# Investigating Health Literacy in Mental Health and Addictions Issues Among Frontline Workers in the Settlement Sector: A Needs Assessment Study

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**ABSTRACT**
In west downtown Toronto, frontline workers in the settlement sector routinely encounter newcomers with mental health/addictions issues. Frontline workers are in a position to identify these issues and refer their clients to appropriate services. However, mental health/addictions issues fall outside the scope of frontline workers' training and as such, these issues tend to go unrecognized. The aim of this project is to characterize frontline workers' health literacy in mental health/addictions issues and to define training and information needs in this sector. The ultimate goal is to produce recommendations that will guide the development of a future training initiative in mental health/addictions issues for frontline workers. Frontline workers and managers at agencies encountering newcomers with mental health/addictions issues were invited to participate in this project. Frontline workers completed online surveys, while managers took part in semi-structured interviews. Descriptive thematic analysis was used to characterize health literacy in mental health/addictions issues among frontline workers and to determine their training needs. Important themes included the current lack of mental health/addictions training in frontline workers and the opportunity to help standardize the sector through a new training initiative. Key topics for training consideration included frontline worker self-care and developing practical skill sets that will facilitate encounters with mental health/addictions clients. Recommendations have been made to the West Downtown Local Immigration Partnership, which will communicate project findings to agencies in the community.

*Keywords: Emigration and immigration; Mental health; Training*

**BACKGROUND**

Services for newcomers in Ontario are wide in scope and remarkable in their range. At the time this research was conducted, approximately thirty Local Immigration Partnerships (LIPs) existed across the province to coordinate and enhance settlement services for newcomers while promoting innovation and efficient use of resources. The West Downtown Local Immigration Partnership (WDTLIP) functions to this effect in the Parkdale-Trinity, Kensington-Chinatown-Annex and Bloor-Junction neighbourhoods. The WDTLIP, through its Neighbourhood Councils, has developed local settlement strategies that will advance its goal of creating a coordinated and enhanced service matrix. As part of the implementation of the local settlement strategies, the WDTLIP has established several specialized working groups that act as task forces on behalf of the LIP. This project falls under the jurisdiction of the Mental Health, Addictions & Emotional Supports Working Group. The Working Group's priorities include promoting awareness of mental health among the immigrant community, enriching frontline worker training in addictions and mental health issues, and improving community agency-based referrals to the mental healthcare system. A common thread that links these priorities is the mental health information awareness, or mental health literacy, of frontline workers.

The Canadian Public Health Association defines health literacy as "the ability to access, understand and act on information for health" (CPHA, 2011). Health literacy is often characterized from the perspective of patients. Examining health literacy in service providers, however, adds new depth to the understanding of health literacy as a determinant of patient health. Health literacy in service providers becomes a particularly important concern when service providers encounter health conditions and concerns that fall outside their usual scope of practice. In these situations, health literacy of the service provider can facilitate identification of a new condition and direction of the client towards the appropriate services and resources. This allows for smooth service integration in the patient's best interests. In this manner, health literacy of service providers functions as an important determinant of patient health.

Over 145,000 residents of west downtown Toronto are immigrants, and over sixty local agencies exist in this area to facilitate the settlement process for the newcomer population (Boston et al, 2010). Frontline workers at these agencies are often among the first service providers that new Canadians encounter when engaging in the settlement process. Clients within the settlement sector often present with a wide range of health and lifestyle issues that warrant attention, but may fall outside the scope of the worker's practice. In west downtown Toronto, concern has arisen over clients who present with mental health and addictions needs. Frontline workers are in a position to be the first to identify and help formulate plans around pressing issues in the lives of their clients. Mental health and addictions concerns are among the important aspects of immigrant health that require attention but tend to go unrecognized. The goal of this research project is to characterize frontline workers' experiences with and their understanding of mental health/addictions issues. Reflection on how current levels of knowledge impact patient management, and predictions regarding the impact of improved training and resources on mental health encounters, will ultimately connect the issue of frontline workers' health literacy to patient health.

