Community Based Mental Health Programming: Building Bonds and Bridges

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Introduction

There are more people than ever before moving great distances, sometimes across the globe, to start their lives over again – many of them against their will. The world is currently facing unprecedented numbers of forcibly displaced people, including internally displaced people and people seeking refuge in other countries (UNHCR, 2016, na). The process of migration has a huge impact on the people's lives and depending on the resources they have at hand – both as individuals, and as communities integrating into new communities – it may be for better or for worse. There are many adverse consequences to the mental health of an individual who goes through this process, which have been well documented in literature on refugee psychology, including increased rates of anxiety, depression, and PTSD (Jayawickreme *et al.*, 2013, p. 314/315). There are also adverse consequences at the broader community level. Ways of living, or mazeways[1], that these groups have configured are destroyed, leaving them with a collective lack of understanding of how to move forward (Fullilove, 2001, p.78).

One of the main factors that impacts how an individual copes with emotional distress is social support and affirmation through shared experience (Simich *et al.*, 2003, p.872). As a determinant of health, social support has been found to be as equally important as physical environment and genetics, and yet is largely not incorporated into policies that govern refugee resettlement (Ibid, p.872). This creates an impossible situation in which what is needed in the healing process is exactly the capital which has been stripped by the process of migration. Women are disproportionately affected by loss of community and are also disproportionately affected by reported levels of emotional distress over time (Hardi, 2005, p.154; Beiser, 2010, p.42).

The aforementioned research on refugee psychology focuses on trauma and pathology, which fits in line with the political rhetoric that refugees are helpless, powerless victims, in need of support and aid from wealthy nations (Jayawickreme *et al*., 2013, p.316). Moreover, it oversimplifies the psychological distress faced by refugees to a single event, or a finite sequence of traumatic events, rather than accounting for the impact that ongoing experiences of threat, lack of security, deprivation and sadness have on an individual (Ibid, p.316/317). These studies also focus on the individual, without considering social factors that facilitate healing and adaptation (Ibid, p.317). Using Western derived counseling techniques based around assumptions of individual pathology has the potential to undermine communal strategies for social recovery (Silove, 2005, p.33). This way of thinking continues to frame refugees as helpless, and obscures the resilient actions taken by refugees during resettlement (Jayawickreme *et al*., 2013, p.317). Much research in the past has focused on the pathologies that develop in individuals struggling with this system and the trauma

[1] Mazeways are described by Fullilove as "the sum of the lifeways in a community, a collective construct that depends on a shared history of life in a given place" (Fullilove, 2001, p.78).

underscoring their story. This paper, however, borrows from positive community psychology and focuses on better understanding the resources that communities rely on during these difficult times.

Collectively, humans seek meaning to understand what happens to them by seeking social support in the form of faith groups, religion, spiritual practice, and political convictions to give meaning to their experience (Jayawickreme *et al*., 2013, p.317). Refugees cite these connections as resources that help them to endure even the worst atrocities (Ibid, p.317). By continuing to focus on individual level mental health issues, issues such as social support reunification and rebuilding of social capital go ignored. This leaves many of the mental health services available underutilized as they are not perceived as culturally appropriate to the group, and leaves communities without meaningful support, as they see no representation of themselves in the support systems (Khanlou, 2010, p.22).

In response to this lack of culturally appropriate support, communities have begun to develop their own support networks and mental health programming. There are a number of grassroots organizations, run by refugees and immigrants, that aim to support mental wellbeing through stigma reduction, building of social capital and community empowerment. Some of these groups also seek to improve refugees' access to mental health care and physical health care services. The work many of these groups do is often not observed by academic literature, yet there is a need to better understand their organizational frameworks and their methods for improving access to social capital. This research paper aims to gain a better theoretical understanding of the work being done by community based mental health programs to build social capital for refugees. The main theoretical question is:

> To what extent does community based mental health programming support the development of bonding social capital and bridging social capital?'

For this research, bonding social capital is defined as strong connections within a community, commonly referred to as social support, while bridging social capital refers to weaker connections between communities that facilitate connections to opportunities for employment, education, and access to healthcare (Ager & Strang, 2008, p.177-179). Bonding capital, while important, can serve to isolate groups from the broader community if that bonding capital is only concentrated insularly (Elliot & Yusuf, 2014, p.103/104). As such, during resettlement, bridging should be sought with groups that have capacity to provide deeper connections to the broader community. Bridging social capital encompasses relationships formed between newcomers and groups native to the host country, or that have a long-standing history in the country, and helps newcomers to become more integrated into their new country[2].

[2] Linking social capital refers to connections that form between groups and the state or other institutions like universities, these links may allow a group to have say in policy decisions, or the rhetoric used when talking about their social group (Ager & Strang, 2008, p.181). While linking social capital is not the focus of this document, it is

In order to address the main theoretical question, outline above, this research conducts a detailed study of the Women's Wellness Program (WWP) put on by the Toronto-based grassroots organization QED (Al-Qazzaz Foundation for Education and Development). This program and organization were selected given the focus of the program in assisting refugee women who have resettled in Canada, and the grassroots nature of the support provided by the organization.

The paper begins with a literature review which will provide a more in-depth discussion of the political climate surrounding the 'refugee crisis'. This will illustrate some of the rhetoric surrounding issues of refugee resettlement in North America, and the links between this rhetoric and the provisions made for their arrival. This section will then go on to explain some applicable sociological theories, including mazeway disintegration and systemic racism. The discussion will then move onto a critical examination of the current research being done on refugee psychology. All of this serves to illustrate the impact that the current rhetoric has on policies, provision of care, and the mental wellbeing of individual refugees. The literature review provides some context for the climate in which the current research is being conducted. Following this is a discussion of the theoretical assertions framing this research. Here, positive community psychology is proposed as an alternative to the medical model used in much of refugee psychology to date. Positive community psychology aims to study social integration, empowerment, successful adaptation and learned skills (Neto & Marujo, 2014, p.220; Sheldon & King, 2001, p.216). This approach is paired with sociological theories of social capital and power dynamics to develop a more holistic understanding of the support being provided by the community based mental health programming as well as the barriers. All of this is accomplished through a Collaborative, Community Engaged Scholarship (CCES) approach. This method is utilized to ensure that the voices of refugees being affected by this programming, and those organizing it, are documented through the process. Following this is a discussion of some community based mental health programs in the Greater Toronto Area (GTA), including an understanding of the origins of these programs, and how they have developed over time to serve the needs of their communities.

Having provided the reader with this necessary foundational information, the paper then provides an overview of the methods used for the current research, which includes the review of the Women's Wellness Program (WWP) put on by QED and this program's capacity to develop social capital in collaboration with it's participants. This is done through an inductive, qualitative study of the program which has two phases. It begins with expert interviews to develop an understanding of what the program offers to participants. This is followed by a second phase, which utilizes observations and focus groups with participants prior to, during and after the program to determine what kind of support participants are getting from this program, as well as to discover other aspects

worth noting as its development can aid in the development of other forms of social capital. These forms of social capital build upon one another, and those individuals seen as leaders within these groups are often instrumental in forging a path to bridging or linking capital for others within the group to follow.

of the participant experience. This research seeks to understand to what extent community based mental health programming supports the development of bonding social capital and bridging social capital among its participants.

The findings section outlines the success of the WWP program as well as some emergent needs from participants, and areas where the program has room for growth. The factors that contribute to the WWP success in developing bonding social capital among its participants will be discussed. This includes how the program successfully addresses misinformation, creates space for catharsis to occur, and empowers participants. This section will also speak to some of the challenges the WWP faces, including how to better support emergent participant needs, and the variable nature of host organization support. Finally, there will be a discussion of the areas the WWP can improve and grow in the future. Here, the impact that differential power dynamics have on the development of bridging social capital is illustrated, as well as some suggestions on how to combat these issues. The findings section also serves to illustrate the immense amount of work the developers put into growing social capital for their communities, celebrating the hard work put into the development of this program. It also serves as a reminder that the fight against systemic racism is a long one that must involve multiple actors, at multiple levels. This shows that bonding social capital is more readily developed, while there are barriers that impact the meaningful development of bridging social capital among participants.

The discussion section will provide more in-depth information about what the program provides at the individual level in addition to the work that is occurring at the social level. This section will illustrate how the program combats learned helplessness by encouraging the reclamation of participant agency and will outline some of the ways participants develop feelings of empowerment through their participation in the program. These successes underscore the importance of community based mental health programs and the role they play in assisting members of their community, not only to heal from trauma experienced during migration, but also to flourish during resettlement.

Literature Review and Theoretical Framework

In 2015, Canada rose to the call from the ever-growing numbers of people seeking refuge and opened its borders to Syrian refugees, making a commitment to resettle 25 000 refugees from Syria (MOHLTC, 2015, p.2). When the Government of Ontario was developing plans around the arrival of Syrian refugees, they included a brief discussion of the importance of actions to support refugee health and wellbeing (MOHLTC, 2015, p.8). The Ontario Health System Action Plan (OHSAP) included the assumption that refugees would have higher rates of PTSD, depression and anxiety, which influenced the recommendation that mental health professionals be included on

inter-professional tables responsible for planning service provisions (MOHLTC, 2015, p.9 & 16). They included provisions for counselling, crisis intervention and social rehabilitation services, noting that providers need to be aware of differences in the cultural understandings of mental health, and how linguistic barriers can affect treatment (MOHLTC, 2015, p.25). This supports individuals but fails to support a more community-oriented understanding of mental health. As a result, many of these supports are underutilized. While this shows an understanding of some of the issues, namely the cultural and linguistic barriers, it also shows that the voices of refugees were not included in the planning, nor has the system been adjusted in the years since. While this is at times inevitable, especially in emergency response timelines, it is important to evaluate and update systems to reflect the needs of the populations they are serving.

This literature review will begin with an in-depth discussion on the political climate surrounding the 'refugee crisis', which will help to illustrate some of the rhetoric used to describe refugees as well as how this impacts the kinds of provisions made for them. Then, the impact that forcible displacement and other contextual factors have on refugee mental health, are outlined. This includes a discussion of learned helplessness, which impacts a refugee's capacity to cope in resettlement and is linked to persistent experiences of loss of control through the process of forcible displacement. This is followed by an explanation of the issue of mazeway disintegration, along with a discussion of how this impacts an individual's mental capacity, and the community's ability to integrate and move on with their lives after resettlement.

Current Political Climate

At the time that this is being written, when talking about immigration, it is near impossible to not discuss the anti-migrant, specifically anti-Latin American or anti-Muslim rhetoric that is so present in the White House. The current president of the United States creates a dichotomy between 'good' American's against 'evil' immigrants who come from 'shithole' countries (Romero, 2018, p.35). This demarcates the point where the level of racism being projected from Western countries goes from subtle and easy to dismiss to palpable and impossible to ignore. The assumption that Western countries have nefarious intent with their exclusionary immigration policies has been confirmed time and time again in Twitter communications and through official speeches (Romero, 2018, p.35). This rhetoric inevitably shapes how the average person interacts with the idea of the refugee and encourages negative stereotypes that impact the individual refugee's experience.

At the same time, the world is currently facing record numbers of forcibly displaced people (UNHCR, 2016, NA). The term 'refugee crisis' has been used by news media and scholarly articles alike to describe these record numbers. When discussing this 'refugee crisis', commentary often revolves around refugees coming to Western countries, which shifts the blame away from the receiving areas, and forces the responsibility back onto the refugee making the journey (Holmes & Casteñeda, 2016, p.20). Scholars studying refugee migration have questioned if this 'refugee crisis' is a

crisis of systems being overburdened, or if the crisis has been manufactured using arguments of race, border protection, and power (Gale, 2004, p.322; Milner, 2017, p.3). Increasingly so, this high flow of displaced people seems to be the new normal. It is also important to note that this is not the first time that the influx of refugee's has been labeled a 'crisis' – this same rhetoric was used to deny Jews fleeing the Holocaust, and to deny 'boat people' at Australia's borders – to both, people around the world decried 'never again' and yet this rhetoric is persistent (Wyman, 1968, p.616; Gale, 2004, p.321). The concept of a crisis has been used in the past to encourage support for exclusionary migration criteria. This idea that 'we' are not responsible for 'them' is deeply ingrained into the dominant paradigm thanks to the state apparatus and deeply held ideals of national sovereignty.

If these exclusionary criteria were being pushed on the basis that the countries' institutions are overwhelmed by the amount of people using them, they would not be as readily critiqued. However, these arguments are not being put forth by countries in the global South, which collectively host 86% of the world's refugees (Hyndman, 2019, p.12). Rather, scholars studying refugee migration have raised concerns that organizations like the United Nations High Commission on Refugees (UNHCR) and donor countries from the global North are not doing their part in securing the right to safety and a dignified life for refugees currently living in precarious situations around the world (Hyndman, 2019, p.12; Milner, 2017, p.3). In this line of questioning, donor countries and other wealthy countries from the global North, or Western countries, are assumed to have the capability to support more immigrants or refugees, and so exclusionary policies are assumed to come from racist motivations. These motives have resonant impact on the mental health of refugees.

Forcible Displacement and Learned Helplessness

The rhetoric described above has a huge impact on the level of stress experienced by those seeking refuge in Western countries. Dealing with racism and discrimination has further negative impacts on the already strained mental health of refugees (Khanlou, 2010, p.12). Due to the broader rhetoric, it becomes easy for a lay person to make assumptions about a person based on their visible minority status. The impact of verbalizations of racism have lasting effects - these acts serve as an education and as reinforcement of the rules of colonialism, making refugees feel that they are unwelcome in their new country (Mombaça, 2017, p.17; Elliot & Yusuf, 2014, p.107). These experiences are especially harmful for young newcomers' sense of belonging in their new community (Khanlou, 2010, p.12). These experiences of discrimination erode social links, and can even involve denial of services, which furthers perceptions of ill treatment by government agencies, in turn contributing to their underutilization (Elliot & Yusuf, 2014, p.107). The label 'refugee' often becomes an added layer of discrimination, as there is a connotation that refugees are being given things, and the perception that they are not working hard for what they have been given (Wilson *et al*., 2010, p.48). Racism is a direct attack on a person's self-worth and sense of belonging, it has negative effects on economic integration, service utilization and academic aspiration (Clark, 2007, p.289; Khanlou, 2010, p.12; Wilson *et al*., 2010, p.47). It has also been called a salient stressor and found to be linked to higher levels of

isolation and depression (Wilson *et al*., 2010, p.47; Beiser, 2010, p.43). It is important to note that racism is systematic, meaning that it is embedded within the system, is pervasive, and is nearly unavoidable (Khanlou, 2010, p.12, Crooks *et al*., 2011, p.144). Systematic racism can be seen at work in the way job experience outside of Canada is not recognized, in the prices of tuition for international students, and in the culturally insensitive mental health care system (Clark, 2007, p.289, 291; Wilson *et al*., 2010, p.48).

These experiences, especially if they come from official sources, serve to further increase distrust in authority. Interactions between refugees and authorities in the host country are also impacted greatly by how refugees were treated by authorities in their countries of origin, or in camps and detainment centers along the way – these interactions may be coloured with mistrust, fear of persecution, experiences of disrespect and discrimination (Turtiainen, 2012, p.13). This is an important area where feedback from refugees must be included in reviews of policies and programs. Understanding how the governing body is perceived by refugees is important as it has a huge impact on how services will be utilized (Simich *et al*., 2003, p. 881). This upstream approach helps to create supports that help individuals navigate the system or to change the systems in ways that make it less hostile, and more humane. It serves to meet people where they are, rather than asking them to fall in line with the system.

The full extent of the effects that migration, the process of seeking refuge, and resettlement, have on mental health, are still not fully understood. It is especially difficult to study, as each group of migrants in each political resettlement context will have vastly differing experiences, providing a multitude of confounding variables. Resettlement is only one part of the recovery process, which is the longest phase of the disaster and emergency management cycle. Especially as the world continues to see increasing patterns of migration and resettlement, it is important to understand how patterns like protracted displacement and integration difficulties play into the broader narrative of recovery. The way different experiences affect a newcomer's mental health, and how this interacts with other issues such systematic racism are also important to consider. These patterns only serve to underscore the need to find durable solutions, as there is no indication that the flow of those seeking refuge will stop any time soon. In fact, interconnected global trends that increase the risk of disaster (such as climate change), and thus the risk of increased numbers of displaced people, are only rising (Esnard & Sapat, 2014, p.1).

Displacement, whether within a country, or across borders, is extremely disorienting. Refugees are forced to re-familiarize themselves with their surroundings, often while also coping with grief due to loss of home, and potential loss of family members (Hardi, 2005, p.151). Due to the urgency generated in acute emergencies, make-shift solutions like camps are often set up clumsily, and may require the forced separation of men, women, and children (Silove, 2005, p.31). This make-shift preparation can lead to long periods of displacement, often accompanied by separation from loved ones, which is another factor that has a negative impact on refugee mental health (Schweitzer *et al*., 2006, p.183). Increasingly so, refugees are living in protracted displacement – long periods of exile with no stable place to call home – for years (Couldrey & Herson, 2009, p.3). As much as two thirds (2/3) of the world's refugees

experience protracted displacement, and the average displacement is growing, from nine (9) years in 1993 to twenty (20) years in 2011 (Hyndman, 2019, p.10). From the moment the process starts and weaving through the tapestry of a newcomer's life there on, there is constant uncertainty and a lingering sense of instability. These chronic stays in refugee camps or detention centers make dependency on the system almost inadvertent (Silove, 2005, p.31). In these situations, refugees are taught that they are without agency.

Being continually faced with highly unpredictable outcomes, and perceived loss of control of one's own fate can lead to learned helplessness. This condition is associated with depression and is marked by lack of action in the face of problems that others might see as simple to overcome, due to consistent exposure to unpredictable responses in the past (Nicassio, 1985, p.165). Development of this behavioural condition in migration can be extremely detrimental to the resettlement process, where refugees must be strong advocates for their own fate within the system. Important research is being done that critiques the lack of supports available to refugees during the process of migration. For example, one study questioned a refugee claimant being found 'not credible' because they could not accurately remember an event that had occurred 20 years ago, when studies show that in dating public events, the average lay person is off by 11 months (Cameron, 2010, p.472). This example serves to show that the system and processes refugees are expected to be able to complete are incompatible with the mental capacity of someone who has endured extreme trauma and protracted displacement.

There are also studies that show that provincial targets are often given precedence over social support reunification, which has been proven as a key determinant in social integration in resettlement (Simich *et al*., 2003, p.879; Wilson *et al*., 2010, p.47). While refugees are asked questions about social support reunification within the process of placing refugees in the spaces available in various provinces, the spaces available takes precedence over social support reunification unless exact addresses can be given (Simich *et al*., 2003, p.879). One study showed that 4% of respondents had not been asked if they had a preferred destination or contacts in Canada, another 8% could not provide exact addresses and thus were sent to provinces other than their preferred choice, and 63% had been asked, had expressed a preferred destination due to the presence of friends or family, but were sent to other provinces based on bureaucratic imperative (Ibid., p.879). This means that a majority of the requests for social support reunification captured in this study were not met. These studies beg the question 'what evidence is backing the current immigration regulations?', and if they should be improved so that these systematic issues are mitigated. Such changes could make the process of seeking refuge more suited to the majority of people going through it. As global trends in immigration change, it should be the case that legislation evolves to help the system adapt.

Mazeway Disintegration and Systemic Racism

The above only serve to illustrate pre-migration difficulties. Researchers found that resettlement is associated with additional stressors, including navigating a new

space, concerns for personal safety, accessing care services and specialists, adapting to a new lifestyle and culture of care, and finding employment (Crooks *et al*., 2011, p.139). These stressors are often referred to collectively as acculturation stress which refers to the cognitive and behavioural changes that result from intercultural contact (Emmen *et al*., 2013, p.897). 'Mazeway disintegration' is a term that has been used to describe the collapse of community that happens when the sum of ways of life in a community, mutually constructed using shared experiences in a geographically distinct area, are destroyed through the process of forcible displacement (Fullilove, 2001, p.78). This leads to paralysis of a social group, this group needs to learn an entirely new way of life moving forward - guidance in these new mazeways is critical (Ibid, p.78). Others found that availability of natural resources, local options for livelihood diversification and the presence of investment by development agencies all impacted a refugee's ability to adjust to their new surroundings, these are prime examples of such guidance (Esnard & Sapat, 2014, p.2).

Language ability is listed as another barrier in accessing government support services (Wilson *et al*., 2010, p.47). Lack of literacy impacts an individual's ability to go to the doctor, see a therapist, make friends or even do everyday tasks like grocery shopping or cleaning. Women tend to have less education, and less exposure to English upon arrival (Beiser, 2010, p.41). Overtime, language skill acquisition becomes an important predictor for both rates of depression and employment, especially with women (Ibid, p.41). In addition to lack of exposure, symptoms of PTSD have an impact on a person's learning capacity, ability to concentrate, ability to form new memories, and their ability to learn languages (Wilson, *et al*., 2010, p.48). This goes to illustrate how language acquisition is one of many social determinants of health, as it helps facilitate both broader access to social support and employment (Khanlou, 2010, p.9). It also illustrates the relationship between mental health and learning capacity. In addition to mental health challenges, mazeway disintegration, and other barriers to access, there are also systemic barriers to integration, as discussed below.

These difficulties with understanding and accessing services extends into accessing mental health services, especially given that there is a well-documented lack of culturally sensitive psychological practices (Ingleby & Watters, 2005, p.210; Crooks *et al*., 2011, p.140). The Diagnostic Statistics Manual (DSM), the document which details diagnostic criteria for mental health pathologies, was developed in Western academic circles and thus, diagnosis is not reliable in cross-cultural contexts (Malhotra & McCort, 2001, p.236). Further discussion of the application of these methods will occur in the next section. This must be considered alongside other factors like the culture of dismissal, marginalization and even ridicule that stigmatizes mental health in many societies (Silove, 2005, p.32). Because this stigma is engrained in the dominant paradigm, mental health services are often given low priority by governments. In the early 2000s, a survey found that most countries, including Canada, did not have a national mental health policy (Vasilevska & Simich, 2010, p.36). Stigma, cost, and lack of trained professionals – culturally sensitive or otherwise – all contribute to the development of mental health programming, or lack thereof (Silove, 2005, p.38). This lack of policy attention to mental health is something that is slowly changing, but its effects have been detrimental to the provision of, and access to, mental health services.

The lack of professionals trained with a culturally sensitivity lens, paired with the lack of services available to the general public due to underdevelopment of mental health services and stigma, compound the stress that additional clients put on the health care system. As a result of this, overwhelmed mental health service providers become gatekeepers to mental health care (Ingleby & Watters, 2005, p.210). In an overburdened system, mental health care professionals triage their patients so that those deemed to have the highest needs are seen first. Refugees are encouraged to present themselves in such a way that they fit the criteria to gain access to support, even if they do not necessarily identify with it (Clark, 2007, p.292). While this can be useful to help them to navigate and access services, this learned behaviour continues to neglect their agency, and can be perceived by others as playing the system (Ibid., p.293). This creates a sticky situation where newcomers are unlikely to access services as they do not see any that are culturally appropriate to them, and if they do seek access, they may not meet the diagnostic criteria due to differences in cultural presentation of symptoms. In such situations, their mental health struggles go unseen by mental health practitioners who are not trained with a cross cultural lens (Wong *et al*., 2010, p.110). Furthermore, psychiatric care has been critiqued for its use of coercive measures, and the fact that there is a huge power imbalance between practitioner and patient. One study found that refugees or migrants were more likely than those native to the host country to experience involuntary admittance to care facilities, compulsory detention, coerced treatment, and use of physical force during psychiatric hospitalization (Norredam *et al*. 2009, p.143). This only serves to further reinforce the idea that they do not have agency over their own lives, and potentially, the perception that mental health care services are not desirable sources of assistance.

These processes serve to reinforce detrimental learned behaviour, which in turn, reinforces some negative stereotypes about refugees. The term refugee has been associated with terms like starvation, crime, and disease (Esnard & Sapat, 2014, p.24). These perceptions persist in systems that tell refugees that they are burdensome at best, and dangerous at worst. While poverty is a reality for many refugees, the other assumptions have no evidence backing them (Beiser, 2010, p. 42). It is not a contradiction for a refugee to be rich, educated, and healthy (Clark, 2007, p.289). It is dangerous to stereotype such a diverse population as one thing, as a monolithic view of refugees only serves to support negative stereotypes that play into racist attitudes and thus, racist actions and systems. This can serve as a negative feedback loop, services are underutilized as they are perceived to be culturally inappropriate, which leads to said services being underfunded because they perceive that they are not in demand, all of which furthers the idea that refugees are burdensome and unwilling or unable to help themselves. In reality, this perception that refugee's cannot help themselves can only come about when presented in a vacuum that excludes the backstory which created the conditions for learned helplessness to develop – for this reason, an understanding of the full picture is critical.

