada and other countries that host large numbers of immigrant and refugee communities from diverse ethnocultural and socio-economic backgrounds, with unique immigration journeys and social and health needs. Finally, the identified research gaps can also help inform future research efforts and contribute to building a stronger evidence base in the field.

Keywords Mental Health, Mental Well-Being, Emotional Mental Well-Being, Immigrant People, Refugee People, Family, Community-based, Scoping Review.

Dissemination plans The results will be disseminated through a community-based report or infographics, as well as an academic publication.

Contributions of each author

Cilia Mejia-Lancheros: Conceptualized and led the development of the scoping review, including the design of the methodological approach. Brought valuable lived experience as an immigrant to inform the planning and focus of the review. Drafted the initial and final versions of the protocol. She will lead the execution of the review.

Soo Min Toh: Contributed to refining the scoping review concept, provided substantive input to the protocol content, and supported its revision and editing.

Elaine Kwee: Contributed to refining the scoping review concept, provided substantive input to the protocol content, and supported its revision and editing.

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Matthew Adams: Contributed to refining the scoping review concept, provided substantive input to the protocol content, and supported its revision and editing.
James Lachaud: Contributed to refining the scoping review concept, provided substantive input to the protocol content, and supported its revision and editing.
Michelle Hwang: Contributed to develop and implement the literature search strategy and provided essential input to the methodological section of this protocol.
Shane Joseph: Contributed significantly to the development of the scoping review concept and protocol content. Brought valuable expertise in working with immigrant and refugee communities in Peel to inform the planning and focus of the review
Hameed Shaheer: Contributed significantly to the development of the scoping review concept and protocol content. Brought valuable expertise in working with immigrant and refugee communities in Peel to inform the planning and focus of the review.
Priyanka Sheth: Contributed significantly to the development of the scoping review concept and protocol content. Brought valuable expertise in working with immigrant and refugee communities in Peel to inform the planning and focus of the review.
Monica Riutort: Contributed significantly to the development of the scoping review concept and protocol content. Brought valuable expertise in working with diverse communities in Peel to inform the planning and focus of the review.

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