*LITERATURE REVIEW* Settling in a new country is a challenging, dynamic process that involves acclimatization, adaptation and integration into the fabric of a new society

(Canadian Council for Refugees, 1998). Settlement services help newcomers address and manage the obstacles they face when transitioning into a new life. A growing body of literature indicates that settlement agencies often become involved in supporting the mental health needs of newcomers. Mainstream mental health services are not frequently used for this purpose, due to barriers to access, stigma, poor referral systems, and low detection of mental health symptoms in immigrants (Boston et al, 2010; Vasilevska, 2010; Beiser et al, 2003). Furthermore, studies have shown that some newcomers prefer to receive mental health support from agencies external to the mainstream mental health system (Canadian Task Force on Mental Health, 1988; Simich, 2009). As a result, newcomers frequently engage the help of community agency workers who may not have specific training in mental health or addictions issues (Canadian Task Force on Mental Health, 1988).

The involvement of settlement sector workers in managing mental health concerns carries a range of implications. Firstly, settlement workers need training to recognize the mental health needs of their clients and to make appropriate referrals to mainstream or ethno-specific services (Vasilevska et al, 2010; Palmer & Ward, 2006). With respect to settlement worker practice, there is a push to move towards a case management model of care (George, 2002). This would ensure appropriate follow-up and support of clients even after they have been referred to relevant mainstream services (George, 2002; Vasilevska et al, 2010). Cultivation of strategic partnerships between settlement workers and mental health personnel through knowledge-sharing initiatives is also important (Vasilevska et al, 2010).

There is important grey literature concerning the training of settlement workers in mental health (Boston et al, 2010; Vasilevska et al, 2010). It is recognized that as the settlement service sector grows, there is an increasing need for better integration of rigorous “best practice” guidelines into service delivery (Canadian Council for Refugees, 1998; Vasilevska, 2010). Determining how to measure mental health awareness in non-mental health personnel and understanding what would constitute effective training programs in this context are important learning points. Jorm et al. define mental health literacy in the general public as “knowledge and beliefs about mental disorders which aid in their recognition, management or prevention” (Jorm et al, 1997). This framework has guided research about mental health literacy in non-mental health personnel (Stansbury & Schumacher, 2008). It has not yet been used to evaluate mental health literacy in the settlement service sector. Specific frameworks also do not exist to guide the development of mental health training initiatives in the settlement sector. However, there are field reports and publications in the grey literature that address key points for consideration with respect to mental health training initiatives. For instance, there is support for the use of problem-based content that is practical rather than theoretical (Vasilevska et al, 2010). The need for interactive learning, as opposed to the use of audiovisuals and media learning tools, has also been emphasized (Vasilevska et al, 2010). In addition, incorporating reflection and self-assessment exercises into training and implementing post-training follow-up protocols have been identified as useful training components (van der Veer & Francis, 2011; Francis & van der Veer, 2011).

Mental health training for the settlement services sector is an area that warrants detailed exploration. Immigrant mental health is an important and growing concern in Canada. In Toronto, where settlement services play a key role in bridging the gap between newcomers and mainstream services, it is especially important to ensure that mental health literacy is measured and targeted through training and education initiatives. Although systematic evaluations for such training programs are currently not documented in the literature,

important work has already been conducted with respect to understanding training needs, training preferences, and effective training practices. Putting these pieces together to develop targeted, relevant strategies for settlement workers is the next step that needs to be taken.

*RESEARCH QUESTION* The research question, "How does health literacy affect frontline workers' management of mental health and addictions issues among the West Downtown Toronto immigrant population?", will highlight how settlement workers gauge their understanding of mental health/addictions issues. The question will also facilitate exploration of how and from where frontline workers acquire their knowledge about mental health/addictions. As well, it will be possible to probe how frontline workers believe their understanding of mental health/addictions issues impacted their management of clients who presented with these concerns in the past. In this way, a connection between perceived health literacy and patient care will be drawn out.