The first half of the literature review has outlined the current political climate, and the racist rhetoric that it creates. This illustrates how pervasive this rhetoric is, it creeps into the perception that lay people and professionals alike have of refugees – perceptions that are eventually internalized by refugees in the way they think of

themselves. This rhetoric is reinforced by a system that denies refugees any sense of control over their fate, which feeds into the development of learned helplessness. Much of this occurs alongside the process of mazeway disintegration, leading to further disorientation within a system that is not designed to be easily navigated in the first place. A broader understanding of the system in which migration occurs will help to contextualize the review of literature on refugee psychology that follows. This next section will describe how this image of the 'helpless refugee' has made it's way into the study of refugee psychology but will also offer an alternative image of the 'resilient refugee'.

A Critical Review of Refugee Psychology Literature

This section will begin with a brief discussion of 'mental health' and what it encompasses. This serves to broaden the focus beyond 'mental health issues', to a more holistic understanding of mental health which includes resilience and resources. This is followed by an overview and critique of the current scope of much of the research on refugee psychology. This discussion will shift the focus away from the struggles and issues that refugee's face, to an approach more in line with positive community psychology, which looks to celebrate growth, happiness and empowerment (Sheldon & King, 2001, p.216; Neto & Marujo, 2014, p.220). Here an alternative image of refugees is offered up, rather than helpless, this research studies the resilience seen in refugee communities. This new image of the 'resilient refugee' will be reinforced by theoretical frameworks and an overview of community based mental health programming offered within the GTA. All of this will set the stage for the current research project, which aims to document the process by which community based mental health programming supports the development of bonding and bridging social capital.

First, it must be understood that when talking about mental health and wellbeing, mental health disorders like depression, anxiety, and post-traumatic stress disorder (PTSD) are only a small fraction of what is being talked about. More broadly, mental health and wellbeing encompasses all the mental processes that help us to get through a day, especially those days that are particularly difficult. When talking about refugee mental health, what is seen, as in the *Ontario Health Systems Action Plan: Syrian Refugees*, is a tendency to focus on the trauma that refugees may have experienced (MOHLTC, 2015; MOHLTC, 2016). Psychology, specifically the medical model of psychology, has received criticism, especially from those working with people recovering from extreme trauma, that labels like PTSD, anxiety and depression are unhelpful as they pathologize what is seen by many as normal reactions to conflict and migration (Clark, 2007; Vasilevska & Simich, 2010). This again serves to reframe the issue, shifting blame from a rigid, inhumane, and poorly planned system, to those who experience its inefficiency and critique it.

Much research is focused on trauma and mental health issues, by studying diagnoseable pathologies like PTSD, anxiety, and depression (Levin *et al*., 2014, p.146; Kira *et al*., 2012, p.120; Silove *et al*. 1998, p.175; Schweitzer *et al*., 2006, p.179; to

name a few). This boom in researchers interested in refugee psychology is in part due to the inclusion of PTSD into the Diagnostic Statistics Manual (DSM), which led to a boom in research on trauma – so much so that it has been argued that the interest in said research is less about the individual refugees and their experiences, and more about the interest in their experiences of trauma (Jayawickreme, *et al*., 2013, p.315/316). It has also been noted that PTSD has had a more pervasive impact on the study of law and social justice than any other diagnostic criteria (Levin *et al*., 2014, p.146). While this shift to recognizing the pervasive effects of trauma is important, a narrow focus on challenges faced during migration detracts from other importance facts of their lived experience before and after migration (Silove, 2005, p.29). Refugees who have experienced unspeakable trauma provide a research pool that no ethics board would ever allow to be created, and so their experiences have been tokenized by academic circles (Jakawickreme, *et al*., 2013, p,316). This is especially problematic as the experience of trauma is often seen by refugees as supplementary to their identities, rather than core to it (Wallace, 1993, p.22). Women in one program rejected the idea that they were mentally unwell, instead seeing their mental health struggles as normal responses to the difficulties they had experienced (Ibid., p.22). A narrow focus may assume that a temporary mental health issue brought on by the process of seeking refuge, are permanent. It also serves to perpetuate stereotypes of helplessness within the population (Jayawickreme *et al*., 2013, p.316). It very well may be the case that PTSD is but a symptom, rather than the problem itself. Thus, programs designed to treat these symptoms fail to address the underlying issues and as a result may fail to reduce the symptoms these situations are producing altogether.

Increased rates of anxiety, depression and PTSD have been found in refugee populations in the short term (Schweitzer *et al*., 2006, p.179). To a lesser extent, increased rates of other mental health issues like psychosomatic disorders, grief-related disorders, and crises of existential meaning[3], have also been found (Ibid., p.179). This is reflective of the short-term outcomes of refugee mental health. In the long term, trauma is only a significant risk factor for a minority - for the majority of refugees, mental health symptoms improve with time (Ibid., p.179). In some cases, symptoms of PTSD can self-resolve entirely, especially in supportive environments (Silove, 2005, p.34). However, the challenges refugees face with resettlement policies and processes in Canada have been proven to aggravate existing mental health issues, rather than assuage them (Wilson *et al*., 2010, p.47). Without a supportive environment that addresses the root cause, refugees are bound to continue falling into the same patterns of anxiety, depression and learned helplessness.

In the application of research methods associated with the medical model of psychology to refugee psychology, one thing has become evident - women struggle more with mental health issues than men. Studies that show that living as a woman makes you more vulnerable to PTSD, depression, and anxiety (Crooks *et al*., 2011, p.139-140; Wong *et al*., 2010, p.109). One study found that length of residency, family separation and employment status were all significant predictors of depression – with

[3] Commonly referred to as emotional crisis or breakdown. The condition might have some or all of the following symptoms: lack of will to do things once enjoyed, helplessness, being very emotionally sensitive, fear, loneliness, loss of goals or meaning, loss of personal values, etc. (Butėnaitė, Sondaitė & Mockus, 2016,p.9)

longer periods of residency predictive of greater levels of depression (Schweitzer *et al*., 2006, p.183). It has also been noted that this is, in part, a result of women's health needs not being as readily incorporated into policy as the health needs of men (Khanlou, 2010, p.10). There are a number of other factors that compound pressure on women's mental health. Contributing factors include the burden of caring for family, increased likelihood of social isolation, and increased likelihood of exposure to structural inequalities in North America (Wong *et al*., 2010, p.108; Crooks *et al*., 2011, p.139-140; Beiser, 2010, p.42).

The study of these mental health issues is important. However, it neglects much of the growth that happens during and after migration. This narrow focus also helps contribute to the stereotypes of refugees - if you rarely hear stories of their success, or their empowerment, it becomes easier to assume that they are a burden to the system. This narrow focus also neglects other interesting studies that might benefit refugees in their resettlement process. This further illustrates how these cycles of rhetoric, once set, begin to perpetuate their own negative outcomes. At the current junction, it becomes abundantly clear how important it is to make a shift towards understanding what factors help refugees to resettle and to adapt to their new environment, rather than continuing to subjugate them to research that sees nothing but their trauma, and a system that is not meant to fit them and does not align with their beliefs about themselves. In doing this, research findings serve to celebrate their resilience, and affirm their belonging. This information can also be used to help inform program's so that they better serve the needs of refugees and newcomers.

The following section will present alternate models to the medical model, and the dominant paradigm discussed and critiqued above. It aims to provide a more holistic understanding of refugee mental health, including triumphs and growth – as opposed to one that focuses on the trauma, helplessness, and perceived burden on the state. First, a discussion of a few important concepts from the literature, including a brief review of the history of community psychology, positive psychology, and the suggested synthesis of the fields. Then a discussion Silove's Survival and Adaptation Model, and Fullilove's concept of 'Root Shock'. These theories help to situate our psychobiological understanding of individual mental health within a broader sociopolitical system that individuals reside in – shifting away from the previous tendency to study mental health issues in a vacuum (Silove, 2005, p.40). Thereafter, 'social capital' and 'community based mental health programming' will be operationalized for this paper's purposes. This will be followed by a brief discussion of why Collaborative, Community Engaged, Scholarship (CCES) has been chosen as the methodology to conduct this research.

Theoretical Frameworks

The review of the Women's Wellness Program (WWP) tends towards a positive community psychology approach, as opposed to a more traditional approach based on the medical model. Both Schueller (2009, p.922) and Neto & Marujo (2014, p.209) have suggested the synthesis of the two fields of positive psychology (PP) and community psychology (CP), with Neto and Marujo (2014) speculating the emergence of a subdiscipline called Positive Community Psychology (p. 209). These two disciplines

come from largely different backgrounds, and as a result, have much to offer one another. CP initially studied topics such as well-being at the level of local communities, social integration, and cohesion, as well as empowerment and social justice, and has always been linked with marginalization and oppressed populations (Neto & Marujo, 2014, p.220). On the other hand, PP focuses more on the individual level, investigating individual strengths and virtues, what gives an individual dignity and purpose, as well as successful adaptation and learned skills, this has often been linked to populations seen to be thriving (Sheldon & King, 2001, p.216). Here, a delineation between PP's focus on the individual, and CP's focus on the group is evident. Authors that have linked these two disciplines often do so suggesting that conscience-raising frames from PP used to engage individuals can be linked to values such as praxis and empowerment of CP to encourage large scale social change (Neto & Marujo, 2014, p.222 & 227; Schueller, 2009, p.929 & 930). Psychologists have primarily dealt with social determinants of mental health, sometimes within a cross-cultural context, however, with the development of areas of study like PP and critical psychology, psychologists are taking a growing interest in engaging in the process of societal betterment (Neto & Marujo, 2014, p.viii). PP has been suggested as a supplemental model in studying refugee populations, hoping to shift the thinking from one of repair and pathology, to one that focuses on returning to a new normal and celebrating resilience (Jayawickreme *et al*., 2013, p.314/315).

The history of community betterment is deeply connected to resilience and other goals of emergency management. To properly understand and address social vulnerability, the emergency management community requires rigorous, evidence-based practices related to issues of social vulnerability in our communities (Fordham *et al*. 2013, p.2). This idea is often referred to as 'praxis', which is defined by a process in which grounded theory influences practice, and practice influences grounded theory (Jarvis, 2015, p.1). As we will see, this is a common thread through much of the theoretical framework used in this research. Similarly, to the trajectory of the field of emergency management, the study of positive aspects of life, or quality of life measures, is one that has developed only very recently (Neto & Marujo, 2014, p.vii). Social engineering and the welfare state are examples of humans taking ownership over their ability to change human society and to better the quality of life for all - studies of community resilience, coping and other positive aspects help to inform planning, policy making and risk reduction (Neto & Marujo, 2014, p.vii; Fordham *et al*., 2013, p.2). While the current research was conducted in the recovery phase, it has important implications for the development of resilience in communities at all stages of the emergency management cycle moving forward.

Where researchers are not satisfied with current models, they are challenged to innovate new ideas. Unsatisfied with the scope of mental health models in the context of refugee resettlement, Derrick Silove puts forth the concept of a "Survival and Adaptation Framework" in which the trauma of migration is understood to disrupt five broad mental systems: personal safety, interpersonal attachments, sense of justice, identity and role, and existential meaning (Schweitzer *et al*., 2006, p.180). This model, at its core, has the

survival and adaption systems rooted in a reciprocal relationship between the psychobiological system of the individual, and the sociocultural systems that humans collectively create (Silove, 2005, p.40). This portrays an understanding that this uncertainty has a destabilizing affect, not only on the individual, but also on the community as a whole. Other scholars have shown that there are lasting financial, social, and political costs of displacement on a community (Fullilove, 2001, p.72). During the resettlement process, having like-ethnic communities is a powerful resource that promotes resilience in the short term (Beiser, 2010, p.40). A destabilized community will take longer than a healthy, stable, functioning, community to mount a supportive social network that encourages healing.

As illustrated above, social isolation and family separation are factors that predict higher rates of depression. The literature points to social relationships, or social support, as a resource to cope in hard times, but also as one of the main resources disrupted by the process of migration (Schueler, 2009, p.185; Schweitzer *et al*., 2006, p.180; Simich *et al*., 2003, p.872 & 885). Seeking these social bonds can even lead to secondary migration, further prolonging the instability and uncertainty associated with this period in a refugee's life (Simich *et al*., 2003, p.888). This network of support that exists within a community is referred to as social capital, which is often likened to the glue that binds a community together, and is seen as an intangible resource that a community, or individual, can access in hard times (Elliot & Yusuf, 2014, p.101). Mindy Fullilove's work around what she calls 'Root Shock' provides an insightful look at the cost in both social and economic capital that displacement has on a community (2001, p.72). During the process of displacement, immigration, and resettlement, communities lose their old ways of life, and must adapt to new ones. This process of mazeway disintegration often leads to the final state of 'Root Shock'. As a patient may go into septic shock if not treated for a wound, a community too, can go into Root Shock if they do not receive the proper support and assistance in resettlement. For this reason, newcomers often seek like-ethnic groups who they perceive as having a better understanding of their whole experience, their lives at home, and their lives in this new country – even if seeking this kind of support may prolong their migration journey, such that they arrive at a destination where they feel a familiar sense of belonging (Simich *et al*., 2003, p.873).

Seeking support, no matter what the cost, shows an innate understanding of the importance of social capital to the process of resettlement. There are many different ways that social capital can be understood. In this research, social capital is operationalized as a set of relationships that serve as resources for newcomers to gain access to social support, to better understand their civil and political rights, and to assist them in navigating a new system (Elliot & Yusuf, 2014, p.101). When talking about social capital, this broad idea is usually broken down into smaller parts. In Grannovetter's work, these are referred to as strong ties and weak ties (Granovetter 1973, p.1363, 1364). In Ager and Strang's work, they are further broken down into social bonds, social bridges, and social links (Ager & Strang, 2008, p.170). Strong ties, which are comparable to social bonds, refer to deeper connections characterized by frequent interaction – often bonds are formed within like-ethnic groups, within a family, or within a close group of friends who are perceived to have a deep understanding of the individuals lived experience (Granovetter, 1973, p.1362; Ager & Strang, 2008,

p.178). Weak ties can be compared to social bridges or social links – bridges help to close social distance between refugees and citizens of the host country, they assist in gaining access to employment, education, healthcare, while links help to more fully integrate into a society through religious groups, community groups or political activity (Granovetter, 1973, p.1365; Ager & Strang, 2008, p.177, 179 & 180). The importance of strong ties, or social bonding, is readily evident, and reflected in what is commonly understood as social support, discussed above. The importance of weak ties, or social links and bridges are more complicated to illustrate, but are also indispensable to an individual's opportunities and the integration of their voices into the broader community and politic of a new country (Granovetter, 1973, p.1378).

Seeking out like-ethnic groups in a new country helps a newly resettled refugee to garner both stronger, personal connections, and weaker, professional connections within their new community, as they are able to build off of pre-existing relationships formed by the larger like-ethnic community (Granovetter, 1973, p.1378; Elliot & Yusuf, 2014, p.105). It is important to underscore the immense amount of voluntary work that goes into building these bridges between communities, as well as the fact that a group's minority status affects what kind of social capital it can provide, with more in-group bonding capital being provided in minority groups, and more bridging capital being offered by majority groups (Elliot & Yusuf, 2014, p.102, 108). This leads into the critique of the social capital model which is similar to the critique of refugee psychology mentioned above, namely that these models are over simplistic, and alone, cannot properly account for the complexity of overlapping factors that lead to marginalization and a group's capacity to develop social capital (Elliot & Yusuf, 2014, p.103). For this reason, it is important not to ignore the complexity of power relationships inherent to community organizing and the formation of these relationships (Elliot & Yusuf, 2014, p.103). Many authors have pointed out that finding the right balance between bonding capital, and bridging or linking capital is critical to the community's potential to become alienated, or to become integrated (Granovetter, 1973, p.1378; Elliot & Yusuf, 2014, p.103, 104).

It is also important to understand how different factors of marginalization modulate the effects of social capital – as discussed above, minority status, gender and language ability are all examples (Elliot & Yusuf, 2014, p.102, 104 & 108). It is not uncommon for groups facing these modulating effects to work together developing programming to combat these discriminatory effects. Groups form out of necessity, in response to the fact that newcomers, especially women, often have a difficult time accessing services, especially those they perceive as culturally appropriate (Wallace, 1993, p.17; Khanlou, 2010, p.10; Vasilevska & Simich, 2010, p.35). They work together to combat the lack of access to services, or lack of inclusion in policy development and other governmental decision-making processes (Elliot & Yusuf, 2014, p.107). For this research, the programming put on by these groups will be called 'community based mental health programs' and are defined as programs offered by groups that form due to a perceived need from the community to develop more bridging and linking capital through awareness campaigns, community engagement, and empowerment models.

These groups seek to share information about mental wellbeing, often using empowerment models to help participants gain access to systems in ways that support their agency. Some examples of these group, like Access Alliance and the Hong Fook Mental Health Association will be discussed in the following section that provides an overview of organizations similar to the WWP that operate in the GTA.

Slogans used by these emergent groups of refugees often include sayings like 'Nothing About Us Should Be Without Us' to present the importance of people from refugee-backgrounds being involved in all stages of policy development and delivery (Elliot & Yusuf, 2014, p.103). Collaborative, Community Engaged, Scholarship (CCES) is one important way that previously marginalized voices can be raised up. Conducting CCES studies with groups offering this type of programming also helps to create social links to academic and political organizations that may not have been there prior to a CCES project. CCES is an umbrella term used to describe research conducted with the community to address issues of equity and social justice, it includes community-based research and participatory action research to name a few (Warren *et al*., 2018, p.446). CCES is a collaborative enterprise between academics and community organizers, it helps to validate multiple sources of knowledge, and promotes multiple methods of discovery and dissemination of knowledge production – it also goes beyond knowledge production, promoting social action and change to achieve mutually agreed upon goals (Warren *et al*., 2018, p.446). In collaborating with community members that hold critical knowledge of the issue on the research, CCES decreases social distance by allowing both researcher and community member to step outside their usual social location to problem solve, create policy advice and offer insight (Mandell *et al*., 2013, p.2). One of the core principles of CCES is a mutually beneficial relationship between academics and community members, one founded on respect, trust, genuine commitment, and a shared goal (Morton *et al*., 2019, p.2).

Similar to other theories being utilized by this project, CCES is a fairly recent development in academic frameworks. Ernest Boyer, in 1996, called for colleges and universities to become partnered with community groups in search for answers to social, civic, economic, and moral problems which he referred to as 'scholarship of engagement' (Morton *et al*., 2019, p.2). In addition, CCES embraces C. Wright Mills idea of 'sociological imagination', meaning that we should acknowledge historical, cultural, environmental, and social processes that cause issues in contemporary society, and that, just as they created them, humans also have the potential to solve most issues, using research to positively affect the community within which they are situated (Morton *et al*., 2019, p.6/7). This is in line with the reclamation of agency encouraged by community based mental health programs.

Much research in psychology and sociology, prior to Boyer's call for engagement, aimed to be removed from the subject. Especially in psychology, measures were taken to ensure the participant was not impacted by the researcher. It was suggested that this created more objective, scientific observations, which were considered more rigorous. This line of thinking makes assumptions about what kind of knowledge is valid, and what kind of knowledge is looked down upon. There is a long history of academia being

accountable only to its own insular inner circles, which is dangerous as it can lead to perpetuation of stereotypes that become backed by peer-reviewed journals, with no input from the voices of those actually affected by the outcomes of these projects (Warren *et al*., 2018, p.448). In doing this, traditional research also asks academics who are engaged in their communities to only represent parts of themselves seen as palatable in research environments, leaving their activist selves, community member selves, and family selves behind. CCES on the other hand, asks researchers to show up as their whole selves, and to account for personal biases and viewpoints in ways that make the research process more transparent (Warren *et al*., 2018, p.458/467). All of this, again, serves to reduce people to one facet of themselves, rather that accounting for all of the context and depth that exists in the real world.

Some critiques have been made about the rigour of CCES, in particular the assumption that it trades rigour for the sake of advocacy (Warren *et al*., 2018, p.446). This may be in part due to the inherently inductive nature of CCES, which can make it difficult to set an end goal of the project as it's full construction and foreseeable outcomes are often murky (Morton *et al*., 2019, p.8). This is especially true when working at the graduate level, where students may not have extensive experience, or the necessary skills to adapt to changing targets and engaging in ongoing negotiations with all partners and stakeholders involved (Ibid, p.8). For this reason, it is important that student researchers have support from academic mentors, and mentors from the community. While this kind of research can be challenging, it holds researchers accountable to a more diverse set of actors, from academia and community alike, and serves to mobilize people and resources to respond to, and influence social, and economic change (Warren *et al*., 2018, p.448; Morton *et al*., 2019, p.6). CCES can also provide new insight due to the bottom-up data collection integral to making the process work, this helps to reveal disconnects and omissions that more traditional methods of research may have missed altogether (Warren *et al*., 2018, p,454/455). This broader level of accountability, in addition to the pressure put on activists to support their work with rigorous, evidence-based research, all contributes to the potential for greater rigour in CCES than in traditional forms of scholarship (Warren *et al*., 2018, p.445). Rather than oversimplifying reality into categories, CCES seeks to uncover the nuance and depth of issues that seem too challenging at first glance. A common link among the community based mental health programs discussed below is that they have all engaged in CCES projects as a way to share the knowledge they are accruing through their work.

Community Based Mental Health Programs

In response to the gaps in services mentioned above, community-based organizations have developed programming to fill the gaps in services. One such organization, the Women's Wellness Program (WWP), reached out to Disaster & Emergency Management (DEM) faculty at York University to conduct this research project.

In emergency management, groups that arise in response to an event are referred to as 'emergent groups' – these groups, often formed on the basis of previous relationships, mobilize to respond to community needs. These groups may only exist temporarily, or they may continue their efforts, developing towards larger endeavours after the immediate response and recovery work. Often, and importantly, the grassroots organizations that are doing this work are made up of like-ethnic and like-social groups to the ones they are aiming to help.

As has been discussed, when it comes to mental health services, culturally sensitive services are the best approach (Khanlou, 2010, p.12; Vasilievska & Simich, 2010, p.35). These groups are more aware of the cultural needs of the communities they are serving, as well as the culturally specific distress responses people may be having, and collective coping strategies that might be beneficial to affected individuals (Clark, 2007, p.291). However, they also draw from the entire community for volunteers to help run programs. This helps facilitate the formation of connection with the broader community in the area, which could help them to create bridges between communities that can help break down social distance and help with flow of information (Granovetter, 1973, p.1363, 1373). Two prominent examples of organizations in the GTA that have begun to fill the gaps in mental health services include the Women's Holistic Health Promotion project by the Hong Fook Mental Health Association, and programming put on by Access Alliance.

The Women's Holistic Health Promotion project began as a community engagement research project. It was started with the assumption that effective health promotion starts from the perspectives and experiences of the community (Wong *et al*., 2010, p.109). By starting a program based around their community's understanding of health, they were able to ensure that the services they provide are those that their community would likely engage with. Many of the articulations of mental health put forth by the community challenged stereotypical characterizations of mental health, and importantly, saw mental health and social determinants of health as inseparable (Wong *et al*., 2010, p.110). From this foundation of community-based research, Women's Holistic Health Promotion began to develop a program aimed at promoting mental health literacy among women, as to help them make informed choices about their mental health needs and how to access care (Ibid., p.109). This program exemplifies the process of empowering people to make choices that are best for them, rather than dictating programming based on stereotypes or assumptions.