**METHODOLOGY**

The study population comprised frontline workers and managers at agencies that work with newcomers. They were recruited through convenience and snowball sampling. The recruitment letter was sent to a list of Neighbourhood Council members available to the WDTLIP Mental Health Work Group. Potential participants were to have had experience working with newcomer clients presenting with mental health/addictions issues. Ensuring that study participants have had some experience with mental health/addictions was necessary to assist with the development of guidelines that are meaningful to the target audience. Recipients of the message were also asked to circulate the message to any colleagues who would be able to help.

Frontline workers completed online surveys that probed for understanding of mental health/addictions issues and goals with respect to knowledge improvement (Appendix 1). Managers participated in semi-structured, face-to-face key informant interviews. Managers shared their opinions on the importance and feasibility of a new training initiative by responding to questions from the interview guide (Appendix 2). The concept of health literacy was explored in both the survey and the interview through questions about previous training and experiences. The survey and the interview guide were developed by the student researcher and research supervisor. Further revisions were made in consultation with members of the Mental Health and Addictions Working Group, in order to improve the face validity of these instruments. No plans for reliability testing were undertaken for the purposes of this project. At the time, demographic questions about the participants were not included in either instrument, and structured frameworks were not used to assess health literacy. These are areas that should be addressed in future studies to enhance the scientific rigor of results.

In total, twenty complete and four partially complete surveys were received, and four interviews were conducted. Incomplete surveys were still included in the analysis. Survey results and interview responses were analyzed separately. As this is an emerging area of research, descriptive thematic analysis was employed to identify the key themes that developed in the surveys and interviews. The student researcher analyzed the data to develop codes for unique thoughts and ideas within the data. Similar codes were grouped together to form overarching themes. Limitations to this method include analysis by the student researcher alone, which detracts from the internal reliability of the results. Data saturation was not reached, as new subthemes emerged even as the analysis phase came to an end.

## FINDINGS

Responses from frontline workers and managers were analyzed separately. Three broad themes were generated and were applicable to both groups. These themes comprised health literacy, client management, and training needs.

## 1. FRONTLINE WORKERS

## A. HEALTH LITERACY

### i. Sources of knowledge

Figure 1 outlines sources of knowledge on mental health/addictions issues among frontline workers. The top three sources were training, experience with clients, and coworkers' experiences with clients. Frontline workers also listed life experiences specific to family, education and previous work experiences as additional sources of knowledge. Knowledge formulations through training and work experience were characterized in more detail. Specific training initiatives that frontline workers recalled attending are listed in Figure 2. Work experiences were discussed in terms of the mental health/addictions issues encountered in clients. Frontline workers reported a wide spectrum of concerns. These included clients grappling with resettlement stress, self-care issues, and emotional distress in the forms of anxiety and anger. Other problems were traced to life event triggers, such as trauma and abuse. An array of psychiatric disorders was listed, including schizophrenia, bipolar disorder and depression. Addiction issues were raised in the form of alcohol, cocaine, marijuana and nicotine abuse.

**Figure 1: Sources of knowledge about mental health/addictions issues**

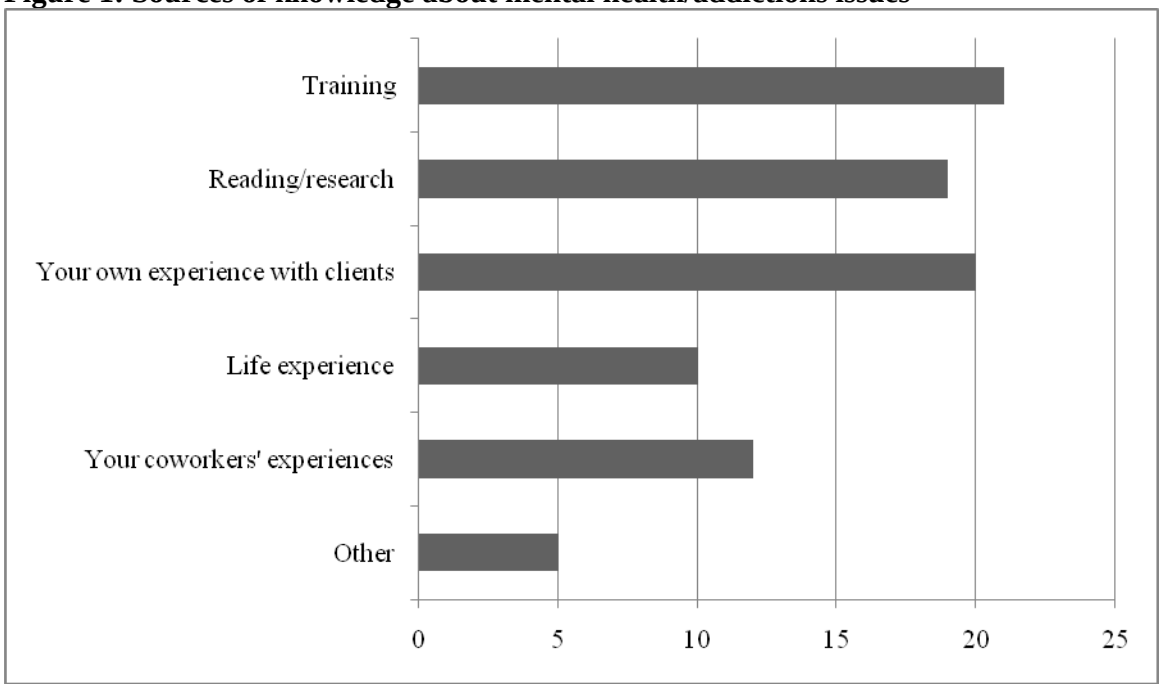


**Figure 2: Previously attended training initiatives in mental health/addictions issues**

- Toronto East General Hospital: Family Supports Program
- Mount Sinai Hospital: Dr. Law
- City of Toronto: Harm Reduction
- Brampton Centre for Education and Training
- ong Fook
- Toronto District School Board
- George Brown College
- TAPE Educational Services
- Centre for Addiction and Mental Health
- Canadian Mental Health Association
- Toronto Hostels Training Centre

**ii. Mental health triggers**

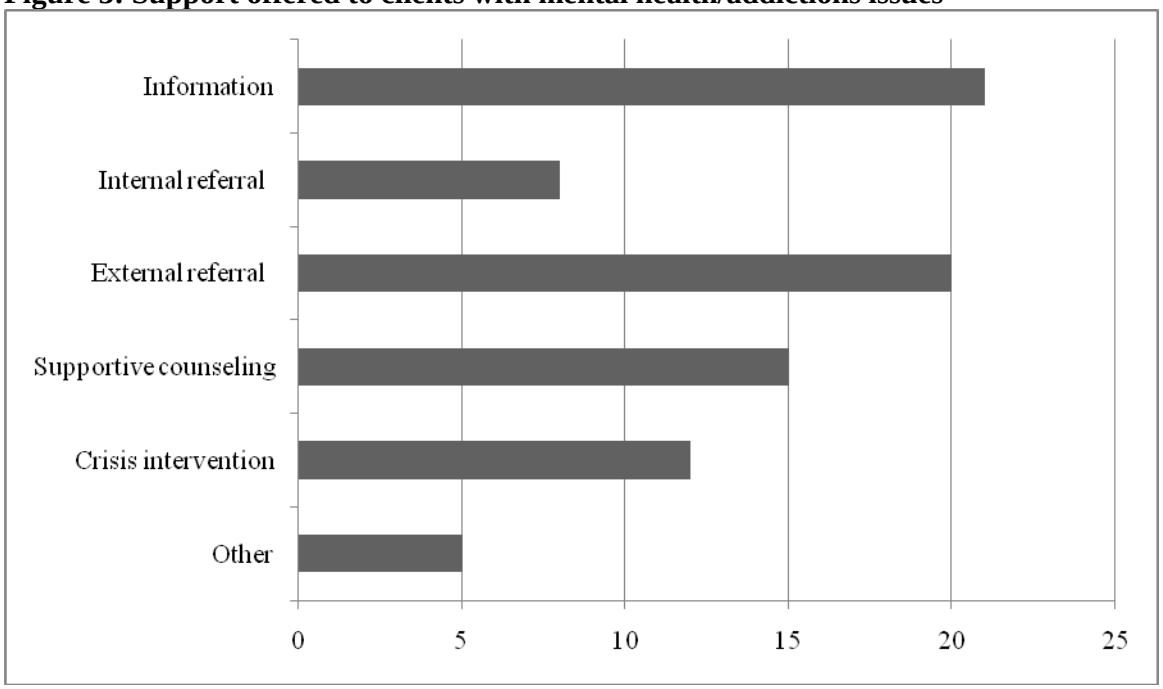
In describing their perceptions of the causes of mental health/addictions problems in clients, frontline workers explored both pre-migration and post-migration stressors. Some frontline workers also reported being unsure of potential triggers. Examples of cited pre-migration stressors include genetic/biologic predisposition and environmental effects, such as war, trauma, and attitudes towards mental health in the homeland. Examples of post-migration stressors for newcomers included resettlement stress, changes in social status, and social isolation.