Access Alliance Multicultural Health and Community Services is another group that does similar work. This organization has multiple locations across the GTA that provide a broad range of services including health care access, cooking classes, mental health groups and community integration programming (Access Alliance, Programs and Services, 2019). This group argues that settlement policies and services need to be more reflective of the unique challenges and needs faced by refugee groups in the city (Wilson *et al*., 2010, p.45). Their research draws links between pre-migration mental health trauma and post-migration difficulties. Participants focused on tangible issues they were facing like poverty, interracial conflict, unemployment, and integration challenges (Wilson, *et al*. 2010, p.47). The participants also spoke to the strengths they

had that helped them: strong family and community bonds (Wilson *et al*., 2010, p.47). The research being done by Access Alliance makes important links between trauma and capacity to learn and adapt, highlighting the impact trauma has on concentration, memory, and ability to learn language (Wilson *et al*., 2010, p.48). The recommendations included that language training programs and other programs targeted at newcomers be trauma-informed, and for service providers to understand the potential for interrupted schooling, multiple language backgrounds, gaps in literacy and difficulty concentrating (Wilson *et al*., 2010, p.48). In recognizing the source of their issues as well as their strengths, newcomers are empowered to face them rather than ignore them.

The WWP is similar to the two groups described above – it is a community based mental health program that captures it's work through CCES projects. These organizations help to lay the framework for the larger community to develop stronger social capital, both through their public facing programming and through their research (Elliot & Yusuf, 2014, p.106/107). Each of these organizations occupies a space of leadership for their communities, representing others while also developing connections of their own (Ibid, p.107). Another thing all of these groups have in common is their mission to dispel stigma around mental health. The stigma surrounding mental health is present in many cultures, and acts as a barrier to the promotion of mental wellness (Wong *et al*., 2010, p.111). Dispelling stigma around mental health is especially important as it may help to reduce vulnerability of a number of populations. This is also important work as the current mental health system is underdeveloped in part, due to this stigma (Ibid, p,38). As a result, this research is important, not only for the refugee populations being served by the programs discussed above, but also for anyone who has ever struggled with mental health issues, and lack of access to support due to stigma.

Gaps Filled by Current Research

The community based mental health programs detailed above provide an insightful look at work being done at the community level to combat mental health stigma and marginalization of refugee populations. The current political climate paired with the focus of the medical model of psychology have led to a focus on pathology and trauma. Especially in the study of psychology, blinders have often prevented the recognition of the importance of questions about human thriving and resilience (Sheldon & King, 2001, p.216). Given the current rhetoric around refugee populations, and their resilience and organizing in spite of this, documenting the contributions that community based mental health programs provide is of critical importance in combatting this narrow focus on trauma. The work that programs like the Women's Holistic Health Promotion Project, ones put on by Access Alliance and the Women's Wellness Program do help to fill the void left by underdeveloped government programming. These groups do this by providing information and access to resources, while also facilitating spaces for social capital to be accrued (Schueller, 209, p.929). These important contributions to the field of positive community psychology often go undocumented by academic circles and

government agencies alike (Elliot & Yusuf, 2014, p.108). There is also a need to better understand the circumstances that refugee women find themselves in upon arrival to their host country, and what grassroots organizations are doing to identify and meet these needs. Assessing the transformative power of these community programs is an important area of research (Schueller, 209, p.929). A better understanding of the mental health support provided by the WWP will contribute to the ongoing need to better understand how these groups function, why they are successful, and what can be done in academic and political circles to support them.

Refugees face unprecedented amounts of stressors, from mazeway disintegration, systemic racism, and acculturation stress. While they face higher levels of stress than the average Canadian, no one is immune to stress, or other mental health issues. As a result, the importance of mental health care is also gaining traction in society. Reducing stigma around mental health issues is an ongoing battle, but the publishing of 'Together Against Stigma: Changing How We See Mental Illness' by the Mental Health Commission of Canada (MHCC) shows progress towards a better understanding. (MHCC, 2012, p.4) Recognition for mental health issues is also developing in disaster and emergency management with the proliferation of emergency social services and other grassroots organizations offering mental wellness programming. This research stems from the need to better understand the resources available to support the mental health needs of refugees resettling in North America, more specifically, the Greater Toronto Area (GTA). Documenting the supports that communities have mounted to help themselves provides a model for the kinds of supports that should be funded and adopted by the settlement sector. This also provides a potential model for other vulnerable populations looking to support their communities.

This current project was conducted as a Collaborative, Community Engaged Scholarship (CCES) project so that the knowledge of those at the ground level – both developers who formed the program, and participants who engaged with it – could be incorporated into the academic narrative. This research seeks to answer the calls – from positive community psychology, from CCES research communities, and from refugee run organizations – for scholarship that focuses on resilience. To combat the rhetoric of the 'refugee crisis' and the 'helpless refugee', this research instead focuses on positive emotions and strengths. To accurately assess the Women Wellness Program's ability to develop social capital, context is important so that the quality of relationships being built can be assessed (Elliot & Yusuf, 2014, p.104). This CCES qualitative research approach provides much needed context that allows a more holistic understanding of the statistics on mental health issues, and engagement numbers that are used to measure many mental health supports currently available.

The following section provides a brief overview of the community program that the DEM faculty partnered with to complete this CCES project. This will provide a brief overview of the programs background, specifically the catalyst for its development, and

a brief description of what the program has done to respond to the needs it saw within the community.

Background of the WWP

The Women's Wellness Program (WWP), run by QED, began in 2016 in response to the needs of the Syrian refugees coming to Canada at the time. The program was developed by a number of community members who had backgrounds in social work, psychological counselling, and community organizing. In their respective work, and their experience as refugees and immigrants themselves, they had all seen a need for more mental health support, and more social support for these groups. They took it upon themselves to provide this kind of support, and as a result, developed the WWP. One of the developers involved had a contact at the University of Manchester, where a similar program was being developed to support newcomers with their mental health struggles. Using a pamphlet from this program (Appendix A), and their own professional experience, the group developed similar programming and calling it the "Mental Wellness First Aid Kit". This program was initially presented to whole families, but after one session, was changed to be a women's-only program. This was in part due to the fact that women are more vulnerable to mental health struggles, but also in part because they are more receptive to this kind of programming (Wong *et al*., 2010, p.109).

The WWP uses a hybrid model to deliver information, in which videos are presented to the group, then a discussion on the topics are conducted with a facilitator. The programs aims to provide a space for women to discuss their difficulties, to gain an appreciation for the fact that they are not alone when facing many of their issues, and to empower the participants to reach out to others in the community for support. The program also aims to provide information about what kind of supports are available within the broader community and how they might gain access to things like counselling, recreation services, education, and health care. Some of the topics discussed in the program include self care, mental wellness for children and adults, marital issues, nutrition, and the connection between physical and mental health.

The WWP sessions are provided through immigration centers, and community centers in the GTA. The WWP is hosted by these centers, which will be called 'host organizations', the programming is seen as supplementary to the programming these organizations provide. Many of the organizations they assist are overwhelmed by large workloads and are not able to adequately meet the mental health needs of refugees they work with (Senthenar *et al*., 2013, p.273). As the program has developed, QED has realised there is high demand for programming around mental health and wellness and has expanded in a few ways. First, the physical sense, there was demand from host organizations outside the GTA, as a result they have run the sessions in eight (8) locations across Southern Ontario. The other way the programming expanded is in

terms of materials covered. Initially, the program had modules covering mental wellness and nutrition. At the request of participants, the list of modules has been expanded to include information about the mental wellness of children, marital issues, self care and other therapeutic recreation activities like yoga, tai chi, dancing, painting, and others.

The videos have also been translated to new languages, illustrating another expansion. The original videos were recorded in Syrian Arabic, then were adjusted to Classical Arabic[4] and then translated to English most recently. Part of the reason for extending the program to a broader audience was because of how tight knit the like-ethnic refugee communities are. As a result, some women would not share their stories for privacy reasons. While meetings are prefaced with a note on privacy – that participants should not be sharing private stories outside of the group, only lessons learned – some women are still hesitant as the topics explore private and stigmatized matters. Organizers hope that by including a broader array of participants, more space will be made to discuss sensitive issues. People from different communities may not have as many close ties, lending more anonymity to disclosure. This broadening of cultural scope could also help to integrate refugees with the larger population of immigrants in Canada, potentially providing space for bonding capital to develop outside of their like-ethnic community.

The most recent expansion of the program was the addition of the Resource Toolkit. This is a small document, specifically tailored to the host organization's locale, that provides further detail on different resources available in that community. This document includes contact information for therapists, public health facilities, and walk in clinics, recreation locations like gyms, and community centers, and education facilities like adult education schools, or universities. This tool hopes to facilitate the development of bridging capital, by making participants more aware of the services available to them.

The main goals of the WWP was to provide a supportive environment for these women to share their stories and learn new tools to cope and to adapt to their new surroundings. These goals align with the building of bonding capital, and bridging capital, two terms which will be operationalized later in this paper. The developers involved in facilitating and producing the program are adamant about the continued review of the program to ensure that they are continually evolving to meet the emerging needs of participants. Dr. Mamuji, a member of the Disaster and Emergency Management (DEM) Faculty at York University, had worked with QED on previous research regarding the economic integration of refugees. QED and the DEM faculty agreed to another research partnership to review the WWP to determine in what ways the program is addressing refugee needs, and in what ways it can improve to better accomplish this goal now and in the future.

[4] Classical Arabic refers to a version which does not use a dialect. The revised videos also do not reference Syrian-specific cultural and political factors, and as such are more applicable to a larger population.

Further information on the WWP will be put forward in the discussion, where the voices of the developers who created the program will provide more in-depth coverage of the goals and approach of the WWP. The following section will detail the CCES-based methods used to assess the WWP ability to facilitate development of bonding social capital and bridging social capital for its participants. As has been exemplified by this literature review, the current rhetoric through much of the literature on refugees has a narrow focus on trauma and pathology. This study rejects that narrow focus, instead looking to provide more context about other facets of the participants lived experiences. This includes how they cope with their stress, how they perceive themselves and their experiences, and their understanding of their resettlement journeys.

Methods

A common thread through positive community psychology, social capital, and Collaborative, Community Engaged Scholarship (CCES) is that they all seek to raise the voices of participants. This was a crucial element to the current research project. Performing this research as a CCES project is important both to capture the voices of the participants, of those doing the work, and also to provide a space where linking social capital to develop. CCES requires both academics and community members to step outside of their usual social location for the sake of the research (Mandell *et al*., 2013, p.2). By doing this, the project at hand is instrumental in developing linking social capital for the developers involved, as well as the academics (Elliot & Yusuf, 2014, p.107). CCES provides a critical space where previously marginalized voices can ascend into academic literature, providing new ideas, and potentially new solutions (Warren *et al*., 2018, p.457). Especially as the voices of refugee women are often left out of the planning of services that will directly impact them (Wallace, 1993, p.18). The main theoretical question is 'To what extent does community based mental health programming support the development of bonding social capital and bridging social capital?'

In order to answer this question, the research team, comprised of members from the DEM faculty and from the QED team, utilized an inductive, grounded theory approach, highlighting the voices of participants and developers who developed the program. This approach provided insight into how the program works, and what level of support it successful provides for each kind of social capital. To help answer the theoretical questions, operational research questions were developed. This will help the teams to closely examine different parts of the program – the facilitation, the bureaucratic organizational aspects shared with the host organization, and the changing needs of the client base. These questions will help to examine the operations and provide information that will help to answer the theoretical question above. The operational research questions for this project are as follows:

"What are the strengths of the WWP and what are areas where it needs to adjust or improve?"

"What factors, internal or external to the organization, contribute to a successful session of the WWP?"

"How can QED better support emergent needs from the client base?"

The input of both organizers/facilitators who developed and execute the program, as well as participants who attend the program, were instrumental in answering these questions.

Design

As has been previously mentioned, this research was conducted as a CCES project. The QED team approached the DEM team, asking if they would provide their insight on the WWP. From there, the DEM team reviewed a number of options for reviewing the program, including different psychological battery assessments[5] such as the Impact of Events Scale, revised (IES-R) and the Post-Traumatic Growth Index (PTGI). These were rejected on the basis that few of these scales were translated to Arabic, and feedback from QED about their desire to capture rich information about participant's experiences. After rejecting these battery assessments, the team focused on qualitative measures. Through a series of five (5) in person meetings, as well as extensive email communication, the plans for the study were developed by the DEM team with feedback being received from the QED team for each step. The proposal was submitted for review and approval by the Research Ethics Board at York University. During this time, Dr. M. Hynie from the Center for Refugee Studies provided feedback and guidance, especially in consideration of how to evaluate the psycho-social support that the WWP was offering. The team used a number of measures to collect data about the WWP. This included semi-structured interviews with current and previous organizers and facilitators, which will be known as 'developers' here on in, as well as a quasi-experimental, pre-test, post-test design with participants of the WWP. Two groups of participants were engaged, a group of participants currently participating in a session of the WWP were engaged in focus groups at the beginning and end of the session, and a group of past participants were engaged in a focus group asking about the session they had participated in months prior to the current session. In addition to this, the research team attended all 5 sessions of a new round of the WWP (referred to as current session herein), making observations about the program. Notes were taken during the observation, then debrief notes were taken to record the major themes of each observation. All of the notes, focus group transcripts, and observations were shared at the end of the current session in a debrief meeting with all researchers.

[5] Tests that are statistically validated against pre-existing psychological tests, useful in measuring anxiety, depression, PTSD and other psychological disorders.

During the observation round, the program was run as similarly to prior sessions as possible, and participants were voluntarily recruited using the same methods. The interviews with developers were used to find what kinds of supports they believed the program offered. This information was used to develop research questions that the observation and focus groups would aim to answer. The team also looked for emergent themes throughout the focus groups. Questions for the focus groups were developed referencing questions previously used by Dr. M. Hynie in the *Client Support Services Program Impact Study* (Hynie, 2014, na), as well as information from the interviews about what kinds of support the program is helping to develop. The questions were used for semi-structured interviewing, additional questions were asked to allow a more organic flow to the interviews and focus groups. The questions used were also aligned with the 'conscientization' approach from adult education, or the transformative-appreciative action-research model from PP (Lloyd, 1972, p.3; Neto & Marujo, 2014, p.210). This model has two phases, the transformative-appreciative questions, and the empowerment-transformative-appreciation questions.

The transformative-appreciative approach begins by assisting participants in developing a critical consciousness through reflection, and transitions to the empowerment-transformative-appreciative level by helping participants to develop empowerment strategies at the speech and action levels, providing them with tools they can use in their day to day lives (Lloyd, 1972, p.3; Neto & Marujo, 2014, p.210). Examples of questions at the transformative-appreciative level include, "Please describe a situation where you felt competent, acknowledged and contributing to your community?" or "What are the smallest steps for you to feel free, safe and make your own personal choices?" (Neto & Marujo, 2014, p.218 & 222). Examples of questions at the empowerment-transformative-appreciative level include, "How do you think you can replicate that in the future?" or "What gave/brought life to that experience?" (Ibid, p.223). Some examples from the focus group questions used in this research include, "How do you deal with difficulties?" "What do you do to feel better when you feel overwhelmed?" and "What did you do back home to feel better?" The questions used in the focus groups are included as an appendix (Appendix D). They were also adopted by the WWP and will be used as part of the introduction to the program in the subsequent sessions of the program.

Participants and Materials

Research for this project was conducted in two (2) rounds – the expert round and the observation round. These two (2) rounds had a three (3) distinct groups of participants. First, the developers participated in semi-structured interviews to better understand the history and development of the program. These interviews will be referenced as "Interview #" with the # referring to the order which they were performed. The second phase was the observation round which included three (3) focus groups with participants of the program, as well as observation of the session of the WWP. Of

the focus groups, two (2) were conducted with a pool of participants currently partaking in the WWP for the first time – here on in referred to as ‘current participants’, and one (1) was conducted with ‘past participants’ that had partaken in the WWP several months prior to the research being conducted. These will be referenced as “Pre-WWP Focus Group” and “Post-WWP Focus Group 1” for the focus group with participants of the current session, and “Post-WWP Focus Group 2” for the focus group with participants of a past session.

Prior to engaging with participants, York University ethics protocols were completed. Informed consent forms were provided to all participants of the expert round and the observation round. Participants in the interviews received a consent form written in formal academic language. Due to the fact that many participants of the observation round were early learners of English, a second consent form was written using simplified language more suitable for this audience, and an oral overview of the form was provided. Both the DEM and QED teams answered questions participants had about the research process, sometimes utilizing translation to aid in this process. For the first phase, the interviews with developers, the participants were identified by QED. The raw data from these interviews was not shared back to QED, so that the anonymity of the participants could be ensured, and so that participants felt that they could speak freely. Raw data from the current and past participant focus groups, as well as notes from the observations, were made available to QED for their input and review.

Initially, the DEM team was provided with a list six (6) developers to contact – these included facilitators of the WWP and people who were involved in its development. While this began as a convenience sample, it evolved through snowballing where additional people to interview were suggested. More participants were gathered through this process, and as a result, the final list included nine (9) names. Of the nine (9) participants suggested, eight (8) agreed to participate, one (1) person declined, citing personal reasons, and one (1) participant never released a signed consent form. All participants were asked if they consented to being audio recorded. In the case of the interviews, all but one participant consented to this. The participant who did not want to be recorded, indicated that this was because they did not feel confident with their English language abilities, and did not want to have their voice recorded speaking in English. In the case of another one of the interviews, the audio recording became corrupted, leading to the loss of much of the data from that interview. As a result, while seven (7) of the interviews have full transcripts, one (1) of them have notes taken during the interview.

The other group was the participant pool. Both current and past participants were engaged through a series of focus groups. Many of the interviews with the developers suggested that the most important voices in the review would be that of the participants. The participants were gathered using a convenience sample achieved through advertising to participants through word-of-mouth, women who attended the program were asked by researchers to participate in the current participant focus groups. There

was no requirement to participate, and all participants had the option to decline participation in the study while still attending the sessions. All the participants who attended signed consent forms to participate in the review of the program. No participants took the option of terminating their participation in the study. As some of the participants from the focus groups were not confident in their ability to express themselves fully in English, some of the data from the focus group is written in third person as it was shared with the group through the assistance of a translator.

Over the course of the observed session of the WWP, there were around 20 participants in the program. The goal was to have an average of seven (7) participants per focus group, however, due to turnout during the observation sessions of the WWP, these goals were not met. As a result, there were four (4) participants for the initial focus group with current participants, three (3) participants for the focus group with past participants, and three (3) participants for the second focus group with current participants. These numbers do result in a limitation for this study, which will be further discussed in a later section of this paper.

The final way in which participants were engaged was with the observation round of the program. The DEM team observed an entire session of the WWP, which was five (5) sessions, over the course of five (5) weeks. During this time, the DEM team assisted QED with set up of the room as to blend in with the QED facilitators, but were identified as a research team to participants. During this time, the QED facilitators presented as they would normally, and findings from the observation round were shared with the QED team over the course of the week, followed by a full in depth debrief with both teams about a month after the final session.

The interviews and focus groups were recorded using phone and computer audio voice recording, as well as the phone call recording app ‘Cube ACR’ as a majority of the interviews were conducted via the telephone. The interviews were then transcribed by the primary researcher, and this transcript was uploaded into NVivo for coding. The focus groups were transcribed using a transcription service, and also uploaded into NVivo for coding.

Procedure

The interviews helped to develop an understanding of the background of the program, how it was developed, and what kinds of evidence informed this program’s development. These interviews were conducted, primarily over the phone, over the course of seven (7) months. The primary researcher coded in NVivo, inductive coding was used, guided by the questions asked as part of the semi-structured interview, and additional questions and themes that the developers brought up. From these interviews, the DEM team was able to garner an understanding of what supports the QED team believed the WWP was providing. These themes helped to focus the questions to be asked to participants during the focus groups. These questions aimed to gather

information on what kind of social capital was provided by the program. The pre-WWP focus group aimed to understand what levels of social capital the participants perceived themselves as having prior to the program, comparing this to the post-WWP focus group to understand the support and access they perceived themselves to have after the full session of the program.

There was no control group utilized, as there was no way to recruit a separate group who would not receive any programming or received a delayed programming. Given the immense time pressures experienced by newcomers (Stevens, 2019, NA), it was decided that having them participate in a way where they did not receive programming, or received a postponed programming was unethical. Some of the developers had spoken to lack of free time and busy family schedules as barriers to attendance for some women, which supported this decision (Interview 2, 3, 4 & 5).

The first focus group served as a base line or pre-test for our participants. The second focus group was run with current participants at the end of the session, and the focus group was run with past participants of another session, together serve as the post-test results. Members of QED acted as translators for some of the participants, however, due to the fact that we were not aware of the participants language levels before their arrival, there was unfortunately no way to provide interpreters for all participants' language needs. As a result, some quotes from participants are adjusted for clarity. All participants who were part of the focus groups received small denomination gift cards to thank them for their time.

After the data had been collected, the DEM team went over all the data as a whole. Using the information collected from the focus groups, and observations the DEM researchers had discussed among themselves, a preliminary recommendations document was created and presented to the QED team in the Community Recommendations Report, attached as an appendix (Appendix B). This meeting also involved a debrief from this session with the QED team, which helped the researchers from the DEM side to better understand how the current session of the program compared to previous sessions. During this meeting, the DEM team received feedback about which areas of the recommendations QED felt they could focus on in the short term, and which they felt, given resources, capacity and other factors, should be left to more long-term planning. This helped the DEM to tailor more in-depth explanations around recommendations that will have the most impact immediately and assist in the planning and development of the organization and its programming going forward.

Recommendations were delivered to QED in the Community Recommendations Report. At this time, the raw data from the focus groups, and any notes from observations were shared with the QED team for their review and archives. The QED team then reviewed the materials and provided feedback on the recommendations, observations and findings as summarized by the DEM team prior to the development of the final documents on this research. This was done in order to ensure that the

community voice was represented in the most accurate way possible. The results and discussion sections will go into detail about the findings from this research.

Limitations

As has been briefly mentioned, this study does have some limitations. Perhaps, one of the most important limitations was the number of participants the review involved. Given that our goal, based on past program session attendance, was seven (7) participants per focus group, and the average turn out was three (3) or four (4) participants in the observed round, it is difficult to generalize these findings beyond this session of the WWP. In addition to this, the DEM team was present during the observation round, which inevitably changed the dynamic slightly, as participants were aware of the study occurring, and that there are researchers in the room. This is an inevitable part of observation studies. More about this will be discussed in the Findings section.

Another change from a regular session of the WWP also had a visitor from another NGO that we were unable to account for at the start of the study. A representative of another NGO that works with newcomers, who was interested in the program, attended two (2) of the five (5) sessions to observe. While this guest was knowledgeable about the topics being spoken about, and they did take up a lot of talking space. They were not mindful of the language level of the participants, frequently using complex language, jargon and figures of speech that might be confusing. This may have been confusing for participants, as it was unclear how this person fit into the structure of participant and facilitator. This also exposed a lapse in communication between the host organization and the QED team.

Findings

Using the methods outlined above, the research at hand aims to gain a better theoretical understanding of the potential that community based mental health programming has to build bonding social capital and bridging social capital among its participants. To facilitate this, a review of QED's Women's Wellness Program (WWP) was conducted. This program was developed to provide accurate information, social support for mental health challenges, and to support a better referral process to other services. It focuses on engaging women to help combat the power imbalance they often face. Working with women is important as they are disproportionately impacted by mental health issues, but also often seen as "keepers of culture" – as a result, women have the power to impact social change in their communities (Hardi, 2005, p.156). This section will provide a broad overview of the findings, specifically as they pertain to the main theoretical question: In what ways do community mental wellness programs

contribute to the development of bonding social capital and bridging social capital for their participants? This question was broken down into three evaluation questions to facilitate the review of the program. These questions are outlined below:

- What are the strengths of the WWP and what are areas where it needs to adjust or improve?
- What factors, internal or external to the organization, contribute to a successful session of the WWP?
- How can QED better support emergent needs from the client base?

As previously mentioned, a Community Recommendations Report was developed and delivered to QED, this report outlines the findings from the interviews, focus groups and observations. It includes recommendations around facilitation methods, content, materials, and client needs. The report answers the operational questions laid out above in great detail and is attached to this document as an appendix for those interested in the details (Appendix B). While this chapter will provide a broad overview of those findings, it is not exhaustive, instead specifically focusing on the areas that pertain to the main theoretical question outlined above.

The first section of this chapter will begin with a discussion of the strengths of the WWP, specifically which aspects of the program contribute to the acquisition of bonding social capital among participants. This will include a discussion of the shared background of facilitators and participants, and how this makes room for affirmation through shared experience. Then, a discussion of how the hybrid model is used to dispel misinformation and deliver accurate information to the clients. This discussion will also exemplify the ways in which facilitators contribute to the positive environment of the WWP, and how they guide the participants through introspection, sharing their experiences in cathartic ways, and towards empowerment. This discussion of the hybrid model will also serve to illustrate the dynamic nature of the program, and how this has allowed the program to evolve along side the needs of participants. These strengths, in particular the hybrid model, provide a strong foundation for the program to expand upon.