## B. MANAGEMENT

**i. Management steps**

Figure 3 depicts forms of support that frontline workers provide to clients. Information and external referral were the most popular options. Additional supports that were identified by respondents included emotional support and extending outreach efforts towards the client's family. Further details about the management of clients with mental health/addictions issues emerged through examples of assistance that frontline workers provided to their clients. Issues described in these examples involved clients with psychiatric diagnoses, emotional distress, a history of abuse, and/or addictions problems. The support that was offered generally fell under the categories of service-specific assistance or referral. Service-specific assistance refers to how frontline workers offer expertise in their line of work as a means of supporting the client. Help was also offered outside the context of the frontline workers' direct line of work, in the forms of listening, inquiring about needs and coping mechanisms, and encouraging clients to maintain connections with external support sources. Direct referrals were also discussed, with CAMH and counseling services being the specific options that frontline workers listed. One frontline worker also described calling 911 for assistance in managing a challenging situation.

**Figure 3: Support offered to clients with mental health/addictions issues**




**ii. Emotional responses**

Frontline workers also discussed how they felt about encountering and managing clients with mental health/addictions issues. Reactions were described in terms of positive feelings and attitudes, and also in terms of difficulties and obstacles. Positive feelings included feeling comfortable talking about mental health and locating supports/resources. Some frontline workers also described feeling calm, compassionate, safe and optimistic. Others discussed feeling challenged, helpless, stressed and frustrated. Sadness was brought up in the context of learning about clients who had to manage the combined stresses of resettlement and mental health/addictions issues. Some of these frontline workers expressed that they were unable to distance themselves from their clients' sad feelings. Frontline workers also felt anger towards themselves, their clients, and the services their clients used.

**iii. Professional roles**

Alongside emotions and attitudes, frontline workers reported how they felt in their capacity as professionals. Some described their awareness of the boundaries of their roles in the context of mental health/addictions, and discussed the extent to which they could support their clients. For instance, one frontline worker reported feeling "like a large set of ears" through supportive listening practices. Locating resources and referring clients to external

agencies were commonly described management approaches as well. Some frontline workers emphasized empowering their clients to make decisions. Practicing patience and empathy and actively applying non-discriminatory approaches were also attributed to the professional role of a frontline worker. Difficulties were also addressed with respect to feeling unprepared and needing more knowledge, tools and in-depth training in order to better serve clients.