Following this, the next section will provide a brief overview of some of the challenges the WWP faces in developing bridging capital. The program was developed to provide programming around mental health that is supplementary to what is provided by settlement agencies that act as a host organization – this means the programs client base consists of both the settlement agency, and the participants themselves. This section will outline some of the barriers to developing bridging capital between participants and the broader community. Some of these barriers are internal to the WWP and can be adjusted for. These include the amount of English language comprehension support provided throughout the program, how to better integrate the Resource Toolkit into the program and developing more consistency in the partnerships with host organizations. Other barriers are systemic and will require slow change over time. Specifically, the impacts of systemic racism, and how this impacts development of

bridging capital between groups will be discussed. This will be followed by a brief discussion on the commitment being made by the developers, and on the immense amount of work – paid or volunteer hours – that goes into combatting systemic issues over time. Finally, this chapter will conclude with a brief discussion of the areas in which the WWP can improve[6].

What will be made clear through these findings is that the WWP is successful in developing bonding social capital, but that there are barriers to the program's ability to meaningfully support bridging social capital. This will begin with a discussion of how the WWP creates space for confirmation that allow participants to feel affirmed and validated through recognition that they are not alone in their experiences.

Affirmation Through Shared Experience

One of the strengths of the WWP is the program's capacity to create a supportive environment where refugee and newcomer women feel safe sharing their difficult experiences with the group. Creating these conditions helps participants to work towards healing from the trauma endured during migration and resettlement (Silove, 2005, p.34). This supportive environment is developed collaboratively by the facilitators – many of whom have gone through similar challenges, being refugees and immigrants themselves – and the participants. This collaborative work empowers the participants to raise their voices to guide the conversation. Given that many of the participants have shared experiences, this helps to create a space where women can talk about their experiences openly with other people who understand and develop a sense of empowerment through sharing in these cathartic conversations.

Many of the developers involved spoke to the fact that the journey of seeking refuge was incredibly difficult, despite citing the privileges that they had to help them manage the process. One shared "I speak English, I speak French, I have a master's degree in Psychology, and I was totally lost, for so long" (Interview 3). Another said "this period for me, as a refugee [woman], I found many stressful situations, just to have information, the real information. This is [for] me, never mind a woman who [struggles with] illiteracy" (Interview 4). The process of resettlement was so difficult for the developers themselves personally, that they are sure it is even more difficult for other women that do not share the same privileges.[7] Acknowledging this difficultly while also recognizing their own privilege was cited by multiple expert's as part of their drive for being involved in the WWP. The WWP was developed to help raise up the voices of

[6] This will draw on recommendations made in the Community Recommendations Report, which is attached as an appendix for those interested in more detail (Appendix B). As mentioned above, the findings presented herein are not exhaustive, as some of the adjustments discussed in the Community Recommendations Report do not pertain to the main goal of better understanding how community based mental health programming contributes to the development of bonding social capital, and bridging social capital.

[7] All of the developers involved are highly educated, holding post-secondary education degrees. In addition, they all have relatively high levels of literacy in at least two, sometimes three or four languages.

refugee women and to help them feel more comfortable speaking about their problems. During WWP session, the developers spoke about their experiences to provide a model for others who may be afraid to share. When asked about her experience with this program, one of the developers said, “I implore [the participants] to speak. When I [tell] them my story, coming from a conflict zone, losing my relatives, they really start to cry when they know what I have faced. I can speak about this, I can share, so they can share their loss” (Interview 4). Many of the developers involved use negative experiences from their early years in the country as refugees to develop a program that supports the needs they saw in their personal and professional experiences. By sharing these experiences, the women in the room learn that they are not alone, and these conversations provide support from people who understand much of their lived experience.

Benefits of the Women Wellness Program

The WWP creates a supportive environment in which women can share their stories. However, this is only one of the ways that it supports it’s participants. Through this assessment, a number of beneficial facets of the program have been identified. These include the programs ability to address and dispel misinformation, the dynamic, flexible hybrid model of instruction, creating a space for introspection which leads to positive change and creating an opportunity for social bonding among participants. It is important to also address the challenges that the program faces, and the work that goes into creating the program. There will be a brief discussion on the work of building community, followed by a discussion of the challenges faced by the program. Some of the challenges include the tension between language learning and trauma healing, the relationship with the host organization, and the integration of the resource toolkit. This section will also address how systemic racism acts as a barrier to the formation of social bridging capital. Each of these categories will be discussed below in further detail.

Addressing Misinformation

One of these negative experiences the developers spoke to is the difficulty in finding the correct information about supports available to them during the resettlement process. This section will detail some of the issues the developers saw, and the processes the WWP developed to address them. They spoke to how it is particularly difficult for newcomer women to gain access to information about supports available to them in resettlement. Many refugees, upon arrival in Canada, rely on word-of-mouth information or the support of family and friends to gain an understanding of supports available to them (Senthanar *et al*., 2019, p.274). Unfortunately, this can result in a lot of misinformation, due to simple misunderstanding, or worse, due to purposeful exploitation that may arise from a number of sources. One expert spoke of the fear and anxiety that this misinformation creates within the community. She stated that many

refugees she works with are, “afraid [that authorities] are going to take away their children” and that “there are women who accept abuse because they think… if they leave their husbands they won’t be able to live in Canada anymore” (Interview 5). The WWP aims to counter some of this misinformation by providing accurate, and reliable information about mental health, laws as they are applicable to family and child wellbeing, and resources available to assist refugees.

This lack of information affects women in particular. According to one expert, “women have their husbands do everything and this is not good, [since it means that] they are isolated. Isolated from the community, from information” (Interview 4). This potential for misinformation is particularly damaging to women who may not have as much exposure to education or the English language when compared to their male counterparts (Beiser, 2010, p.42). As one expert pointed out, when information gets to the husband but not the wife, this can lead to power imbalances, especially if the male partner is abusive.

In new, stressful environments, the way that services are delivered can exacerbate pre-existing power imbalances and abusive patterns in relationships – it can even serve to degrade formerly healthy partnerships into abusive ones. As one expert discussed, in patriarchal cultures where the man has a lot of power, something as simple as government assistant payments going to the bank account of the mother may feel like a slight towards the man’s power (Interview 5). The men are already frustrated, from not having a job, from difficulties with integration, and the fact that their wives are being empowered furthers this frustration (Interview 5). Many of the women are open to integration, they feel they have been given a second chance and are enjoying the new culture, the new environment, and having support from the community (Interview 5). They feel their husbands, or other men in their lives are not in the same position, that they may not have the same support available and they need to lift them up (Interview 5).

This describes how empowerment and integration can be helpful for women’s emotional wellbeing, but also potentially dangerous as there may be pressure from traditional family values or husbands who do not agree with these new ideas (Hardi, 2005, p.167). It is important to ensure that resettled refugee women not only have proper information about laws surrounding resettlement, but also about their rights and various services that may help them in dangerous situations. This can include counselling for themselves or their partners and extend to accessing women’s shelters to ensure the safety of themselves and their children. The Resource Toolkit was developed to help create more awareness of the resources available. This product is tailored to each location and provides a list of resources including therapists, recreation centers, women’s shelters, and public health clinics to name a few. In addition to this resource, the WWP also seeks to dispel some of the myths around child welfare law and other misunderstood topics through their programming. These topics were included after participants from past sessions had asked about them.

Dynamic, Flexible Hybrid Model of Instruction

One of the strengths cited by many of the developers was the program's dynamism and ability to adapt to meet needs as they arise. However, the hybrid model does more than just provide flexibility and room to further develop the program. Having conversations around the topics covered by the program can be difficult, especially with issues like mental health and abuse shrouded in stigma. QED's hybrid model, which utilizes a mix of media assisted learning and conversation-based learning is useful when talking about these kinds of issues. In QED's model, weekly sessions start with videos that provide information, and then transition into a group conversation led by a facilitator around the topic presented in the video. The videos provide introductory information on the topics of the day and help to prime the participants with some information for the discussion. The videos introduce difficult topics that might be hard to bring up organically. The transformative-appreciative process occurs in the discussion, where facilitators ask participants questions that help the participants to reflect on different aspects of their lives as they relate to the information being presented. Getting the participants to engage in the material is critical, and strong facilitators are crucial to this process.

Throughout the observed sessions it became clear that some facilitators engaged in transformative-appreciative questioning more than others. For example, one facilitator paused the videos to ask questions throughout, she asked questions about the physical feelings of stress, asking the participants to describe how their bodies feel when they are stressed. This line of questioning helps the participants to be aware of these patterns in themselves in the future, so that they know when to use tools to cope with this anxiety rather than letting the anxiety get out of hand. By stopping throughout the video, this facilitator also made space for English language comprehension checks, to ensure all participants are understanding the material. Other facilitators applied these techniques more sporadically and did not check for comprehension throughout the video. As a result, in the feedback document submitted to QED, the DEM team recommended doing training sessions with all of the facilitators so that a more consistent QED presentation style could be developed (see Appendix B). This will ensure more consistency in the programming and will help to ensure that these transformative-appreciative frameworks are being utilized to their fullest potential every time.

The hybrid model serves as the base for the WWP. What follows is a description of the first observed session of the WWP. This will detail the flexibility of the program, and how it is customized to each group of participants. This will also describe how the facilitators use the hybrid model to create a supportive environment for participants, where cathartic conversations can occur.

The first session of the WWP begins with a discussion among facilitators and participants, where some information is gathered about the participant's backgrounds –

if they are parents, if they are married, how long they have been in Canada and other bibliographic information. This conversation, along with availability of special guest facilitators, helps to decide which of the topics are covered in each session. One of the strengths that many of the developers spoke to was the program's ability to adapt and change as new needs were identified in by participants (Interview 1 & 5). As was mentioned before, the number of topics covered has expanded. This is in part due to feedback from the participants. This flexibility and dynamism in the program to provide tailored sessions depending on the group of participants, helps participants to understand that their opinions, needs, and questions are valued in the space. This ensures that the program is centered on the needs of participants, and that their questions are being addressed. All of this serves to recognize the agency of participants, in opposition to many programs that deny agency.

One of the resounding pieces of feedback, especially from the Past Participants group, was that they wanted more – more information on each topic, more time to talk among the participants, more time to talk with the facilitators, and more variety of topics. This shows that participants are engaged, and that they are meeting some needs, but it is also showing that the program has more room to grow. Some of the topics suggested included more about women's lives and the issues women face in Canada, more information about how to support their children, information about legal issues such as tenant law and child welfare law, and information about how to apply to jobs, or accreditations they could get in Canada to better exemplify their existing experience from their country of origin (Post-WWP Focus Group 1 & 2). All of these topics relate back to accruing social capital and how critical it is for mazeway understanding. This shows that despite the government's best efforts, many refugees still have questions about the process of integration, but are unsure of who to ask, or where to go for information on these topics. Community based programming is ideally placed to bring this vital information to their participants.

Introspection Leading to Positive Change

The core of the transformative-appreciative approach is based around questions that allow the participant to appreciate the relationship between their behaviour and their emotional state, and to develop an understanding of how they can transform their behaviour, in turn, transforming their emotional state (Neto & Marujo, 2014, p.221). One interesting thing that was observed by the DEM team, is that the participants had a hard time answering questions around self-care. This question was asked a few different ways, in hopes that simplifying the language used would garner more answers. However, even after rephrasing several times, the women still had a hard time coming up with things they do for themselves, or ways to take care of their mental health without the support of others. The assumption could be made, that the concept of self-care is unfamiliar to them. The term itself is fairly new, having originated in the 1950's in medical circles, and being adopted as part of radical pro-black movement's in the

1970's, only recently has the term become popular in mainstream conversations (Harris, 2017, NA). This idea is one that the facilitators kept coming back to, how important it is to take care of yourself, as you would take care of your friends, your children, or your partner. To borrow a common colloquialism, "You can't pour out of an empty cup". Getting women to think about themselves as worthy of care is difficult, especially when they are taught by broader social norms to be the care takers of others. Self-care is an important counter measure to the stress and fatigue that occur in informal caregivers either due to personal or vicarious trauma (Abendroth & Figley, 1999, p.118) Especially in difficult times, the self is often forgotten, putting precedence on the care taking role.

In contrast to this, one of the most engaged sessions was that covering difficulties with children. Many of the participants had children, so this was a shared concern many of them could bond over. The videos spoke about how bad behaviour, or big changes in behaviour, might serve as an indicator that a child is feeling stressed. Another video spoke about how when a parent is stressed, they often have less patience for their child's poor behaviour. Agreeing, one participant described:

> When [I] came [to the WWP I] learned how to be calm and how to help [my] kids… [It is] hard to remember that [I] used to be this way back home and then [I] used to react in a more calm way with [my]. Now [I'm] here, [I'm] stressed, and [I] found that [I have] been angry… [I] realized this here. [I] said okay, [I] want to go back to normal, [I] want to be back… tell my kids [I] understand them more. (Post-WWP Focus Group 1)

This illustrates a moment where through the discussions facilitated by the WWP, this woman was able to gain a new appreciation for her reactions to her current position and gain a better understanding of her emotional circumstance. She may feel angry or stressed now, but it was not always this way, and does not always have to stay this way. Having conversations about trouble with their children showed all of the woman in the room that these are common problems, which was appears to have been a cathartic realization for many of them.

The discussion then moved on to talking about how the women could change their reactions, and what tools they could use to reach a different outcome with their kids. This exemplifies how the empowerment-transformative-appreciative framework is at play, which includes questions around how the participant can replicate good behaviours and tools in the future (Neto & Marujo, 2014, p.223). Another woman spoke about how the WWP helped her learn new ways to talk to her children: "[The facilitator], she shared this with us, when [her] kids come from school she asks them 'who do you play [with]? Did you play today?' When I went home, I started to do that with my kids" (Post-WWP Focus Group 1).

Here, it becomes clear that social norms have an impact on how easy the transformative-appreciative process is. When talking about their behaviour towards their children, the questions help to align the women's behaviour with their ideals of being

caring, understanding mothers. However, it is more difficult to change a woman's ideas about how she treats herself; this may be because women are taught to place a high value on caretaking, and a lower value on self care. Further discussion about the transformation's that happen at the individual level in the discussion section.

Social Bonding

During the first focus group the researchers asked questions about what kind of social support the participants had before the WWP. Many of the women spoke about talking to friends when they are having a hard time, recognizing that social support was important (Pre-WWP Focus Group). They also mentioned how many of their friends are far away now, in different countries, and that making new friends in Canada is hard (Pre-WWP Focus Group). Some of them suggested making friends is hard because they struggle with the language, and so communicating with English speakers is difficult for them (Pre-WWP Focus Group). The WWP offers an opportunity for participants to build their social network, and to engage in meaningful discussions with people outside their like-ethnic community.

In having conversations with the whole group, women see that the reactions they are having, the stress and the frustration, are not shameful, but rather, a normal reaction to the process of migration (Clark, 2007, p.291). These conversations allow for social bonding through mutual understanding and recognition that they are dealing with similar problems. Sharing experiences has been found to be cathartic, and especially when done in women's groups, it helps to provide a supportive environment and can help to shape new communities of care (Hardi, 2005, p.161) One woman describes how through bonding over shared troubles, she was able to let go of some of the stress she felt about looking after her children:

> The group gave [me] the confidence that there all those women and all their kids make noise and all of them go outside. Okay, [I] can bring [my] kids outside, [I] can make them play, it is okay to play, [I] don't have to restrict them or tell them to be silent. It's okay… everyone is doing this, why don't [I] do this? (Post-WWP Focus Group 1)

Many of the women held beliefs shaped by their experience in other countries, or their previous experiences in camps or in wartime that continue to impact their behaviour in Canada. These learned behaviours, like keeping your children quiet and safe indoors, may have been useful in times of crisis, but are potentially problematic to resettlement. By providing a space where these conversations can be had, the WWP provides the supportive environment that has been indicated as a critical factor in healing (Silove, 2005, p.34). One woman put it very well, saying, "I need to know about women in Canada, because [where] I came from… it is not like Canada, it is different [for] women, so I want to know. I want to know about the woman in Canada." These conversations provide a chance for these women to appreciate how these behaviours

served them in the past, but also understand that transforming their behaviours is part of a healthy adaptation to their new environment. Understanding how other women live in this new country provides them with a model of how they may adapt.

The bonding happening in these groups crosses the divide that often develops between different ethnic communities. When newcomers arrive in Canada they look for like-ethnic groups that they perceive as having a better understanding of their whole experiences (Simich *et al*., 2003, p.873). While this provides support in the short term, if not balanced out with other social connections, this can lead to the isolation of certain minority groups (Elliot & Yusuf, 2014, p.103/104). One woman spoke to how she appreciated this program breaking down barriers between groups. She explained, "at school… the Vietnamese sit together, Arabs sit together. But here, [it is different]" (Post-WWP Focus Group 1). This participant was happy because she felt the lack of segregation was helpful in building relationships, adding "here I have friends rather than at school" (Post-WWP Focus Group 1).

There was one woman who came to the first couple of sessions but had also attended the last sessions of the program the last time it was held in that location. When asked where she met the friends she has now in Canada, she said that at first she had friends from her like-ethnic community, but then over time, she met more people at work and also made "new friend[s] from here" (Pre-WWP Focus Group 1). Two of the women who attended the focus group for past participants came together. They mentioned that they met in the WWP as well, and that they often spent time with each other at different programs run by the center (Post-WWP Focus Group 2). Many of the women in attendance had met new friends either within the WWP, or in other similar programming run by the settlement agency that acted as a host organization. Different programming run by the settlement agencies, including the WWP allow space for these women to bond based on the shared experience of being newcomer women, as opposed to being based on their ethnic identities. This exemplifies the beginnings of bridging social capital forming. These weaker, interracial ties are more effective in bridging social distance between groups (Granovetter, 1973, p.1369). It is important to form bridges to groups with long standing history in the country, as opposed to just among newcomers. These interracial bridges begin the process of creating bridging capital between groups, helping them to better integrate.

The Work of Building Community

In order to develop these spaces where bonding and bridging capital can be developed, an immense amount of time and effort is put into community organizing. Much of this time and effort is provided on a volunteer basis by members of the community. The developers involved in this program are examples of the committed community leaders and volunteers that help to link newcomers to community groups (Elliot & Yusuf, 2014, p.107). The work these leaders put into projects, like the WWP, develops crucial links for others in their community, and also provides the developers

with opportunities to develop connections themselves (Ibid. p.107). The WWP, like many grassroots organizations before it, is taking the first steps of community building, in hopes that those who participate may reap the benefits as well. One of the developers stated that some of the goals included, “bringing people together, providing information, providing some support… [and] creating a sense of community” (Interview 3). The general consensus was that the WWP aimed to develop awareness around mental health issues, specifically self-care, as well as raising awareness for the different resources within a community that could help an individual who was struggling with mental health issues, or to help them support someone in their life who might be struggling (Interviews 1, 2, 3, 5 & 7). This program was developed out of the existing needs within these communities for more support around their mental wellness. Counsellors at settlement agencies are often burdened with large workloads and can feel that they are not adequately equipped to address the needs of refugees (Senthanar *et al*., 2019, p.273). Settlement agencies provide bridging opportunities for their clients by working with organizations like QED to run these sessions. While the first steps have been taken, some critical areas where refugees need supports are still lacking – this undercuts the program’s ability to meaningfully provide bridging capital.

Challenges facing the Women Wellness Program

This section will discuss the challenges that the WWP faces in trying to support bridging capital. Community based mental health programming can act as a vehicle for the development of bridging social capital, however there are barriers to performing this function. Some of the barriers to this include the level of language comprehension of the participants, the variable nature of the relationship with host organizations, conflicting obligations that participants have with other programs, and the lack continuity and care in referrals. The ways the WWP can adjust to mitigate these challenges will be discussed here as well.

Overall, what becomes evident is that while the WWP provides good support for bonding capital to develop among participants, it does not show much evidence of supporting bridging capital for participants at the current juncture. This section illustrates the immense amount of work that goes into developing programs that help to foster social capital within minority communities. There will also be a discussion of how community based mental health programs combat’s systemic racism, while still recognizing that this issue is still a barrier that prevents the program from more meaningfully developing bridging capital among participants. This section will begin by examining the issue of language comprehension, how this impacts the development of bridging capital, as well as the symbiotic relationship between mental health and language acquisition.

Language Learning and Trauma Healing: Symbiosis or Competing Obligations

One thing that became evident early in the observation was that many of the participants were struggling to comprehend the language being used in the sessions. Many of the participants had beginner levels of English, and thus, were less engaged with the material due to lack of comprehension. Literacy, health communication, and empowerment are all connected (Wong *et al*., 2010, p.110). For this reason, language acquisition support can be seen as an essential part of supporting refugee resettlement. Language acquisition is a critical piece of social capital and is a cornerstone in rebuilding a sense of understanding of the new mazeways refugees are adapting to (Khanlou, 2010, p.9). Without language comprehension, the effectiveness of the program is diminished – especially given the topics being discussed may be ones the participants have not spoken much about due to stigma, furthering the likelihood that they are unfamiliar with the language surrounding the topic. While in some sessions QED members act as interpreters for those who speak Arabic, and some occasions host organizations provide interpreters for other language groups – however, this was not always the case.

In the session of the program that was observed by the DEM team, there was a wide range of language abilities in the group many of whom would have likely benefited from an interpreter. While the language barrier proved to be a challenge, participants were still eager for the chance to practice their English-speaking skills, and to engage with the program. When asked questions, women would often respond with information connected to the parts of the question they had understood – while this shows that they did not understand the whole question, and are in need of language comprehension support, this also shows a high drive to participate and to engage with the program material. The women wanted to share their stories, but they also wanted more support in doing this. In response to being asked if the participants would prefer the program in English, or in their first language, one participant said, “maybe we could have a translator, but still in English [as] it would be more helpful” (Post-WWP Focus Group 1). Another participant pointed out that, “If there is a translator [everyone] can understand... [and gain] something from the class. But [if] you’re simply… struggling… struggling is very difficult” (Post-WWP Focus Group 2). This last quote also shows an understanding of how lack of language comprehension support can be frustrating, which may contribute to learned helplessness, a topic that will be discussed in more depth later in the paper.

Language acquisition is highly valued by refugees, as it is seen as an essential step to gaining employment (Interview 3). For this reason, many of them attend Language Instruction for Newcomers to Canada (LINC) English classes, funded by Immigration, Refugees and Citizenship Canada (IRCC). This program provides free, basic language education that helps newcomers with English or French language acquisition (Settlement.org, 2018, NA). The LINC schools often have strict rules about attendance. One expert shared that if a student misses three classes, they lose their spot in the program (Interview 3). In the past, QED has made efforts to time the WWP

sessions so that they are after LINC classes. This way, students are already at the host organization because of class, and they do not have to choose between competing obligations (Interview 5). Given that the observed session of the WWP was run mid-morning, many potential participants were in their LINC classes, which are provided in half or full day format, and provide childminding (Settlement.org, 2018, NA). This resulted in poor attendance at the WWP.

It is important, in the planning of the WWP (and by extension, other community-based mental wellness programming), to ensure that the time the sessions are offered does not conflict with LINC classes – this concern was brought up by participants and developers alike (Post-WWP Focus Group 1, & 2, & Interview 3). It is important to continue to ensure that the programs do not conflict, or else participants are forced to choose between two opportunities to learn. If choosing between a government sanctioned program that provides childminding and is designed to help them gain employment, and a supplementary program on a stigmatized topic like mental health, participants will likely go with the first one. This leads to reduced numbers of participants in the WWP – as was seen during the observation of this session.