## C. TRAINING

### i. Sense and scope

The relevance of and demand for mental health/addictions training for frontline workers was addressed through respondents' encounters with these issues and their interest in specific training initiatives (Figures 4 and 5). Almost all respondents reported encountering clients with mental health issues, while over half of the respondents reported seeing addictions issues in their clients as well. There was equal interest expressed in learning about mental health and addictions issues. A small portion of respondents reported not being interested in receiving mental health/addictions training.

**Figure 4: Issues encountered in practice**

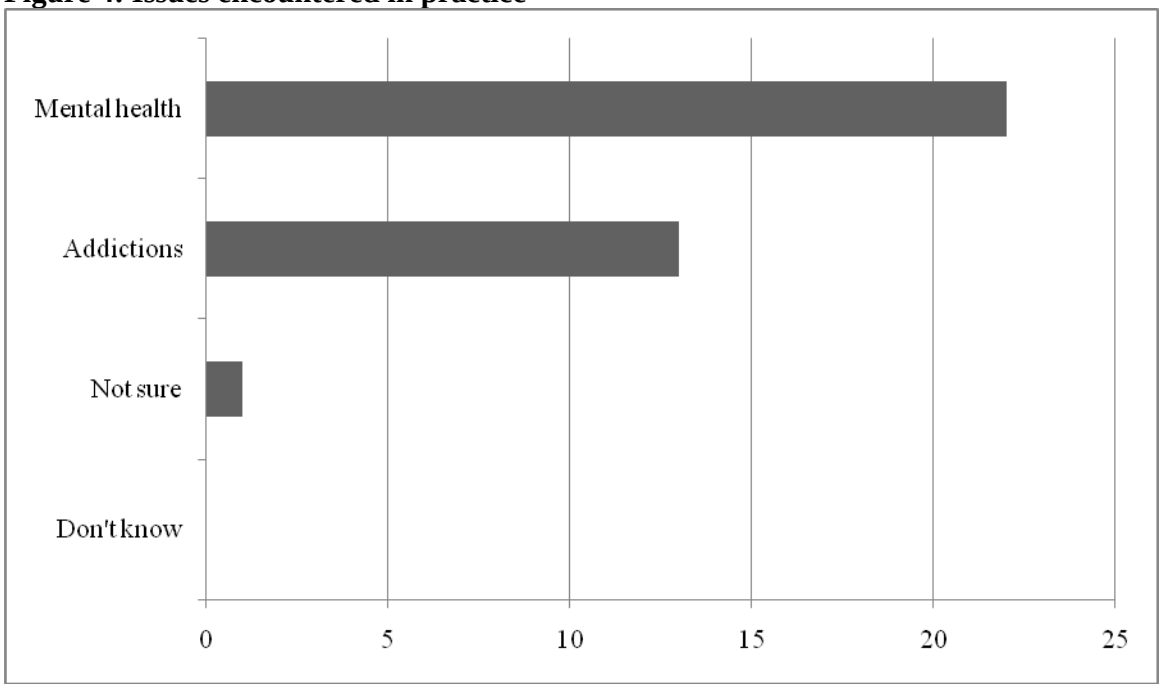
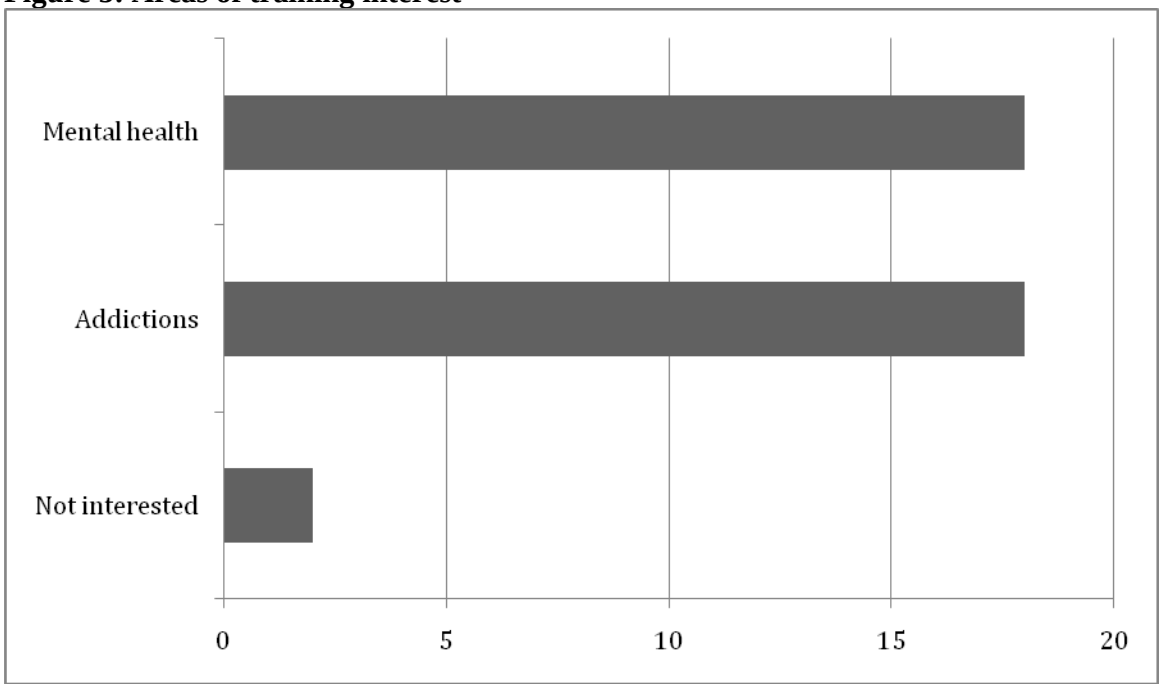