Some of the current participants could not attend the Post-WWP focus group because there was a test in their LINC classes that day, however, one participant had spoken to the teacher who changed the date for the test for her because she had told them she wanted to attend the last session (Post-WWP Focus Group 1). The fact that women were asking if they could leave their LINC classes to attend sessions of the WWP is a powerful indicator of success, as it shows that they are prioritizing learning about their mental health in the same way, or maybe even as a higher priority than learning English. This shows an implicit understanding of findings backed by academic evidence, that mental health has a huge impact on a person's ability to learn, and thus is an important piece of the healing process (Wilson *et al*., 2010, p.48). Especially as mental health and language learning impact each other, it is important to ensure both can happen simultaneously. Participants should not have to choose between the two programs, as each provide beneficial support for the other. The WWP provides a supportive environment where they are able to begin the mental healing process, which supports their capacity to learn. While the LINC classes provide students with essential language comprehension skills that help them to engage and gain more from the WWP. Having strong and open communication with the host organization during the planning phase will help to ensure that critical pieces of information such as the time of LINC classes are not overlooked in planning. The WWP must work with the host organization to ensure that conflicting obligations like the one described above are accounted for when planning sessions of the program.

Relationship with Host Organization

It is particularly important to have a strong and consistent relationship with the host organization. Stronger communication within this relationship will ensure that the WWP is aware of issues like the conflict of LINC classes, and to ensure that participants

get accurate information about the sessions. This section will also serve to illustrate other areas where the host organization plays a vital role, namely recruitment and communication of information about the program.

When participants were asked how they learned about the WWP, the two most common responses were referrals from friends, or from employees of the host organization. The fact that participants are telling their friends is a good indication of success for the program. Word-of-mouth advertising shows that participants really enjoy the program and are willing to refer a friend for the same experience (Mosley, 2018, p.2). This suggests that QED is filling a need and is getting good feedback from their participants (Ibid., p.2). Host organizations providing referrals are also key as they help gain access to the population of participants and can also provide recommendations to other similar host organizations that may want to work with the WWP. The host organization provides the space, helps to communicate information about the routines and obligations of potential participants, and are responsible for recruitment of participants. Strong relationships with host organizations could provide linking capital for the WWP, potentially helping them to expand.

During the interviews with developers, however, the capacity for these organizations to recruit participants was brought up as a challenge (Interview 1). Another expert mentioned that with each organization, the input on behalf of the host organization is different:

> The different settlement agencies and their techniques or tools to encourage people to come, to get their confirmation, to effectively advertise… was one of the challenges. Because some of the time they just tell [participants once], and they don't show up because it's not at the top of their minds or they don't feel it's really helpful. But if the person, the agency is really excited about it and they talk about it and they put lots of flyers… they make sure people are there, then they are there…. [The current host] was amazing…. People would come every day… Also, they were very well organized, they provided lunch and refreshments, all of that, and this is also important. When you go to a settlement agency and they don't provide that, just coffee or they don't provide anything [at all]… [participants] are not really encouraged to come back again (Interview 7).

Despite the effectiveness of the host organization in the past, the observed session - which was conducted by the same host organization, was not as successful. Clear differences were observed in hosting quality, resulting in adverse effects to the attendance and quality of the program. Instead of lunch, small snacks were provided in the observed round. In addition, the main liaison who had helped QED organize the session was not present, and instead another employee helped with set up and to assist with any technical issues as they arose. Having a different person meant that some information was lost in the extended chain of communication, leading to some miscommunication of information to participants. While these may be small discrepancies, they show a lack of consistency in the support being provided by host

organizations. The developers believe that 'partners play a big role in… attendance' in particular (Interview 7). Host organization support is an external factor with a huge sway on the success of the WWP.

Given that the host organization is recruiting, and providing information about the WWP, it is important to ensure they are communicating the correct information to participants. Some of the participants were uncertain about how many sessions there were in total, what time the sessions started, and other key pieces of information (Observation 5). One of the participants in the final focus group was disappointed to realize that this was the last session of the WWP until the center brought it back for another round (Post-WWP Focus Group 1). This illustrates the lack of communication of key pieces of information from the host organization to the participants. In addition to this, the set up that the developers had described from the last session hosted by this group was quite different from what was provided during this session. These discrepancies serve to diminish the consistency, and thus the perceived level of professionalism of the WWP (Dunn, 2000, p.303). This relationship with the external partner is also an area where there is potential to deepen the bridging capital and linking capital being provided to both participants and members of QED alike. A stronger relationship with the host organization will help facilitate the process of referring participants to further services, as the host organization will be more familiar with services in the area than the WWP would be. Developing a stronger relationship with the host organization will assist the WWP in it's goal of developing bridging capital among the participants. It does this by providing a more reliable flow of information to the participants, which helps to create trust, but it also helps to provide the WWP with more information about the types of services they could refer participants to in the area. This could be helpful when working on future projects, like the development and proliferation of the Resource Toolkit.

Resource Toolkit Integration

The WWP recently[8] introduced the Resources Toolkit to the program to assist in developing bridging social capital. The process of referrals was one of the issues that the WWP hoped to impact from the start, as many of them had seen frustrations with this in their personal and professional experience. As many of the settlement agencies they work with are overrun, assisting refugees to connect with outside services is not a top priority. This can leave those being referred with the feeling that no one wants to help them, or as if they are a burden being passed from person to person with no real assistance being provided (Interview 4). For each location where the sessions occur, the WWP creates a Resource Toolkit which includes names and contact information for a number of different local services that could assist refugees and support their mental health. This may include therapists, recreation centers, education programs, doctors,

[8] The Resource Toolkit has only been included for two sessions prior to the one observed, making it a newly introduced aspect of the WWP.

and other resources. The goal of including this in the WWP was to develop more awareness of the services available to participants, and to facilitate and personalize the referral process. The aim was to contribute to the refugees understanding of their new local mazeways while also providing empathy and care in the referral process. One of the developers spoke to the fact that upon arrival to Canada, refugees get so much information at once that it becomes overwhelming:

> The way the information is delivered… appropriate language is [used], but it is delivered in a big book that they will not open. They will not read. So, the information is not delivered in the proper format, the proper case, according to the priorities that they need… this will cause some problems. At least, until they get the proper information. So… preparing it in an easy way, [and considering] proper timing is crucial. (Interview 5)

The Resource Toolkit was meant to be a short and simple resource that would provide basic information on local services that might be helpful to them. Instead of overwhelming them with a tonne of information at once, it was meant to be discussed in smaller sections throughout the program. The participants also take this resource home, meaning they have access to it when they are ready to take the next step. While this is an extremely exciting development in theory, in practice it has yet to meet its full potential. Many of the participants had not received a copy, as it was not being systematically distributed throughout the course of the program – only one third (1/3) of the participants from the past participants focus group had received it (Post-WWP Focus Group 2). In addition to this, many of the current participants had very low English levels, some of them were unable to read in English. As a result of this, the resource was rendered near useless to them as it is all in English, with few non-linguistic cues to help them decode the information. The Resource Toolkit was also not referenced by the facilitator throughout, leaving it to be just another piece of paper in a pile that participants may never look at.

Moving forward, further development the Resource Toolkit would be a good project to engage host organizations that have proven to be successful partners in the past. These organizations have a better idea of what services are available in their local areas and would be a good source of knowledge in this development and implementation of this tool. The host organizations can also help provide contextual information about different services, for example, which one's participants have had good experiences with in the past. This project would be a good opportunity to deepen the relationship with the host organizations. A stronger relationship with the host organization will lend to the development of more bridging and linking social capital by engaging their knowledge about resources available. This opportunity could serve to develop bridging and linking social capital for both participants, and members of both QED and the host organization. Not only will this help to develop the resource itself, but it will also help to develop bridging capital that can then be passed onto the participants.

Systemic Racism as a Barrier to Social Bridging Capital

The above serves to illustrate factors within the control of the WWP in regard to the development of bridging social capital. Unfortunately, there are also factors beyond their control that impact this process that must be considered as well. A group's minority status has an effect on what type of social capital is offered by inclusion in the group (Elliot & Yusuf, 2014, p.108). Systemic barriers discussed in the literature review, like systemic racism, impact minority groups ability to accrue social capital, especially bridging and linking capital. A few of the developers commented on their own worries about how racist beliefs impact the work they are doing with the WWP. One expert said:

> I'm afraid, I'm very nervous because [of] my hijab, and [some participants are] not well educated, so maybe [they] have stereotypes about Muslim and Arabic [people] or something like that. So I'm very afraid [that they will think] 'who are those people who wear [a] hijab and come to develop or make awareness about women's rights and… mental health? I was very nervous (Interview 1)

This shows the impact of racism on the expert's confidence. This particular expert had conducted award winning programming on women's issues in her country of origin, and had an extensive background working on these issues through community organizing (Interview 1). Yet here, due to internalized perceptions of what people may think about women who wear hijab, she was left feeling less confident in her abilities. Another expert discussed the impact this same sentiment had on some of the participants:

> [The participants] want to speak with native speakers, but they find difficulties speaking English – they are shy. They say, 'but my English is not good,' I told them to try. They experienced some racism; I tell them just to smile at their neighbours. They might have ideas about women in hijabs (Interview 4)

The anti-Muslim sentiment that is prominent in the media has a huge impact on the daily lives of the developers involved, and potentially of the lives of participants who are Muslim. Verbalizations of racism from others serve to erode social links, impact newcomers perceptions of authority, and make newcomers feel unwelcome in their new country (Elliot & Yusuf, 2014, p.107; Turtiainen, 2012, p.13; Mombaça, 2017, p.17). One of the videos in Week 3 talked about Canada as "your new country", this was one of the areas where the facilitator paused, drawing the participant's attention to these words (Observation 3). She emphasized that "Canada is your country," helping to remind them that despite narratives in popular media that may say otherwise, this is their country, they belong here, and they are welcome. Racist and sexist beliefs that impact these women will not be erased overnight, but community based mental health programming is important method to help them cope with the experiences they, while empowering them to confront these issues (Hardi, 2005, p.161).

The type of social capital that is provided by a group is undoubtedly impacted by their minority status, however, this can also evolve and change over time. Work being done by refugees in New Zealand shows that when community groups raise up their voices, and begin to integrate into policy, service delivery and development, more capacity for bridging and linking social capital is developed (Elliot & Yusuf, 2014, p.102). The Hong Fook Mental Health association provides an example of this occurring in the GTA. The association began as an ethno-cultural consultation liaison providing feedback to mental health services and has since developed into a broader scale charitable foundation promoting mental health (About Hong Fook, 2019, NA). They now receive recognition and funding from the municipal and provincial governments, as well as federal funds from the IRCC for their work – however, this development took nearly two decades to come to fruition (Ibid. 2019). The push forward that the WWP is providing now will serve as a springboard for potential bridging and linking capacity in the future. Developing relationships with host organizations, and with academic institutions support's these endeavours. At this point, the delivery of bridging and linking capital is more aspirational then reflective of reality (Elliot & Yusuf, 2014, p.103). It is important to recognize the immense amount work being done by community leaders from immigrant and refugee communities that goes into accruing social capital for themselves, and for their community in the long term.

Importance of Volunteer Contributions

The WWP relies on volunteers to make the program a success. Many of the developers had personal reasons driving their involvement and desire to give back. One of the developers brought up the issue of sustainability based on the program being run primarily by volunteers (Interview 2). Recognition of the immense amount of voluntary time being put in is important, especially considering that this is being done by people who already have busy lives (Stevens, 2019, NA). The core group that runs the WWP are paid members of the QED staff, however, many of the guest facilitators are volunteers. Of the paid staff, many of them have other jobs, with their position at QED providing supplementary or secondary income. As discussed previously, many of the developers are involved because they see issues in their personal and professional life, and they feel giving back to their community is important due to the privileges they hold. One important thing for the WWP, and for all community based mental health programs to consider is ensuring that volunteers are being appreciated and supported. For this reason, engaging in relationships that help to accrue linking and bridging capital for the developers is as important of a consideration as providing these kinds of capital for participants. By providing space for this capital to develop, this helps to ensure that the developers commitment to the program is rewarded, while at the same time paving the way for others to benefit from these connections. Strategic engagement with other groups is an important method for the WWP to grow its capacity to provide different kinds of social capital for developers and participants alike. Representation of women's voices is frequently lacking, leading to their needs being less readily incorporated in

policy as the needs of their male counterparts (Khanlou, 2010, p.10). Pushing for this representation in academic circles, and even political circles is important work for the WWP to continue to engage in (Elliot & Yusuf, 2014, p.104).

Now that the challenges the program experiences have been discussed, the following section will discuss some of the areas where the WWP can adjust or improve to better support their goals of developing bonding and bridging social capital for their participants and members alike. This will primarily focus on relationships that the WWP can foster to help with the development of social bridging capital.

Areas for Improvement

At the moment, the issues observed include the general level of language comprehension held by the participants, the lack of inclusion of the resource toolkit, and the differential relationships with hosting organizations. These issues serve to diminish the programs ability to encourage growth of bridging social capital among its participants. With the minor adjustments listed below, these issues can be mitigated. Adjusting the presentation of the material will serve to better support language acquisition and comprehension. There are also recommendations on how to better integrate the Resource Toolkit, including notes on how to ensure this document is accessible for participants with low language comprehension levels. This tool has a lot of promise with regards to supporting the development of bridging social capital for participants, however, at this point it has yet to be meaningfully integrated into the program. Finally, this section concludes with a discussion of how to improve the relationship with the host organization so that it is more streamlined and effective in supporting the program's success. This should involve the development of a Memorandum of Understanding (MOU) that can be used with all host-organizations moving forward. This MOU can also be used to forge new relationships to contribute to future growth of the program. Further discussion of all of these points, including recommended activities for language comprehension support and examples of an MOU can all be found in the Community Recommendations document attached (Appendix B).

In regard to language acquisition, the methods currently used by the WWP provide support for those with intermediate language levels. The program needs to adjust better support those participants with lower language comprehension levels. One comment from participants is that they wanted more time to talk about the videos and among themselves (Post-WWP Focus Group 1). This would provide space to practice use of the English terms being learnt through the WWP. During the session observed by the DEM team, the videos were given precedence over having more time for discussion, in part due to time constraints. There is plenty of good material in the videos, however, it is only as good as the language support and engagement surrounding it – if the videos are presented one after another, with no language comprehension checks, and no time to discuss, this could cause those having difficulty understanding to stop engaging out

of frustration. This also takes away from the discussion time, which, as illustrated above, is a critical part of the program.

A classic, widely implemented method for language acquisition support is the Presentation, Practice and Production (PPP) method, which is commonly paired with multimedia learning, using video, interactive computer technology or other computer or mobile phone based supports (Jarvis, 2015, p.1). The current hybrid format of the QED program follows this, having both a presentation (the videos) and production (discussion) sections. Adopting this method would require the development of activities that use the language to be learned into 'practice' activities. This approach is best used to support early level language learners, as it focuses on developing a base understanding of the language being used in the videos. It would be a good idea to have these activities prepared so that in the event that a session is attended primarily by participants with low levels of English, these can be added in for additional language support. Some examples of practice activities were included in the Community Recommendations Report developed for QED (Appendix B).

Another method is the Task-Based Language Teaching (TBLT) method which teaches through communication, typically to fill some kind of gap, and in which learners are encouraged to bring their own linguistic and non-linguistic recourses to the table (Jarvis, 2015, p.3). In the TBLT method, language serves as a means to achieve another outcome, rather than as an end itself (Ellis, 2009, p.223). Given that the WWP aims to empower women, dispel mental health stigma, and link them to further resources, it is evident that language education is currently not a primary goal of the WWP. Other important aspects of TBLT, which aligns with the goals of the WWP, is that the method is learner-centered (Ellis, 2009, p.224). This aligns with the program's goal of creating spaces where the participants experience empathy and care, feeling that their voices are valued. This is an important element to the empowerment provided by the program. Rod Ellis (2009), a well-known advocate for the TBLT method, also suggests that consciousness-raising tasks are an ideal method for adults with intermediate proficiency in their second language to work on furthering their language comprehension (p.234). This exemplifies how the WWP provides support to language acquisition, but it also points out one of the downfalls of the TBLT method – in that it requires intermediate language proficiency.

In the final debrief meeting with QED there was a discussion about implementing a minimum language requirement for participants. QED did not want to discourage anyone from attending the program, this decision magnifies the importance of additional language supports being added. If a group of participants is primarily composed of beginner language learners, the PPP method described above may be more suitable as it provides more structured support for difficult concepts. Especially as the WWP deals with topics shrouded in taboo for which they may not have a basis for, even in their first

language[9]. These two formats, however, are not mutually exclusive. The PPP method can be used in a way to support language acquisition, followed by the use of a task to support the final production activity. This is referred to as 'task supported language teaching', a variant of TBLT (Ellis, 2009, p.224).

Another option for providing language support, which would concurrently assist the WWP to reach a larger audience, would be to work with schools that provide adult education and/or English as a Second Language (ESL) classes. The LINC program is an example of program that the WWP may want to consider partnering with in the future. One participant mentioned that "in [her] school there are lots of people interested… if [the WWP] can manage… [to] arrange with schools. This would be helpful for everybody (Post-WWP Focus Group 1)". There is long-standing discourse through bodies of literature on critical gender theory, Teaching English to Speakers of Other Languages (TESOL)[10], and critical pedagogies for adult education, that support English language acquisition as a method of empowerment for refugee or newcomer women (Biazar, 2015; Gordon, 2004; Davis & Skilton-Sylvester, 2004; Hardi, 2005; to name a few). In the Critical Learning Pedagogy, education is used as a tool to help participants make connections between their individual lives and their social condition, a goal similar to those of the WWP and other community based mental health programs (Biazar, 2015, p.9/10). The "conscientization" approach used in this research comes from one of the seminal authors in this field, Paulo Freire (Lloyd, 1972, p.3). The method is part of the broader "Freire method" for which this was developed to bring empowering literacy training to millions of Brazilians, it was later implemented in Chile dropping illiteracy rates from estimated rates of 15-30% in 1968 to an estimated rate of 5% by 1974 (Ibid., p.4). This exemplifies fertile ground for potential future research on partnerships between community based mental health programs and ESL classes engaged in critical pedagogies of learning. This also provides incentive for the WWP to strengthen its partnerships with host organizations, as this will provide a strong foundation if the program hopes to partner with other groups in the future. While partnering with organizations that provide complementary programming, such as LINC or other ESL classes, is a fantastic option for the WWP, strengthening the relationship with host organizations is an important step towards this.

One of the recommendations included in the Community Recommendations Report that could assist in this process is to develop a Memorandum of Understanding (MOU) with all host organizations moving forward. In emergency management, among other fields, when two organizations work together, this relationship is often defined through a MOU. This document articulates the desired outcome of the agreement between parties, clearly defining what is being done, by whom and who is paying for it

[9] In conversations with facilitators and developers, while they knew the Arabic word for 'wellness', they could not think of a direct translation for the word 'anxiety'.

[10] Other acronyms like Teaching English as a Foreign Language (TEFL) and Teaching English as a Second Language (TESL) and English as a Second Language (ESL) are also used within the literature, while similar, these terms are not completely interchangeable.

(Jerolleman & Kiefer, 2015, p.122). This ensures an additional level of accountability, as promises are in writing and not easily forgotten after a meeting or lost in an email chain. By developing this document, the WWP would ensure a minimum standard to which all parties are legally accountable. It is important to remember when developing and signing an MOU that it is a legally binding document and should be treated with such gravity (Non-Profit Risk Management Center, n.d.). Having these documents in place will ensure that every time the WWP sessions are held at any location, it will provide a consistent level of service, and be provided with a consistent level of support. By providing minimum standards, this ensures a baseline level of competence and professionalism, which are both important traits in developing a trusting relationship with clients – here clients can be seen both as the host organization, and the participants of the program (Dunn, 2000, p.303). The MOU is also a great tool for bringing on new collaborative partners. In the future, if the WWP wanted to branch out and work with groups beyond settlement agencies, it would have this document to help guide those partnership negotiations. Strengthening these relationships would help to develop stronger bridges between the WWP and the host organizations they work with. These relationships are also a resource for the WWP. They can help with the further development of the Resource Toolkit – as the host organization would be more aware of what kind of resources are available in their area – as well as other areas of development. Further development of the Resource Toolkit would help to solidify it as part of the package offered by the WWP.

As was discussed above, the Resource Toolkit is currently not accessible to many of the participants, which is in part due to language barriers, and in part due to lack of facilitator integration. If the information is not accessible to participants, especially if it includes a lot of text which they have not had help navigating, it will likely go untouched. To better integrate this tool, first, the WWP must ensure that the Resource Toolkit uses simple language, and includes photos of logos, or some other recognizable image associated with the resource in question. Here, even an image from the street view of the location would be helpful. These are examples of a non-linguistic cue that could help to make the toolkit more accessible for those participants with lower language comprehension levels. Second, facilitators must ensure they reference the Resource Toolkit throughout the delivery of the program. If the facilitators were to draw attention to certain resources during the program, for instance – when talking about recreation as an outlet for children's stress, they could point out the resources to help with this – this would help participants to have a better understanding of the document. This also helps to break down the information available into smaller, more manageable pieces that are easier for participants to engage with. These recommendations are discussed in more depth in the Community Recommendations Report (Appendix B). These changes will help to ensure that the resource toolkit is more accessible to the target audience, which will help to meet it's intended use, of developing bridging social capital for the participants of the program.

The program has expanded its repertoire of videos over the two years it has been running. This ability to continually produce materials that address needs as they arise from the participant base allows the program to be dynamic and flexible in its approach. At this point, the program has more videos than could ever be covered in five (5) sessions at two (2) hours each. Some of the developers also expressed concern that a five (5) week session of the program is too short. One expert talked about how these women need a sense of stability, and that providing five sessions with no follow-up does not achieve this goal (Interview 1). Another one of the developers, who was involved with the current planning for the future of the WWP, mentioned that there were preliminary plans to expand the program into something more permanent, through a train the trainer program (Interview 5). With the desire for more topics, and the need for more time to conduct language comprehension support, and speaking practice, a more permanent version of the program with longer sessions could be valuable. This would be a good project to take on with some of the host organizations that have been pushing for the development of the program. It may also be a good opportunity to engage with English Language education programs. Extending the program may also further the level of social bonding capital developed in a session as the women have a chance to spend more time with one another. For now, this is a plan for the future, as the program needs to develop a robust and easy-to-replicate format before it can be exported to other facilitators.

Summary

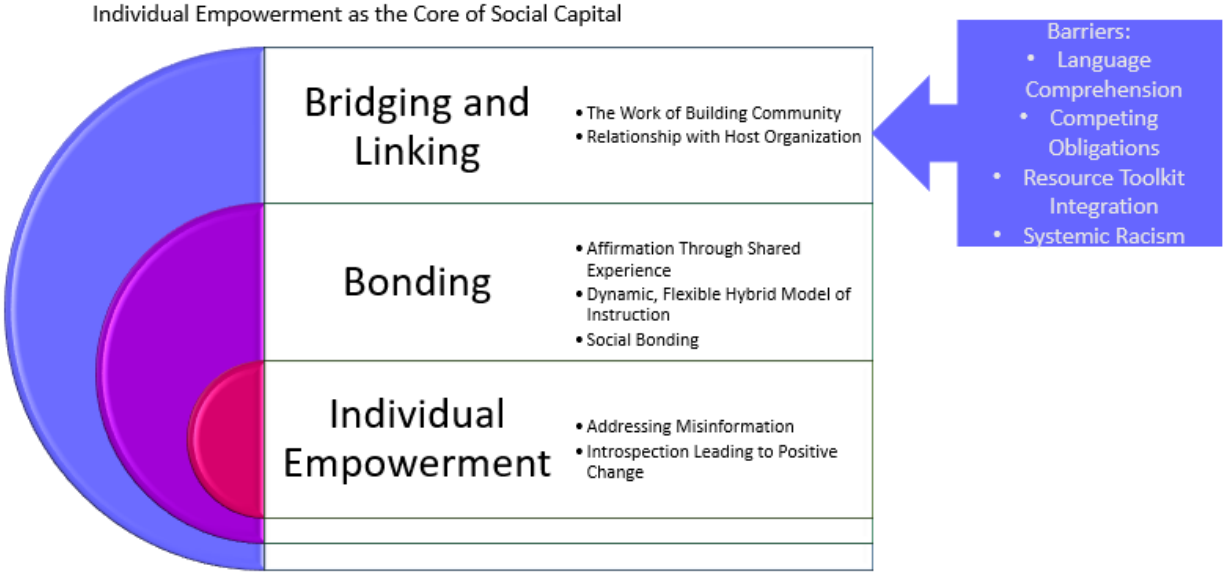
The above discussion illustrates the successes that the Women Wellness Program has, as well as the challenges it is facing. The program is successful in creating a supportive environment, where participants can share their difficult experiences, and develop supportive bonds. This is done with the help of the hybrid model, which helps by providing accurate information, and providing a base of knowledge to help start conversations among the participants on topics such as self-care, issues with their children and domestic abuse. The program successfully creates a supportive environment where women are able to share their difficult experiences, and become empowered, in part by the knowledge that they are not alone. This shows that the program is successful in creating an environment where bonding social capital can be accrued.