**Figure 5: Areas of training interest**




**ii. Content**

Frontline workers ranked topics in which they were interested in receiving training (Figure 6). The top three choices included navigating the mental health and addictions systems, recognizing the signs of a mental health/addiction problem, and learning about the impact of migration on mental health. Additional topics that were suggested by respondents included learning more about case management, referral procedures, and the interaction between culture and mental health/addictions.

**Figure 6: Topics of interest for future training session (ranked by importance)**

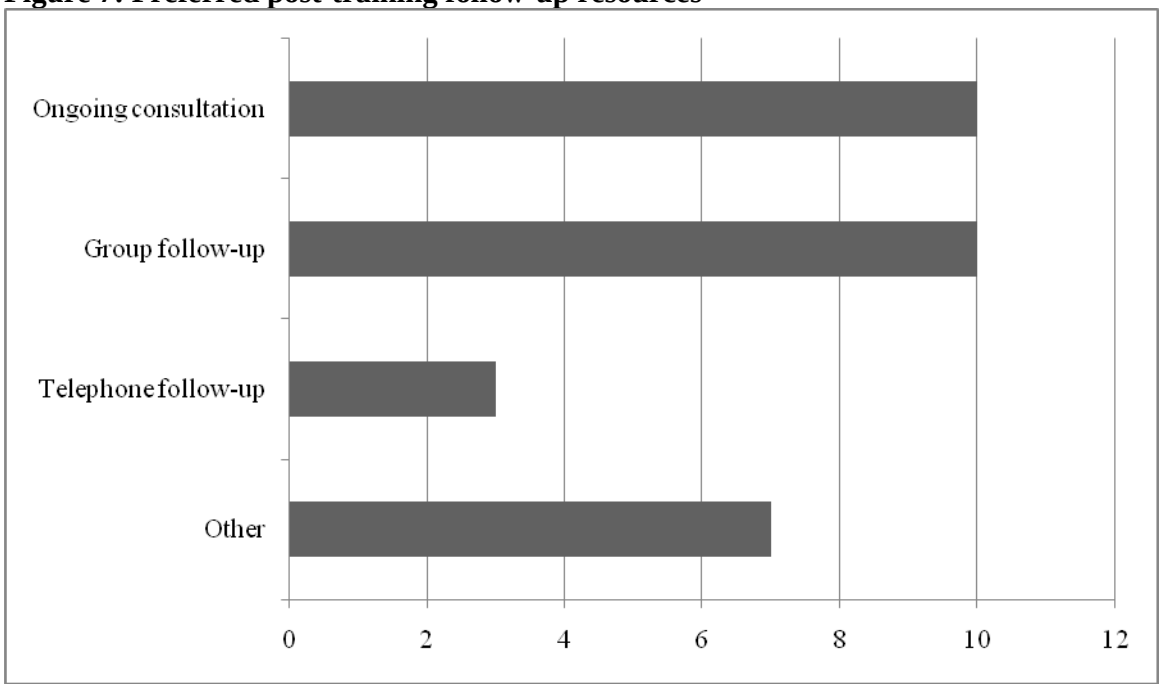
1. Navigating the mental health and addictions system
2. Recognizing the signs of a mental health/addiction problem
3. Impact of the migration process on mental health
4. Impact of social determinants of health on mental health
5. Impact of systemic barriers on mental health
6. Maintaining boundaries when working with clients
7. Fundamental concepts related to mental health and illness
8. Issues related to stigma