The program also aims to create more bridging capital for participants, however, this goal has yet to be meaningfully accomplished. This is in part due to a number of barriers, internal and external, that halt the formation of bridging social capital. Following this, suggestions were made around how to combat some of the issues internal to the WWP. This section spoke to the need for more language comprehension support, for the WWP to be mindful of competing obligations that participants have, and to better integrate the resource toolkit. Finally, there was a brief discussion about how systemic racism impacts a groups ability to develop bridging and linking social capital. This section highlights the importance of the work being done, but also the need for the facilitators and organizers themselves to be caring for themselves, ensuring that their

volunteers are appreciated, and working towards developing relationships that will further imbue the program with more capacity to develop bridging social capital.

In summary, Figure 1 highlights ways in which the WWP promotes bonding social capital, and the potential of the WWP to assist with the development of bridging and linking capital. Furthermore, the program also develops empowerment at the individual level, as will be discussed further in the next section. Given that empowerment serves as the foundation for social capital, itshould be promoted in all programs aimed at addressing mental wellness for refugee women. The following section will delve further into what the WWP provides at the individual level.

Figure 1: Women's Wellness Programme Model
Individual Empowerment as the Core of Social Capital



Discussion

The review of the WWP illuminates the power that community based mental health programs have to support refugees through hard times. While it may not be as effective in developing bridging capital as they might have hoped, the program does have immense capacity to develop bonding social capital among participants. As has been illustrated, both in the literature review, and through this research, community based mental health programming helps to provide scaffolding for the supportive environments that help to resolve mental health issues, like PTSD, over time (Silove, 2005, p.34). The support these women find in sharing their experiences with others who can commiserate has a positive impact on their mental state. These programs facilitate

cathartic moments where women can collectively realize that trauma is only a part of their stories, that they are strong, and that they are survivors of their circumstances as opposed to victims (Hardi, 2005, p. 161).

In analyzing these programs through a positive community psychology approach, the focus becomes the strengths these women see in themselves, rather than their weaknesses or their trauma. This stands in stark contrast to a system that encourages refugee women to engage with victimhood, to represent themselves as powerless, and to identify themselves with diagnostic criteria that they do not agree with, which subsequently leads them to access supports that may not be culturally appropriate (Clark, 2007, p.292). This section will go into more detail on ways in which the WWP supports bonding capital, and what factors should be considered by groups that may want to replicate the WWP's success in this area. In addition to this, the discussion will move beyond the framework of social capital to examine some of the benefits the program provides at the individual level. This will serve to exemplify other areas where the WWP is successful, such as providing support for mental wellness, and combatting learned helplessness. By providing support to refugees in these areas, the WWP encourages them to take back their agency from systems and processes that have eroded it over time. Finally, this discussion will cover the programs capacity to engage its participants in critical conversations around gender and race, and how it encourages them to be harbingers of change in their own community.

Community Based Mental Health Programming

One of the issues discussed at length is the lack of mental health services, culturally appropriate or otherwise, that are available and accessible to newcomers. As one expert explained, "the waiting lists are impossible, and finding a person that also speaks the language or understands the culture is crucial, as [the Arabic refugees] prefer to go to an Arabic speaking psychiatrist, which makes the waiting list longer" (Interview 5). Initially, many newcomers are dealing with the trauma of forcible displacement, but in the long term, a majority show reduction or resolution of these symptoms with time and supportive environments (Schweitzer *et al*., 2006, p.180). Community based mental health programs like the WWP can help to provide this supportive environment, while at the same time providing referrals to those within the group who may need more intensive mental health care to the appropriate services. The process of resettlement is one of starting a new after overcoming the initial difficulties associated with this process. Women are more open to taking advantage of new possibilities and revisiting culturally accepted values and norms – this openness suggests that women have more power to integrate and adapt than men may have (Hardi, 2005, p.163). Women are additionally burdened by the responsibility to care for their spouses, children, elders, and other family members, but this responsibility is also an opportunity to proliferate new ideas around mental health (Wong *et al*., 2019, p.108).

Encouraging this positive adaptation to their new environment helps to set an example for others in their community to follow.

Two of the things the WWP does to help encourage this supportive environment include focusing on the participants, and the utilization of the empowerment-transformative-appreciative approach. These two examples work at the individual level, rather than the social level, to empower the participants to see themselves as people capable of making these changes. While the majority of this paper focuses on the social connections facilitated by the program, the observation round also showed an immense amount of personal growth happening at the individual level for each participant. The discussion will focus on these areas. This will include a review of learned helplessness, how it forms, and how supportive, empowering environments help to combat this. Which will be followed by a discussion of how the program validates the participants experiences, and how this leads to increased confidence and empowerment. This will serve to illustrate how the changes in behaviour that the participants spoke to over the course of the program came to be. Finally, this will lead into a discussion of how community based mental health programming can empower the participants to become involved in change making within their communities.

Combatting Learned Helplessness

One of the things discussed among the developers was the importance of the voice of participants. The program was developed to meet the needs of participants, and many of the developers expressed how important participant voices are in the program review. This shows the commitment that the developers had to the participants and serves to exemplify the participant centered nature of the program. This is a key step in combatting learned helplessness, which is categorized by perceived lack of personal agency (Nicassio *et al*.,1985, p.165). Effective health promotion starts at the level of the participants, using their perspectives and their experience to meet participants where they are (Wong *et al*., 2010, p.109). Unlike many government-run programs, where other things, like provincial targets, take precedence, in these community based mental health programs, the participants' voices and experiences take precedence over all else (Simich *et al*., 2003, p.879; Warren *et al*., 2018, p.454). One of the developers expressed frustration with how many programs in the settlement sector are evaluated:

> It's a problem that [the settlement sector] is always looking for numbers – the number of participants, that's the checklist. It is not based on the quality of the product… or the effect it's made, it is just about the number of people who came back or participated (Interview 5).

Using quantitative measures for program success provides good information from a statistical standpoint but does not show the depth of the support being provided by those programs. Without qualitative descriptions of the refugee side of the

experience, programs are only serving to reinforce one narrative - that dictated by the state. Programs are designed with the average refugee in mind, which serves to further the monolithic stereotype of refugees, and exacerbates learned helplessness as it continues to negate individual refugee agency. Holistic, community based, mental wellness programming seeks to reverse this, to provide participants with a supportive environment where their feelings of alienation, inadequacy and hopelessness are recognized, and where they can feel empowered (Hardi, 2005, p.159). Starting the program by asking what topics are of most interest to them opens a dialogue between facilitator and participant, where they are mutually contributing to the creation of the environment of the program. This presents the fact that the program is here to help with whatever problems the refugees identify as needing help with. This returns some of the agency around their care, helping to put decision making powers back in their hands.

A common syntactic thread through much research is that it is “on” refugees rather than “with” or “about” refugees. This syntactic specification may seem small, but it has a huge impact on the way readers think about the research. Research “on” refugees suggests that refugees are passive recipients of aid that are acted upon by active agents and decision makers within power structures, where as research with refugees engages them as active participants (Clark, 2019, p.14). This creates a power dynamic between those who offer services or do research with refugees and the refugees that participate in such services or research. After many a situation where researchers were only interested in one facet of refugee identity, namely their trauma, refugees are taught only to offer up this single facet of their experience, as if all the rest of it does not matter (Jayawickreme *et al*., 2013, p.315/316). In addition, as passive recipients of services, they have been taught that they must be thankful for what they have, and not to question it, as that is not their role in this relationship. In the expert interviews, a number of the developers spoke to how this creates difficulty for refugees to open up and be honest about their issues within research. One expert spoke to how it is difficult “especially in Arab communities… to speak openly in the group” (Interview 4). This presented a challenge for the research, as it relied on the voices of developers and participants through interviews and focus groups. As another expert said, “they may not speak freely, as you are a researcher. They may say everything is ok because you are a researcher. They [feel they] have to appreciate everything they have been given.” (Interview 4).

Opening the sessions with a discussion of the participants needs helps to reframe the way assistance and support is provided. By providing a space where the participants felt they could share their difficulties and be heard, the WWP creates a supportive environment which is critical to recovery and resettlement (Silove, 2005, p.34). This environment is also critical to returning agency to the refugees involved. The processes of migration and seeking refuge do not provide supportive conditions for stable mental health. In addition, many of the current systems available to support refugees can be seen as coercive, dictating their decisions and their activities (Simich *et al*., 2003, p.876 & 882). This leaves refugees feeling like those working in the system do

not care about them. One quote from an expert involved in the WWP, regarding her time navigating the system exemplifies this feeling:

> When I speak about my background…. If I don't think you care, I will stop. If I see it in their eyes, their body language, they didn't care. They just gave me information. This is a big problem. [Participants] think they have to attend… they didn't find empathy. (Interview 4).

When faced with constant uncertainty of who is helpful, and who is not, learned helplessness may set in – refugees stop engaging with supports in meaningful ways and tasks that may seem simple to many become insurmountable (Nicassio, 1985, p.165). As one of the developers put it, "they're not able to think about school, they're not [even] able to focus on learning English" (Interview 7). Their struggles with mental health, combined with their perceived lack of agency serves to paralyze them. This context illustrates the background within which the WWP is provided. Many of the women who come to this program are seeking empathy and support around difficult topics. They may have faced systems claiming to be supportive, and not yet found the kind of support they are looking for yet. This may be due to discrimination, to lack of culturally appropriate services, or to the overburdened settlement sector (Elliot & Yusuf, 2014, p.107; Ingleby & Watters, 2005, p.210; Senthenar *et al*., 2013, p.273). One expert described how "after every session [she] would have up to 5 women approaching [her] asking for counselling, for themselves, for their kids, for their husbands" (Interview 3). Another described how the participants, "shared their emotions and their problems" (Interview 4). This same expert, when asked about barriers to participants attending and engaging with the program, said "[they are] scared…. They didn't share their experience [before], they see it as a shame" (Interview 4). Through participation in this program, the participants learn to trust the developers involved, and the participants they engage with. These quotes show that participants of this program are trusting the facilitators of the WWP, they are opening up to them, and the group about difficult topics with the hope of receiving support. This is evidence that a supportive, empowering environment has been created.

Community mental health programming is an incredible opportunity to empower refugees to take back control of their lives (Hardi, 2005, p.159 & 160). In the case of the WWP, the participant centered approach helps to accomplish this. This proves the importance of continued feedback when operating a program that works within the community, this feedback helps the program to evolve to meet community needs as they emerge. An example of an emergent need found during this review is the challenge created by presenting the material in English. Many participants were excited for another opportunity to practice their language skills, however, without proper support around this, the program risks contributing to the cycle of frustration that can lead to learned helplessness. As participants remarked, struggling with language is frustrating. By adjusting to better support participant needs, the WWP renews its commitment to supporting the participants through new challenges as they arrive. Eliciting feedback

from participants on an ongoing basis shows this commitment to the participants. Now, with a better understanding of learned helplessness, and how community mental health programming combats this issue, the ways in which the WWP empowers participants at the individual level can be discussed.

Empowerment of the Individual

One of the critical frameworks used to support empowerment within the WWP is the empowerment-transformative appreciative approach. As previously discussed, this framework was developed using aspects of "conscientization" methods from adult education and "appreciative inquiry" methods from participatory action research done in positive psychology (Neto & Marujo, 2014, p.210; Nel & Govender, 2019, p.337). Starting at the transformative-appreciative level, which helps participants to realize that the emotions they are dealing with now are temporary, and that they will pass (Neto & Marujo, 2014, p.221). The empowerment level questions build on this, directing participants to skills they have, or to tools they are learning in the program, and to empower them to change their circumstances through their own speech and actions (Ibid., p.221). This line of empowerment questioning, especially when used in a group setting, helps to create space where, through mutual empowerment, a more desirable future can be designed (Nel & Govender, 2019, p.337). This section will discuss some of the changes that happened at the individual level over the course of the program that contribute to this empowerment.

One highlight that participants spoke about was their increased confidence. One woman spoke to how this experience helped reduce some of the fears she had related to her safety in public as a woman:

> Where [I] came from… the women were not allowed to go outside that easily and they fear, there were lots of fears especially with the war and [I] used to be afraid to go outside. But when [I] came [to the WWP] and [I] found other women coming, [I] talked to [myself] and [I] said okay, everyone is coming here, [I] can go and [I] came alone the next time, and the third time. (Post-WWP Focus Group 1).

Personal safety is one of the frameworks that is disrupted by the process of migration and resettlement (Schweitzer *et al*., 2006, p.180; Crooks *et al*., 2011, p.139). Quotes like this show how the WWP was able to provide the kind of supportive environment needed for participants to leave these fears behind. The above quote provides an example where the participant was able to examine her fears and transform how she thinks about them using new information about her current circumstances. In realizing that the things she fears are now part of her past, she is able to gain a new appreciation for her current position, one categorized by increased confidence and decreased fear. Another woman responded to this, "I felt empowered, I felt this power came from this group because I felt like I am… like every other woman, I don't have to

be afraid" (Post-WWP Focus Group 1). Developing a sense of confidence in place of a perceived lack of agency is a huge step towards healthy resettlement. After experiencing the lack of consideration for preferred destinations of relocation, and the potential to experience coercion or even physical force when seeking psychiatric treatment, refugees experience many situations where their agency denied (Simich *et al*., 2003, p.879; Norrendam *et al*., 2009, p.143). A renewed sense of confidence exemplifies changes in how the participants see themselves and their capabilities in relation to their circumstances.

As was discussed above, many refugees are taught that they are passive participants and that they must be thankful and appreciative for the things they have been given. This concept can be detrimental to understanding their mental health struggles, and to being understanding with the struggles of their children and their partners. As one expert put it: "The [participants] approach it as… other kids have it so much harder. It's a good thing that we're here, at least we are safe. They're approaching it in a way where they are not really validating the kid's feelings" (Interview 2). What is observed is that participants are placing a high value on being thankful, and unfortunately, strict adherence to this value leads to toxic behaviour in that they do not validate their own emotions, or provide space to validate the emotions of their children or their partners (Neto & Marujo, 2014, p.215).

As was exemplified in the findings above, it is also clear that many of these women desire to consider themselves good, understanding parents. This was one of the areas where the facilitators hoped to provide insight - that participants can be thankful for what they have, while at the same time leaving space to recognize the hardship they have been through and how difficult this has been for them and their family. The use of the transformative-appreciative approach creates a space for participants to be able to recognize where their behaviour does not align with their understandings of themselves as understanding parents. Recognition of this helps them to desire and implement a change in their behaviour, so that it aligns better with their attitudes and values (Neto & Marujo, 2014, p.215). The information provided in the videos helps to empower them to try new approaches to their own issues, or to their children's difficult behaviour moving forward. As one of the developers explained:

> There's a lot of work around validating, understanding that… we have to acknowledge the fact that the child is not comfortable and is dealing with a lot… It was an eye opener for the parents to understand… 'why is my kid misbehaving when we have everything?… we're fine, we live here and we're ok.' But… in a way, acknowledging that we're not ok, we've been through a lot and we're still going through a lot and we have to acknowledge that (Interview 2).

Having these conversations as a group allows each woman the space where she can let go of the shame around these feelings. Many of the developers spoke to this being particularly difficult with participants who are religious. In addition to feeling they must be thankful due to the narrative about all that Canada has given them, there is

also the religious narrative that God has graced them with a second chance, and for that they must be thankful (Interview 2). Many of them feel an additional level of shame as the feelings of sadness, anger, isolation and other hardships they have experienced through migration and resettlement as they feel they are not compatible with the thankfulness and devotion they owe their God for this second chance (Interview 2). Through these conversations, especially with other devout women, they are provided a space, "to make the separation between – yes, we are grateful – yet we should acknowledge that we are going through issues" (Interview 2). Recognizing that this thankfulness and these difficult feelings can exist together helps to assuage some of the guilt and shame that often surrounds mental health issues.

Arguably, one of the most important things that the WWP provides is stigma reduction around mental health, and more awareness on the topic. The recognition described above, shows a different understanding of mental health. Stigma not only serves as a barrier to those who may seek treatment for their mental health, as seen above, the stigma can also have a negative effect on the individual's well-being. The WWP makes space for conversations to be had around mental health so that the concept is better understood, and to help equip participants with tools they can use to take care of their mental health, as they would take care of their physical health. Adjustments to the way mental health is talked about help to better explain the concept, which helps to reduce stigma[11]. The next section will discuss how such processes can be continued beyond the WWP, to encourage women to push for social change in their communities.

Potential for Participants to Become Engaged in Social Change

Women's programs have always been centers of social change. When discussing issues that women face in a group, they often express the need for change around traditional gender roles (Wallace, 1993, p.22). Forced migration and the process of seeking refuge is a time of dramatic change. Moreover, migration tends to affect the status of men and women differently, causing a great deal of change to gender roles within and outside of the home (Hardi, 2005, p.153). All of this change creates a space where cultural norms are compared against that of the new host country, potentially leading to a desire for change. Due to traditional roles, women have historically been responsible for transferring knowledge of culture and traditional values to the next generation(Hardi, 2005, p.154), as a result, they are in a position to adjust and change the culture and values.

[11] A term that is gaining traction to help explain this concept is "mental injury" or "post-traumatic stress injury" which helps show that, like our physical health, mental health can be strained and injured, but also healed (Public Safety Canada, 2018, NA). When women are consulted, they often bring up the importance of topics like education, cultural identity, and mental health (Wallace, 1993, p.22). Women, especially those who are care takers or who have people dependent upon them, are in a position to change the dialogue around mental health.

For an awfully long time, the needs of women and their dependents were excluded from grassroots level programming. Through the 1990's there was a push to change this, working to consult women and involve them in decision making processes (Wallace, 1993, p.17). Especially during recovery, ensuring that women's voices are present in discussions on how to rebuild, are critical to the process. In the "Build Back Better" report from the United Nations Office for Disaster Risk Reduction (2017), the involvement of women from the community, and women's groups is referenced throughout as a best practice (p.19, 21, 31 & 39). Programs like the WWP and other community based mental health programs are critical to engaging women in the process of building a better mental health care system. They also serve as a space where women can critically engage with issues like gender and race, potentially leading to a deeper understanding of the social circumstances that lend to their current state of frustration (Hardi, 2005, p.159). These programs allow participants to find mutual strength which can be channeled to combat the oppression they face together (Ibid, p.161).

As was discussed above, some of the methods used in this research, namely the transformative-appreciative approach, are linked to the critical pedagogy of English Language classrooms. The "community" part of positive community psychology initially studied ways to create a collective awareness of social issues that could be used to push towards social justice (Neto & Marujo, 2014, p.220). This process is not necessarily one by which they are shocked by what they find, and this provides a catalyst into activism – rather, many of these women have always known oppression, and when shown opportunities to challenge this, they readily accept them (Biazar, 2015, p.1). The WWP provides a space in which these realities can be challenged, and where the group can have conversations around the design of a better future, either for themselves, individually, or on a more collective, systemic level (Nel & Govender, 2019, p.337). As was discussed above, the participants often spoke to how they wanted more of this kind of material. Whether they choose to engage in another session of the WWP, or to seek out other community organizations working on similar projects, even just in taking this information home to their families, they become catalysts for change. At the individual family level, a woman can change some of the tactics she uses in mothering her children, or in communicating with her partner. At the community level, a woman might choose to volunteer, or even seek out accreditations that would help her gain employment working to support mental wellness.

At a higher, systemic level, the developers involved with the WWP are themselves, performing an activist role. By bringing this program to others, and doing the work of dispelling stigma, they are advocates for mental health stigma reduction. The developers who developed the program have also considered other options for continued involvement. There are cases in the past, where former participants of the program began volunteering with the program. There is also discussion of developing the program into a train-the-trainer model (Interview 5). In this model, host organizations would mobilize their own WWP with the help of QED. Developers from the WWP would

come and conduct the initial session with the new volunteers, training them how to present the videos and how to facilitate conversations while creating a compassionate and empathetic environment. Following that, the team of newly trained WWP developers would continue the program after QED members have returned. This is one option to keep the momentum that is built during the WWP going long after the initial session ends. In addition to the work being done with participants, there is also work being done by the developers to further promulgate this message. By engaging academic institutions through CCES projects, they continue the momentum of building social capital for themselves, and those who follow, and they also continue to promote this message to a larger audience.

The discussion above further elaborated upon the empowerment that the individual participants spoke to experiencing as a result of attending the WWP. The supportive environment provided by the WWP helps its participants to process the trauma they have experienced, recognize that they are not alone in with their concerns, and provides validation for many of their frustrations. In doing this through a participant centered, hybrid model, the program facilitates individual empowerment, as well as the development of social bonding capital. In providing both information and supportive discussion, the participants leave with a sense of empowerment, and with tools they can use to challenge their experiences of hardship in the future. This program may also act as a catalyst for the participants to become more involved in social change initiatives themselves.

Conclusion

The evidence in support of individual empowerment, and the potential of QED's Women Wellness Program to develop bonding social capital are strong. The evidence for the program's ability to develop bridging social capital is, unfortunately, not as strong. The program continues to see demand from both host organizations, and participants alike. This further proves that the service they offer is filling a gap that was in great demand. Developing a strong network of word-of-mouth referrals from past participants and developing a stronger partnership with the host organization will only serve to facilitate meeting this demand in the future. The minor adjustments discussed will help to develop a more robust version of the program. By supporting language comprehension, the program ensures that it is supporting participants in every way possible. Forming more solid relationships with host organizations, backed by MOU's is an important step to ensure that host organizations contribute only to the success of the WWP, rather than its challenges. Both of these considerations will help to better develop and integrate the Resource Toolkit, a resource that has a lot of promise, but needs to be better integrated with the program.

In addition to these minor changes, consideration for systemic factors, and a certain level of political acuity is required on behalf of the QED team to make the most

out of the opportunities available to the WWP. This program has flexibility on its side, being able to develop new modules as the needs arise is an important asset. Moving forward, the focus group questions from this project will be adapted into the working model of the WWP. This helps the program to continually illicit feedback, allowing it to grow and evolve alongside the needs of participants. This collaborative effort between the WWP and its clients – the host organization and participants alike – contributes to the program's capacity in the long term. The adjustments discussed above, as well as continued hard work, and patience, is critical to the ongoing development of social capital for refugees and newcomers in the GTA.

The work being done by the WWP, and other community based mental health programs is critical, especially given that the levels of migration occurring now represent the beginning of a new normal. Unfortunately, many of those coming to a new country are not doing so voluntarily, but rather, forcibly. The process of forcible migration, leading to an individual seeking refugee status, and eventually resettling in a host country, has a huge impact on an individual's mental health. This impact has been studied primarily through the medical model of psychology, focusing on the development of diagnoseable pathologies within this traumatized population. This study is part of a shift in the literature, which seeks to include more positive community psychology-based methods in the study of refugee psychology. The addition of this new lens brings with it a shift in focus – from pathology and repair to the celebration of strength and resilience (Jayawickreme *et al*., 2013, p.314/315). Groups that provide community based mental health programming are situated at the forefront of this shift. These groups develop programming in response to a need, often times from a gap in policy or service provision. This kind of programming is led by members of the community and helps to raise up the voices of those within the community that may not have previously been heard or incorporated into policy.

This research chose a Collaborative, Community Engage Scholarship (CCES) approach to align with this goal, of raising the voice of the community, while at the same time bringing awareness to the work being done by members within the community. As has been discussed, there is much difficulty in accessing mental health services. This issue affects all communities, as Canada's policies around mental health are lacking (Vasilevska & Simich, 2010, p.36). In addition, the system was not designed with cross-cultural sensitivity in mind, and so migrant populations have less access to care than their native counterparts (Crooks *et al*., 2011, p.140). Many newcomers cited overcoming cultural taboo to even speak about mental health issues with care providers to be stress inducing, this is before considering language barriers and cultural differences of care that add to the stress and difficulty of accessing mental health services (Ibid, p.140). This exemplifies a need for more qualitative descriptions of refugee experiences accessing care, to better understand the gaps and how they may be resolved. In the study of community based mental health care programs that provide supplementary support, getting descriptive information about refugees' experiences was of critical importance. It is important to work with community-based organizations in

doing this, as they provide a link into the community that otherwise, may take years of relationship building to develop. Trust must be established, both between researcher and participants, but also among members of the research team itself (Warren *et al*., 2018, p.453). This relationship building creates an environment where researcher and community member can develop common ground, and investigate the data at hand together, through different vantage points. Each member of the research team offers a wealth of knowledge, and utilizing CCES, these differing viewpoints come together to create a richer tapestry, weaving together many different pieces of information. This exchange of knowledge and relationship building lends to the formation of linking capital for the community members, bringing their voices into the fold of academia.

In the case of the WWP, this CCES approach was effective for a number of reasons. A member of the research team, Dr. Aaida Mamuji, had worked with QED on other projects before – which led to her being asked to seek out researchers to work on this project. More long-term relationships are essential to developing mutually reciprocal, collaborative approach that engages with deeper issues, as opposed to those most readily evident at first glance (Warren *et al*., 2018, p.460). The need for this research was identified by QED, and the DEM practitioners were brought on based on their background knowledge with public education and mental health initiatives. The initial conversations with the developers who helped to develop and facilitate the program provided deeper insight than any single member of the team could have provided alone. Without this input, the process of choosing the best method to review the program, as well as deciphering what the program was providing would have been much longer, and potentially less fruitful.

During the observation, this collaborative work continued. The QED team was so enthusiastic about the focus group questions, and the feedback they elicited from the participants, that the team decided to adopt these questions moving forward. These questions were based on the transformative-appreciative model, and centered around the participants knowledge of self-care, what they did to cope in hard times, and what resources they were already aware of. This set of questions helps QED to find important information like how the participants learned about the program, and what kind of understanding the participants have of concepts like self-care. This will help QED to improve its marketing in the future, as well as to help better understand the participants' needs. The inclusion of these questions will help to ensure more consistent use of the transformative-appreciative model, as all of the facilitators will be asking questions formulated using this model in each introductory session. The facilitators also may not have been aware that some of their participants are not engaged due to language comprehension issues, rather than attention or interest in the program. This information may have been overlooked had there not been a research team member with a background in Teaching English to Speakers of Other Languages (TESOL) instruction. The observation round was the time where QED and DEM team members worked the closest, providing a space for each member to learn from each other as they collaborated on the project. The debrief meeting that was held with all researchers after

this provided an opportunity for the groups to compare notes, and to make sense of everything that happened using input from all vantage points. This meeting also resulted in some business planning, as the recommendations helped to highlight what solutions were possible in the short term, and which would require more long-term planning. This discussion was critical as it allowed the DEM team to communicate some observations and provide recommendations that help shape future steps for the program, but it also allowed the QED team to provide insight on what they had seen in the round, which allowed both teams to compare notes and come away with a more robust understanding. This illustrates the mutual accountability in the research that provides a more nuanced and complex analysis of the topic at hand (Warren *et al*., 2018, p.466).

Ultimately, this relationship building, mutual accountability and formation of trust, all lend to the formation of social capital as well. CCES ensures the research is accountable to a more diverse set of actors, both from academia and the community alike – this means that people who may not have never encountered each other in more traditional forms of scholarship are placed side by side, working together towards a mutually beneficial goal (Warren *et al*., 2018, p.448). Linking social capital, while not discussed at length in this paper, becomes evident in the behind the scenes connections that make this research possible.

Linking social capital is related to power and authority. Through much of society, academia is seen as an institution with a reasonable amount of power (Elliot & Yusuf, 2014, p.102). As has been discussed, the formation of social capital takes work, especially when considering the formation of linking capital (Ibid., p.106/107) The work being done by the WWP is critical to the long-term formation of linking social capital, both for the members doing the work, and for the broader community. Developing these links helps to provide representation of refugees within the research, ensuring their voices are heard. Developing these weak ties between organizations that provide community based mental health programming and researchers in academia, information diffused through these ties travel larger social distances, reaching greater numbers of people (Granovetter, 1973, p.1366). This ensures that the work being done by these community based mental health programs does not go unnoticed, but rather is celebrated and enshrined as a critical form of assistance in the process of resettlement. This method has powerful outcomes, and the research team encourages other programs to engage in the same format of research. By capturing these programs in detail using CCES, the successes and challenges can be shared to other similar organizations, allowing others to use this information to grow their own initiatives in ways that will assist them to better support their communities. Not only does this research serve to recognize the work being done, but it also helps to begin the development of a model for other organizations to follow.

This research hopes to highlight successes of the program, this is done through the use of a positive community psychology lens, more specifically the transformative-appreciative model when working towards community empowerment. The

conversations held within the WWP, facilitated by the use of the transformative-appreciative approach had a cathartic affect on the participants. The conversations had within the WWP helped to show many of the women that they were not alone in facing their issues - this provides social support and affirmation through shared experience (Simich *et al*., 2003, p.872). By having conversations that dispel the shame around these difficult feelings, it opens up a space for healing. This program allowed a space for these women to bond over their shared experience as newcomer women, creating space for bonding across ethnic groups. While, in this case, this does not often lead to the creation of bridging capital, as the participants come from similar backgrounds with similar experiences of oppression in their host country – it does begin to lay the foundation for the participants and facilitators alike to challenge the oppression they face, together (Hardi, 2005, p.161). The social bonding capital developed through these transformative-appreciative conversations is undoubtedly one of the biggest successes of the WWP. This program also lays the groundwork for more bridging capital, and potentially even linking capital to be developed among the participants. These conversations about the difficult experiences each woman has had open up to larger critical conversations around gender and oppression that influence some of their difficult experiences.

Another area where the WWP exemplified success was in empowering the participants throughout the program. Especially when considering that many refugees experience the denial of agency throughout the experience of seeking refuge, this is a critical piece for other organizations working with refugees to take note of. This process of empowerment begins by initiating conversations with the participants about their needs and their interests from the beginning. By opening the sessions with a collaborative conversation, the participants are welcomed into the program as co-collaborators which recognizes and encourages their agency. The empowerment-transformative-appreciative model encourages participants to reflect on the best parts of themselves, and to develop a more intimate understanding of their emotions so they are better aware of the resources already at their disposal (Marujo & Neto, 2011, p.15/16). Through this process, participants gain a better understanding of their own strengths, while at the same time, receiving gentle assurance that they have the capacity to do better, and to reach out for help when needed. Similarly, to the chain of command in Emergency Management, regaining agency is not about never needing help again, but about taking stock of your own capabilities, your boundaries, and recognizing when you may need to reach out for help.

Through providing spaces to build social support through affirmation of shared experience, and to build a sense of empowerment, the WWP successfully supports bonding social capital. With continued effort, the program can develop more capacity to provide bridging and even linking social capital for its participants and its members alike. It is important to note, that QED and the WWP are less than a decade old. While they are providing similar services as Access Alliance and the Hong Fook Mental Health Association, both of these organizations have upwards of 20 years of organizing each.

This is important to consider when examining how much social capital each group has accrued, respectively. The WWP is young and is starting with a promising foundation for community based mental health programming.

Glossary

WWP – Women's Wellness Program

QED – Al-Qazzaz Foundation for Education

CCES – Collaborative, Community Engaged Scholarship

Social capital - Intangible resource that a community, or individual, have access too, includes a range of intangible ideas including literacy, language ability, relationships, and others.

Bonding social capital - Strong connections within a community, commonly referred to as social support.

Bridging social capital - weaker connections between communities that facilitate connections to opportunities for employment, education, and access to healthcare. Encompasses relationships formed between newcomers and groups native to Canada, or that have a long-standing history in the country, and helps newcomers to become more integrated into their new country.

Linking social capital - Connections that form between groups and the state or other institutions like universities, these links may allow a group to have say in policy decisions, or the rhetoric used when talking about their social group.

Mazeway - The sum of ways of life in a community, mutually constructed using shared experiences in a geographically distinct area.

Mazeway Disintegration - The collapse of community that happens when mazeways are destroyed through the process of forcible displacement.

Transformative-appreciative approach – Positive Psychology approach developed by Neto & Marujo. Combines appreciative inquiry with conscientization. Uses questions that allow the participant to appreciate the relationship between their behaviour and their emotional state, and to develop an understanding of how they can transform their behaviour, in turn, transforming their emotional state.

Empowerment-transformative appreciative approach – An extension of the Transformative-appreciative approach, additional questions that extend beyond recognizing and transforming behaviours and emotional state. Helps participants to identify tools at their disposal that assist them in continuing the transformative process beyond the confines of the program.

Positive Community Psychology – Synthesis of the fields of Positive Psychology and Community Psychology, studies social integration, empowerment, successful adaptation and learned skills.

Community Based Mental Health Programming - Programs offered by groups that form due to a perceived need from the community to develop more bridging and

linking capital through awareness campaigns, community engagement, and empowerment models. These groups seek to share information about mental wellbeing, often using empowerment models to help participants gain access to systems in ways that support their agency.

Host organization – Settlement agencies that work with the WWP to provide a physical location for the program, and other supports.

Participant – Refugee women who engage with the WWP.

Client – Term used to refer to all those who receive support from the WWP, this includes participants and host organizations.

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INFORMATION FOR ADULTS LOOKING AFTER A CHILD OR CHILDREN THROUGH DISPLACEMENT

ABOUT YOU
What might you be experiencing?

- You may become more irritable than usual and your mood may change back and forth dramatically. You may be especially anxious or nervous or depressed.
- You may have repeated and vivid memories of your experiences. These flashbacks may lead to physical reactions such as rapid heartbeat or sweating.
- You may find it difficult to concentrate or make decisions, or become more easily confused. Your sleep and eating patterns may also be disrupted.

All of these things may affect how you get on with the child or children you are looking after.

What can you do to help yourself?

- Recognise that this is a challenging time but one that you can work to manage. You have tackled other hardships at other times in your life.
- Recognise that you are a unique person. Use the skills and resources that you have.
- Allow yourself and your children to mourn any losses you may have experienced.
- Try to be patient with changes in how you are feeling.
- Try and keep hopeful and a positive outlook. This will help your children have hope for the future.
- Support each other and take help from friends, relatives, community and religious leaders.
- Look after yourself as much as possible and try to rest when you can.
- As much as you can, try to establish or re-establish routines, such as regular bed times.
- Try to keep yourself occupied with regular chores or with work or activities with others around you.
- Maintain any religious activities you do.

ABOUT YOUR CHILD
What might your child be experiencing?

How children react to stressful experiences can vary depending on a variety of things, for example their age, but here are some common ways children react:

- Physical complaints such as headache, stomach ache, lack of appetite.
- Being fearful and anxious.
- Difficulty sleeping, nightmares, night terrors, shouting or screaming.
- Older children may go back to bedwetting, clinging to their parents, frequent crying, thumb-sucking, being afraid to be left alone.
- Becoming unusually active or aggressive or the opposite shy, quiet, withdrawn and sad.
- Difficulty concentrating.

It is important to remember that it is NORMAL for children to show stress reactions or problem behaviours after frightening and distressing experiences.

What can you do to help your child?

SAFETY
Consider which are particularly important for you, depending on how safe the area is where you are staying

- Strive to keep your family together at all times.
- Try hard not to be separated from your children for long periods of time.
- Ensure your children know their name, and where you are staying and how to get help if they are separated from you.

This leaflet was initially developed in 2014 by Aala El-Khani, Rachel Calam and Kim Cartwright, The University of Manchester, UK, through discussions with Syrian refugee caregivers living in conflict zones, in camps and in Manchester.

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- If you are going to a distribution site either keep your children close by at all times or leave them at home in the care of a responsible and trusted relative or adult.
- If your children do go along with you arrange in advance somewhere you can meet if you become separated. Ensure this is somewhere the child will know and feel comfortable.
- If your child goes out to play tell them to let you know where they are going and when they will be back.

PROVIDING WARMTH AND SUPPORT

- Promise that you will do everything you can to care for and protect them.
- Try to be affectionate with your child by often giving them hugs or holding their hand.
- Try to tell them often that you love them. Being caring and telling your children that you love them will reassure them.

GIVING PRAISE

- Look for opportunities to praise your child when they have done something good, however small it may seem.
- Try to be patient with your child and not to criticise them for changes in their behaviour, such as clinging to you or frequently seeking reassurance.
- Encourage your child to help, and praise and thank them when they do. Children cope better and recover sooner when they help others.

SPENDING TIME TOGETHER AND TALKING

- Pay attention to your child. Spend a few moments with them whenever you can.
- Take time to listen to them and try to understand what they have experienced. Ask how they feel about their experiences and which experiences are most stressful and difficult to adjust to.
- Do not promise your children things you cannot provide.
- Be open and try to give children accurate information about what is happening.

ENCOURAGING PLAY

- Encourage your child to play with you, their siblings or other children. Play is important in helping children work through past and current stress and experiences and to prepare for the future. It helps maintain some normality in their lives.

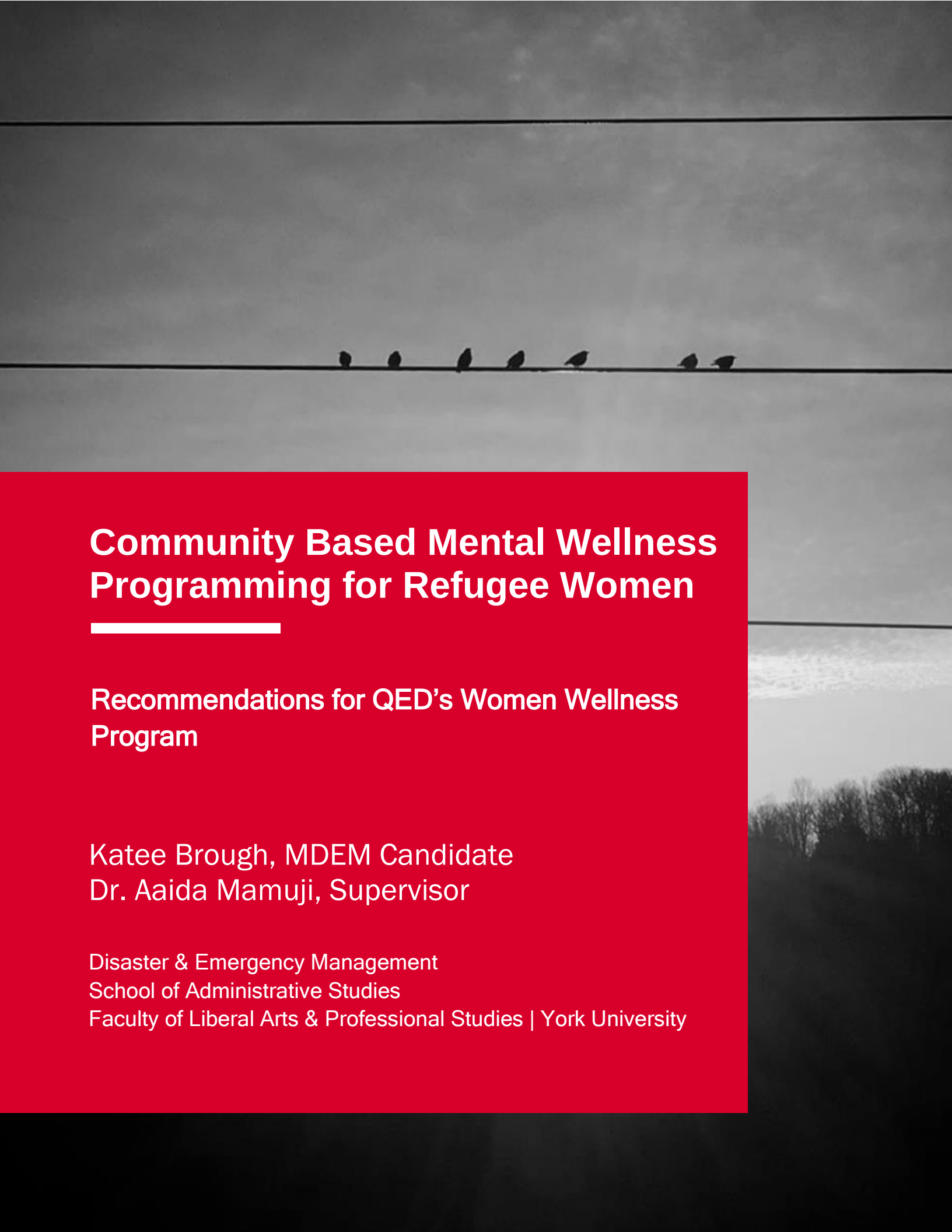
MAINTAINING A ROUTINE

- Try to maintain everyday routines, such as bedtimes, as much as you can.
- Encourage children to do school work (reading, maths, writing), even if there are no schools.

CARING FOR YOUR CHILD IN A NEW COUNTRY

- In some countries, parents aren't allowed to smack their children. It is very important to have rules and limits. Think about what your rules as a parent are. It is good to have simple instructions and talk with your children.
- If the winter season is very cold, children will need additional clothes (hat, gloves, warm shoes, possibly snowsuits and warm trousers). If these are available it is good to encourage children play outside a lot.

This leaflet was initially developed in 2014 by Aala El-Khani, Rachel Calam and Kim Cartwright, The University of Manchester, UK, through discussions with Syrian refugee caregivers living in conflict zones, in camps and in Manchester.



Community Based Mental Wellness Programming for Refugee Women

Recommendations for QED's Women Wellness Program

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From the Researchers

January, 2020

The Al-Qazzaz Foundation for Education and Development, or QED, is a grassroots organization that runs various educational and development projects. QED developed its Women Wellness Program, or WWP, in response to the integration needs of refugees resettling in Canada, with a focus on developing mental wellness skills and improving the sense of community support perceived by participants. This research project is a community engaged scholarship initiative, where QED approached York University's Disaster and Emergency Management Program (DEM) for assistance with the evaluation of their WWP.

QED's objectives include improving the WWP based on recommendations provided by academic researchers around facilitation methods, content, materials, client needs etc., as well as to garner additional support and credibility for the program based on the researcher's assessment. The DEM team also carries objectives, which include the observation and documentation of a mental wellness program developed by a grassroots community organization, and to contribute to the literature in the DEM field on community based mental health programming as a coping mechanism in disaster recovery. The team also hopes to contribute to the literature on community based participatory research.

This report outlines recommendations that have come as part of an ongoing assessment of QED Women's Wellness Program (WWP). We hope that these recommendations will be useful to QED as it continues to develop its Women Wellness Program.

We would like to thank the Faculty of Liberal Arts & Professional Studies at York University for the support of this project through two grants: Minor Research Grant (May, 2019) and the Global and Community Engagement Collaborative Project Fund (December, 2017).

Sincerely,

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Background

The WWP program was developed in response to community needs. There was a lack of mental health support for resettled refugee's, as well as a lack of social support for these groups. The WWP provides a space for women to discuss their difficulties, to recognize that they are not alone, and to empower themselves to reach out to others in the community for support. The hybrid model brings both consistent delivery of education material, and space for each group of participants to take ownership of the conversation. One of the most resounding comments from the women involved in past sessions was that they wanted more, more information, more time to talk among themselves, and to celebrate their differences, and their similarities, together. This program review hopes to help solidify the program and identify areas that can be improved upon. The researchers are hopeful that the recommendations included in this report can assist QED in continuing to provide culturally relevant supports to their community, and to help empower women through their programming.

As part of this program review, interviews were conducted with WWP program developers and experts in facilitation and mental health. In total, this included seven (7) interviews. Information from these interviews helped to frame the goals of the program, so that those could be further investigated through program observations and focus groups with participants.

Starting late Sept. 2019, and running through Oct. 2019 – the DEM team joined QED to observe a run of the program in Guelph, Ontario. During this time, three (3) focus groups were conducted, with both new/current participants at the start and end of the program, and past participants from a program run earlier in 2019. The questions for these focus groups were developed using insights from the interviews with the experts – in hopes to gain a better understanding of which goals were being met, and areas in which the program can change to better support client needs. There is a plan for a three (3) month check up with the new/current participants of the observed session, to see how the participants have been able to implement skills they learned during this program.

Some of the recommendations included come from Katee Brough's time as an English as a Second Language (ESL) instructor. While she is not trained to train Teaching English as a Foreign Language (TEFL) instructors, her past experience and skills assisted in developing recommendations for future WWP facilitators. In particular, she offers recommendations on how to better support participants with their language comprehension issues. In addition to this experience, information from the interviews, research, and the observation, went into the following recommendations put forward to the QED team.

The observations and recommendations were first delivered to QED in a meeting where the DEM team presented, and QED had opportunities to ask questions and provide feedback on

how this round of the program compared to previous rounds, as well as any challenges they saw themselves. After that meeting, this document was compiled, and will be delivered to QED along with any raw data collected from the observations for their review. The following sections first present observations by the DEM team, followed by actionable recommendations.

At the meeting where these recommendations were first presented, a discussion was had about the short and long term goals of the program. These recommendations are primarily towards the short term goals of fine tuning the program so it is a solid program, that can be easily replicated with a variety of host organizations. The long term goals of QED, discussed in some of the expert interviews, include developing a 'Mental Wellness Catalogue' that includes similar programing aimed at different audiences, like men and youth. Some of these recommendations will help with this long term goal, however, it is not the primary focus of the current recommendations, as this is a goal set for a much longer term than the more immediate adjustments included in these recommendations.

Observations

During the observation round, the DEM team noticed the following:

- Inconsistencies in the presentation styles of facilitators and videos
- Imbalance of the hybrid model and other logistics
- Lack of reference to the Resource Toolkit
- Issues with the level of language comprehension
- Importance of support from host organization

First, a discussion about the inconsistencies in the materials presented, both the presentation style of different facilitators and the content of the videos. Next, a discussion on the imbalance of the hybrid model.

Presentation and Video Inconsistencies

Each facilitator comes with their own style. Each facilitator has aspects where they excelled and areas where they could use support. Some facilitators excel at comprehension checks, but ask leading questions that may be confusing to participants. Others are good about the pace they use, but fail to do comprehension checks throughout to ensure that participants are actually understanding what is being presented.

The videos were also inconsistent. Some of the people in videos spoke slowly, accounting for differing language abilities of participants, while others spoke quickly, as if presenting to a room of native English speakers. There was also differences in the format of the videos. The videos sometimes have a flash of text on the screen while the person is talking – this text is in the same location as subtitles would normally be located, but they are no subtitles. If a woman is having a hard time understanding and sees text, she may assume it's a subtitle. When the text flashes by very quickly and is not lining up with other parts of the videos she might have understood, however, this could prove to be distracting or even confusing. As a result, she may become frustrated because the words go by so quickly, and she cannot read them.

When developing the videos for a broader audience, be sure to screen them for language as well. Some of the examples in the videos were long and difficult to follow, like the story about the wealthy business owner who wouldn't give money to his children, included at the end of one of the videos about helping their children. This didn't seem connected to the rest of the video, but rather an aside at the end – it was difficult to see how the example was connected with the content. There were also some examples where religious or cultural themes were still present in videos that were supposed to be sanitized for a broader audience. For example, some videos referenced God, or only used he/him pronouns when talking about children.

Imbalance of Hybrid Model and Other Logistics

The program is marketed as a hybrid model, which the DEM team assumed to mean about 50/50 videos to conversation. At times, it felt like the facilitators were trying to ensure every video was played, rather than taking the time to check that all participants understood the videos once they were shown, and then to have a discussion with participants about the content. Sometimes going through a series of videos came at the expense of engagement with the material by participants. During the focus groups with participants, a common theme was that participants wanted more time to talk in groups about the material. When teaching new and difficult material, it is better to slowly go through things, to ensure that everyone understands, rather than to cram as much information in as the time allows. Facilitators should be mindful of the quiet moments in the room, reading the room is a skill that gets developed over time, with training and experience. Facilitators should also strive to become skilled in starting and directing the conversation, rather than being the authority at the front of the room, which is more the role of a lecturer or presenter. Recommendations on how to tackle these issues will be discussed further in the next section.

Lack of Reference to the Resource Toolkit

In addition to the differences in presentation style of both the facilitators and the video, there was a crucial part of the program that has not been integrated to its full potential. The Resource Tool Kit was not received by all participants, and in particular, many of the past participants from the focus group did not remember it at all. The program seems to have developed from one focused on creating a space for those from a similar background to bond, to one that is attempting to bridge the gaps between different communities using education. The Resource Tool Kit is an important aspect of the program and should be more deeply integrated into the program, both during the discussions and in the videos. This would help participants to become more aware of the kinds of services available to them, and help to better understand the kinds of problems that these services might be able to help them with.

Language Comprehension Issues

As noted in the sections on the inconsistencies in presentation and the hybrid model, ensuring consistent levels of interaction by participants, throughout a single session and over the course of the entire program, is one of the issues that needs to be addressed. One factor that may contribute to low participation is language comprehension.

The WWP program was initially developed in for an Arabic-speaking audience, namely Syrian refugees, but has changed overtime, to one offered in English. While it is exciting to offer this programming to a broader audience, it is important to make considerations for the language ability of participants to support them so that they are able to meaningfully engage with the

content being discussed, especially given the complexity of some of the topics being covered. It is important that QED make the assumption that English is the second language (or even third) of all participants, and to make adjustments to help support the participants. Throughout the sessions, facilitators should play to the lowest level of language in the room. This may include having the assistance of interpreters for those with very low English levels, or it may mean asking for a minimum English level for participation – all of this should be discussed with the host organization to help create the smoothest run possible.

WWP participants are truly excited to engage - the DEM team observed participants participating in any way they could, sometimes answering a question – not by answering the whole question, but by picking the one part they understood and speaking to that. It is clear that the participants want to engage and are excited for the opportunity to talk about these issues. Supporting their language learning, especially with language around difficult topics, will help to empower participants even more. The participants in the observation round who received more language support were more engaged, and seemed to get more out of the program. Those with less language support still participated, but in ways that made it clear the entirety of the message was not being received. Assisting with vocabulary will help participants put words to some of the issues they are facing, to learn new ways that they can ask for help or support, and to find new ways of meaningfully interacting with the other people in their lives. The things they learn in these sessions are things they can bring home to their partners or their children - they provide participants with new language and new tools to combat the difficult issues in their lives.

Host Organization Support

Finally, it is important to discuss the degree of the support offered by the host organization. Facilitators and experts alike noted that an excited host organization often translated to a smooth run of the program. In particular, for the round observed by the DEM team, it seemed that there were miscommunications about the timing of the program – resulting in some participants coming late, others arriving very early, and some misunderstandings about the length of each session and the program as a whole. During the most recent meeting with QED it was noted that the host organization had been less engaged during this round than during previous rounds in the same location. Previous host organizations have also provided additional support by way of subsidizing the transportation of participants and providing full meals during each session. As a result of these factors, turnout was low and sporadic.

Recommendations

The recommendations that follow focus on developing the WWP into a program that can be replicated time and time again, ensuring similar levels of engagement from participants and host organizations alike. This will help align with the long-term plan of developing a QED catalogue of train-the-trainer Wellness Programming. In the meantime, the short-term goals that these recommendations will help with include accountability on behalf of QED and the host organization, and more support, which should lead to more engagement on behalf of the participants. These recommendations include the following:

- Develop a consistent QED Facilitation and Video Style
- Reinforce the program with ESL comprehension techniques
- Develop a Memorandum of Understanding (MOU) with host organizations

Development of a QED Facilitation and Video Style

Consistency & Routine

Many of the observations listed above have to do with consistency of the delivery and the material. Perceived competence and consistency of the facilitator are important factors in building a trusting relationship with the client (Dunn, 2000, p.303). Consistency is key with any product, especially as participants can come to as many or as few sessions as they want, and that word of mouth is a key method of advertising for QED. For example, if a woman comes to one session where the videos are at a language pace she understands, and the facilitator is engaging, checking for understanding throughout and facilitating good conversation, she would be excited to bring her friends along with her next time. If the next session she attends is very different, this may feel like a breach of trust – now the person in the video is talking too fast, and the facilitator spends much of the time presenting, so she doesn't get as much of a chance to ask questions – this session no longer shows the characteristics that she told her friends about, and they may not want to return after this. Consistency and routine cannot be stressed enough when working with newcomers, as inconsistency in routine and inconsistency in interactions with others exacerbates vulnerability and undermines resilience (Esnard & Sapat, 2014, p.38). Some of the experts also speak to the need for consistency as part of the referral chain – when a newcomer is passed from one group, to another, to another, when they ask for help, this signals to many newcomers that those they are asking for help cannot (or worse, do not) want to help them.

Punctuality & Preparation

It is recommended that QED members arrive half an hour or so before the session begins to properly set up the space and the equipment. This would help to prevent some of the confusion about who is involved with the organization, as well as to prevent some of the missed time due to technical errors or setting up, leaving more space for conversations among the participants. One of the activities that should be completed during this time is pre-loading all of the videos so that they have time to buffer before presentation. This issue ate up a lot of valuable time that could have been used for understanding checks, conversations about the topics, or snack breaks. It is important that facilitators view these moments as a chance to engage – especially if there is more than one QED member in the room.
Furthermore, when new participants are coming into a session, you begin the process of developing trust with them. For this reason, it is important to have a calm space for participants to walk into, rather than setting up as they enter the room, which lends to a feeling of chaos. Part of the set-up of the room should involve a QED member ensuring that every seat has a resource toolkit, or if only one facilitator is present, that there is a stack of them near the door with a sign welcoming participants to take one. When the facilitator starts the session, they should check in to see who has a resource toolkit and who might need them. It would be useful to do this as part of an opening overview / introduction.
As depicted in Figure 2, the Vulnerable Populations Committee was able to facilitate disability-inclusive disaster management through its direct connection with the Emergency Manager/the Emergency Operations Centre on the one hand, and with affected residents on the other hand. A representative of the Vulnerable Populations Committee sits on the District Emergency Control Group.

Introduction of the Session

Each session should open with an overview of the topics that will be covered that week. This helps participants to prepare for the kind of information they will be receiving, and helps to prime the brain for learning. A brief introduction to each topic could include the definition of major terms like ‘domestic violence’, ‘abuse’, ‘depression’, or ‘mental health’. In doing this, facilitators help lay a base knowledge of vocabulary that will be introduced, but also provide a content warning for participants who may have experienced trauma and may have a hard time dealing with the materials – a content warning does not have to be a ‘leave if this bothers you’ but rather it can be a note that if you need more support during this session, or more sensitivity, that this is a space where you can ask for that. Content warnings well in advance help to assure that all participants have time to mentally prepare, rather than having hard topics sprung on them, which may be alarming for those who have endured trauma around the topic. By setting up the session in this way, the facilitator helps to create a space of safety, comfort and encouragement, which will help all the women involved engage with the material in the most meaningful way possible. T

All the above recommendations lay the foundation for a trusting relationship, and shows respect for the time the participants are spending with you, especially as newcomers and refugees live incredibly busy lives and their time is precious.

Reinforcing ESL Comprehension

Revisiting the Videos

Language comprehension should be supported in the videos, both in the introduction to the session, and in the videos themselves. The introduction of the session helps set the foundation moving forward, and by including vocabulary as part of this, you are beginning the process of supporting language. A typical ESL lesson begins with an introduction of vocabulary, followed by using that vocabulary in context, which in this case, is the video. The video, in this case, also doubles as a listening exercise. Consider using subtitles throughout videos, rather than having the sub-text on the screen as is the case currently. In editing the videos, consider using animations or images – similar to those in the Domestic Violence video, and leaving them onscreen as the expert narrates. Having text on screen is helpful for many people who may have learned English in school but do not have a lot of practice with listening and speaking. Also, as mentioned previously – ensure that the speaker in the video is speaking slowly and using the simplest explanations possible

Interacting with the Videos

It is also recommended that there is more interaction with the videos, rather than running through them at once. Depending on the level of English in the class, comprehension checks should be done throughout the video with lower levels, and after the video with higher levels. This helps to support understanding and also allows space to ask questions about terms that they might not understand. Facilitators should start by asking themselves questions like 'Are the participants engaged?' 'Are they still processing what they just watched?' 'Are there parts they might not have understood?'. Then turning to the class and asking questions like 'Can you tell me one idea you heard in the video?' or 'Do you have any questions about what we just saw?' – these kinds of questions open up a space for participants to seek help, helping them to feel more comfortable with the parts they might not have understood, rather than insecure that they didn't get it the first time. This is especially important with lower English levels. In the case of English as a Second Language (ESL) class listening activities, the video will be played multiple times so they have a chance to catch all the information. One view of the video, with no comprehension checks, is much more challenging for those with lower English levels. If the participants are a particularly shy group, you may want to 'pair and share' – ask participants sitting beside each other to talk among themselves about something they found interesting or something they didn't understand – this provides a less intimidating space for them to ask questions, rather than the potential for feeling embarrassed about asking a comprehension question in front of the whole group. Group activities could also be

developed to help comprehension. Descriptions of some of these activities will be included in the appendices.

When videos are shown, pausing for comprehension, or asking questions after and making space for participants to ask questions about things they didn't understand, could help to support many of the videos as they are now. Pausing during videos is also an optimal time to include some information on the Resource Tool Kit and to draw attention to that resource again. For example, during the video about childhood mental health, refer participants to family therapists listed in the toolkit, talk a bit about in-school counsellors that their children can see, or mention different activities available through the YMCA or other recreational centers to help their kids develop healthy coping skills like going to the gym when they are frustrated.

Promoting Effective Facilitation

In developing a model of an ideal session, you can harness the strengths of each of the facilitators, which will help the facilitators themselves to grow and develop their skills while at the same time developing a more consistent level of engagement and thus, a better production. A good activity for to help facilitators develop their support skills is the Thirty (30) Seconds Test - this is where a facilitator tests themselves by trying to explain one term in as many different ways as they can in thirty seconds without repeating themselves. This forces the facilitator to think of different ways they could explain the term to someone who might not understand the term initially, rather than repeating the same definition at a slower pace, which may be perceived as condescending. It is important that the facilitator be the one to take on this onus, as language difficulties are often a source of insecurity, and thus participants are less likely to ask for help if they are feeling insecure in their understanding – this is especially true when discussing difficult topics, or topics that are shrouded in stigma. In a classroom where you are discussing difficult topics with marginalized populations, you must account for many different types of trauma – trauma around the topic itself, and that around discrimination they may have faced due to their language level as this is often a source of racist bullying for children and adults alike.

Marrying the WWP and ESL Support

Many participants mentioned that they valued the program being in English as they see it as a good opportunity to practice their language and to learn new words. While this was not the approach initially in the mind of WWP developers, marrying the WWP and ESL support is something that QED, previous participants, and the DEM team encourage. Treating the WWP weekly sessions like a language lesson will help to develop more engagement with participants, as their insecurities about language are both recognized and supported, and this will hopefully empower participants to express themselves, even if they make mistakes.

One idea is the option of working with ESL classrooms as a host. This idea holds a lot of promise for future iterations of the program and falls in line with some exciting literature in the Teaching English as a Foreign Language (TEFL) and ESL literature on using the ESL class as a space for positive social and pedagogical change. There are many papers that show that ESL classes, and even the process of resettlement can be a source of empowerment for women, showing them new ways to think about themselves by challenging social norms that oppress women and newcomers alike (Biazar, 2015; Gordon, 2004; Davis & Skilton-Sylvester, 2004; Hardi, 2005). Reaching out to organizations like COSTI or other groups that run ESL classrooms may be a good resource for when QED wants to launch its Mental Wellness Catalogue. While this is a project for the future, in the meantime, it is important to develop a robust and reproduceable program.

Development of an MOU with Host Organizations

Setting Minimum Standards for Hosting

At the meeting where these findings were presented, we discussed the potential for an alternate hosting model. QED believes that working with partner organizations to fill a gap is the better route. As such, the recommendations that follow align with this goal. It would be worthwhile to come to the host organization with minimum standards for hosting, especially in cases where QED is travelling long distances to present their program. Developing a Memorandum of Understanding (MOU), a contract with the host organization, would help to communicate these standards and to see if the host organization can provide the proper space and environment for the WWP to be successful. This MOU should include a list of responsibilities for the host organization, and the minimum standard of what they are to help provide to participants. This would list the type of room, equipment needed (maybe tech support to be available for issues that may arise), and a minimum English requirement for interpreters or having interpreters on hand if there are participants who want to attend that do not meet the English criteria. The MOUs should also include a sign-up program with a minimum number of participants. Host organizations should also be required to ensure that they have the resources necessary to assist participants with transportation, as this was noted as a barrier both by facilitators and by participants in the focus groups.
In establishing the contract, there should be a discussion of the English Language level of participants. Without a TEFL certified instructor being available for each session as part of the QED team, determining the ESL levels of participants is too large a task to ask of QED. Thus, this information should be gathered as part of the host organizations information collection when participants sign up. This is an important step to ensuring that the participants language comprehension is supported.

MOUs will help to set a foundation to build the most successful run of the program possible. This will also help to ensure that future runs of the program are as successful as the first, and can be used as a model for bringing new hosts on board. The development of this MOU could

be something that QED develops alone, or it could be developed with the input of community partners that have been particularly helpful and excited about the program in the past.

Documentation

It is important to have the details of the MOU set in stone in a written contract, as this also highlights QED's competence and professionalism – two traits which are important for developing a relationship of trust with the host organization (Dunn, 2000). The written MOU will help to outline what the host organization is responsible for, and what QED is responsible for.

Also with respect to documentation, host organizations should be required to provide details of the program to participants in writing, as well as verbally. This will help to avoid issues faced in the most recent round of the program, where participants seemed to misunderstand the length of the program (thinking it was every Thursday indefinitely), and not knowing how long each session was. This may have caused participants not to prioritize the five (5) weeks of the run, or may have missed out on a majority of a session because the wrong start time was communicated to them. It is important that the start time, length of the session, and number of sessions is communicated clearly in advance – this should be a topic that is covered in the MOU for host organizations. A template of the MOU is attached in Appendix C. Developing a template for an MOU prior to establishing a relationship with the host organization helps to ensure that each program run is as successful as possible, rather than having a hit or miss track record. The MOUR will also help QED to better understand what aspects need to be communicated to future organizers and facilitators when developing a train-the-trainer program.

Conclusion

This document has detailed recommendations by the DEM team after their interviews, observations and focus groups on the WWP. These recommendations are focus on facilitation methods, language considerations and external factors and logistics. For facilitation, the DEM team recommends developing a QED facilitation style that is truly hybrid, and that focuses on making space for conversation with the use of activities, comprehension questions, and proper preparation. For language considerations, recommendations include adjusting videos and facilitation styles to include more language support, providing an introduction of topics and a vocabulary overview, as well as considering a minimum language requirement, or requiring interpreters to be available through the MOU. Lastly, to address external factors and logistics, development of an MOU and a routine to 'set the stage' are recommended. Some of the recommendations above have corresponding detailed explanations in the appendix. The DEM team wants to congratulate QED on the incredible work they are doing, and is excited to see the program grow further and continue to flourish.

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Appendix A – Activities for Participants

Group Card Organization Activity

This would be a good activity for examples like the 'Emotional Bank Account' from the children's mental health section, which explained a childs motivation for parents requests using the analogy of a bank account with debits from the account, and credits to the account. This could also be used to differentiate between types of behavior in a relationship, to identify what is potentially a red flag for abuse, and what is a healthy form of communication.

- After video, have participants pair off into small groups – no more than 4 or 5 each
- Give them a stack of cards and three categories – positive, negative and unsure (could be baskets, laminated labels for the top of the list, pieces of paper with spaces to place cards etc.)
- Ask them to sort the cards into positive (+) or negative (-) tasks
    - Giving praise as an example of an investment into the emotional bank account
    - Asking the child to do chores as an example of a debit from the emotional bank account, giving them praise as an example of a credit to the account
- Give them the option to have a 'class discussion pile' for cards the team is unsure how to place
- Discuss the results as a class
- Facilitator should move around the room, being available for questions, correcting misconceptions they might hear
- This same activity can be changed to show many of the topics – you could have a stack of cards that shows different behaviours in a relationship, ask participants to sort them into 'green flag – healthy' or 'red flag – abusive'. This helps to break down a very abstract topic into concrete examples that they might identify with, or understand more.

Comprehension Game: "What Does That Mean?"

- Take a sentence from the video that has a term you want to define, write it on the board and underline / bold / highlight the term you want to define
- Ask the class 'what does that mean' – ask them to give examples from the video, or words that they associate with it
- After a few 'what does that mean' answers, pick the best parts of each persons' answer and use them to create a 'master definition'
    - Write this out somewhere they can all see

Appendix B – Activities for Facilitators

Thirty (30) Second Test

- Pick a term you want to define
- Speak about the term for 30 seconds, try not to repeat yourself
- Have someone record and transcribe the description
- Do the same for each facilitator
- Compare how the facilitators explained each term
- Find the simplest, most accurate definition – keep this in your back pocket for later!

Comprehension Question Examples

- Can you tell me one idea you heard in the video?
- Were there parts that you didn't understand?
- What did the video say about _____?
- How did the expert in the video explain _____?
- What is one thing you remember about _____?
- How did you feel when the expert explained _____?
- (fill in the blanks with vocabulary words from the videos, or the main theme etc.)

Note: what, how, and why questions tend to work best as comprehension checks, what being the easier ones, how and why being slightly harder questions

Appendix C – MOU Template

This format has been sourced from the Non-Profit Risk Management Center. The development of the MOU should include discussions about the structure of each organization, what they are willing to offer and will be responsible for, how evaluation of the program and partnership will occur, and the length of the commitment to the project. Information on what type of insurance is available should also be included. This contract is a binding legal document, and should be treated with gravity. The written document should include the following information:

1. Overall Intent – description of the project, the intent of each party
2. The Parties – describes each organization
3. The Period – specify a length of partnership, potentially for renewal
4. Assignments / Responsibilities – the bulk of the document, describing what each party is responsible for, describe each organization's responsibilities separately, then a description of shared responsibilities. This is the main purpose of the document
5. Disclaimers – may have none, one, or more things that are explicitly not provided, guaranteed or created
6. Financial Arrangements – if there are financial implications, this is spelled out, along with who is responsible for each cost, when payment is due, and to whom
7. Risk sharing – discussion of how risks will be handled - do not assume responsibility for what you do not have control over, e.g. Issues with the building or technology that may arise
8. Signatures – representative from each party with authority to bind the organizations contractually signs the MOU - each party should keep a copy of the signed agreement

More information available: https://nonprofitrisk.org/resources/e-news/drafting-a-memorandum-of-understanding/

Appendix C

Interview Question Guide

Biographical Information

1. What experience do you have working with marginalised populations? What experience do you have working with refugees, or with visible minorities?
2. What do you think are the most important needs of these communities in Canada?
    a. What needs of these communities are not being met?
3. How did you become involved with QED? What is your role in the Women's Wellness Program?

Development of the WWP

4. Where did the inspiration for the program come from? What theories or sources, were used in the creation of the program, were some more influential than others? How did the group decide which aspects to include?
5. What needs do you think are being met by this program?
    a. When did you realise that this kind of programing was needed? What are the benefits for the participants? What are the goals of the program?
6. Were there challenges in the development or implementation of the program? Did you face difficulties in the development of the program? Did you face problems when facilitating the program?
    a. Were there barriers to participation for the clients? Did the clients mention any difficulties that stopped them from attending or coming back?
    b. I understand that the program was initially run with families, and was changed to a women's only program, can you describe the situations that lead to this change?

Program Evaluation

7. Can you offer us suggestions on how to go about the program evaluation? What are some of the things that you think we need to capture? What markers of success should we be looking for?

WWP in the Future

8. When looking to the future, what do you recommend for this program? What do you think the program is not currently doing, that it should be? Do you see issues in the program that need to be addressed?

Appendix D

Focus Group Questions – Current Participants

Introductions (45 minutes)

- First introduction to everyone – building a sense of trust and sharing
- QED to begin
    - Program Introduction: Objective of the program/what to expect
    - Icebreaker

Introduction (run by QED):

- Individual introductions to group.
    - Please tell us a little bit about how you came to Canada/how long have you been in Canada? Something interesting about yourself
    - Example: My name is Katee. I am a student at York University. I am a sister, a daughter, a partner and a friend. I enjoy doing yoga and reading about politics and psychology. I've lived in Canada most of my life.
- How did you find information about the program?
- Now that you know a little more about the program from our presentation, which of the topics interest you?

Informed consent (10 minutes)

Focus Group Questions (1 hour and 15 minutes)

Baseline (15 minutes)

Settlement can be difficult, we want to talk about the issues you and others here have faced. This will help us decide what information we talk about over the course of the program. After this we would like us to talk about some ways we have tried to deal with these problems.
For example:

- Within the home
- Integrating into your neighbourhood
- General Canadian integration

Presenters to share their own experiences to help encourage participation:

- ***Prompts:***
    - In a week when you think of all you have to do, how do you feel?
    - lonely sometimes / hard to find the food I like to eat / overwhelmed thinking about all the things I have to do / no time to do things for myself / no one to talk too about my issues / difficulties with my husband and/or children / difficulty sleeping

Coping (20 minutes)

- How do you deal with your difficulties? What do you do to feel better? What are some strategies that you have?
- Do you talk to anyone about the issues you face?
    - Who do you go to for advice?
    - Who do you talk to about your feelings?
    - Who do you talk to when you want to feel better?
    - ***Prompts:***
        - Family/friends?
        - Ethnic/same religious community/diverse?
        - Do you know your neighbours/people in your neighbourhood?
- What did you do back home to feel better?
- How do you help other people with their problems? Who do you help?
    - **Prompts:**
        - Even if we face difficulties, we can still give and be there for others

Service Access (25 minutes)

- Settlement agencies and other organizations offer many services to help newcomers to Canada, we would like to talk about your experience using these services.
    - *E.g. services for* housing, legal aid, employment, health care, recreation, immigration or settlement, education, sporting?
- Have you heard of these services? Who did you hear about them from?
- Have you used any of these services? Are you interested in using them?
- Are there services that you tried to use but had a difficulty being able to access? Did you have any negative experiences while trying to use the services?
    - ***Prompt***: Were the services offered in your language? Were you able to get help with childminding?

Program Expectations/Wrap Up (5 minutes)

- Now that you know a bit about the program and given the discussion that you have had (we talked about difficulties we face when moving to a new country, some ways we cope with those difficulties, and services that we can access), what are some goals that you have for your participation in the program / what do you hope to get out of the program?
- What is something that you think this program will help you achieve?
    - ***Prompt:*** Perhaps you want to improve your nutrient or your eating habits? Ways to cope? Talk about challenges with kids

Yoga (10 minutes)

Focus Group Questions – Past Participants

Reference Point (for QED):

- *When was this program held? What topics were covered? How many participants/how consistent were they (in terms of attendance)?*
- *Was there anything about this run that is of note? Was it normal? Was there anything that stuck out as different?*
- *Did you hand out the resource toolkit?*

Introduction

Us introducing ourselves as a group that is doing an evaluation of the WWP.

- Introduce yourself (name, how long you have been in Canada)

Program Highlights

1. **What are some of the highlights of the program for you? What is your best memory of the program?**

   Prompts: Did meet anybody new? Did you keep in touch with them? Did you learn new information? What topics do you remember the most?

2. **How did you find out about the WWP? Where did you get information about the program?**

   Prompts: poster/friend/center

3. **Did you know what the program was going to be about, or were the topics a surprise?**

   Prompts: What did you think the program was about when you heard 'Women Wellness Program?

Refresher (QED)

Provide an overview of the program (QED) – 5 minutes

- *QED, can you provide chart paper so that we can have a visual reminder for topics covered, e.g. self-care, nutrition, kids, yoga, etc.*

Impact of the WWP

4. **Now that we have had this refresher, can you think of anything in your life that the program helped you realize/change/start?**

   Prompts: What is self-care? What did you learn about nutrition? Were you able to use something we talked about in the program to help you with your children? Did you end up doing more yoga/any other exercise?

5. **Are there topics that you wish we spent more time on? Are there some additional topics that you think would have been useful to be included in the program?**

6. **You received a resource toolkit. What resources did you learn about from the program? Had you heard of them before, or were they the first time you had heard about them?**

   Prompts: did you learn about legal resources, or health resources?

Access to Resources

7. **Did you connect with any of the resources that you were informed about?**
8. **Did you face challenges when trying to access the resources?**
   - **Were there things that stopped you for coming to the WWP when you wanted to? (barriers to participation)**

   Prompts: Bad weather? Child care? Language?

Areas of Improvement

9. **Do you have any suggestions for the program? What would you like the program to add or change?**

   Prompt: Did you like the format of the weekly programs (e.g. videos and conversation)? Timing? Language?

10. **Do you have any last thoughts that you would like to share? Is there anything that you wanted to talk about that we haven't talked about yet?**