9. Mental health promotion
10. Self-care for frontline workers
11. Fundamental concepts related to addictions

**iii. Follow-up resources**

Ongoing consultation and group follow-up sessions were identified as equally important adjuncts to training sessions (Figure 7). Additional suggested methods of follow-up included periodic workshops and communication in the form of newsletters, listserv messages, online forums, and updates on changes in information and relevant policies. Some respondents also indicated that they either did not know what would be helpful or did not believe follow-up supports would be necessary.

**Figure 7: Preferred post-training follow-up resources**




## 2. MANAGERS

## A. HEALTH LITERACY

**i. Previous knowledge**

Managers discussed perceived levels of mental health/addictions knowledge in their staff and characterized this knowledge on the basis of strengths and deficits. For instance, some frontline workers were recognized for their awareness of the complex issues that accompany mental health/addictions issues, such as stigma and the availability of appropriate services. Formal training was described as being less of a prerequisite than a willingness to learn, previous exposure to mental health/addictions issues, and an understanding of populations that constitute an agency's client base. Nevertheless, one manager suggested that *"the settlement sector is rather young"* and indicated that steps toward *"professionalizing and standardizing the sector"* are not yet complete.

**ii. Previous training**

Three managers confirmed that their staff had attended mental health-specific workshops. Training providers included the City of Toronto, the Canadian Centre for Victims of Torture, the West Downtown Toronto Local Immigration Partnership, the Centre for Addiction and Mental Health, and the specific funder of one manager's agency. Opinions on the effectiveness of mental health workshops captured both contentment and dissatisfaction. One manager, who had sent her staff to training sessions on crisis intervention and anger de-escalation, expressed that *"staff came back to tell me that they learned a lot of good skills and I think it helps them…for example, to stay calm when they deal with, like, emergent issues"*. However, another manager highlighted the need for trainee-tailored initiatives, indicating that *"[workshops] focus very heavily on things like anti-oppression…and you know, the stigma surrounding mental health. But a lot of my staff already come from an anti-oppressive practice background…they're quite familiar with that framework"*.

**iii. Recognizing mental health and addictions issues**

Managers grouped "ways of knowing" among their staff into factors that depend on frontline workers and variables that are affected by clients. One manager explained *"it's purely an empirical knowledge"*, echoing the common sentiment that without specialized training, frontline workers rely on varying degrees of experience from the personal and professional realms. The ability to detect is also affected by the population being served. For instance, frontline workers who specifically manage refugee populations often see the effects of trauma in their clients and may be more attuned to these issues. The number of meetings a frontline worker has had with a client and the client's own awareness of behavioural changes were identified as client-influenced variables that impact recognition by frontline workers.

**B. MANAGEMENT**

**i. Management steps**

Management of clients who present with mental health/addictions issues varies between agencies. Furthermore, while managers were able to readily detail steps for client management, they also stated that formal mental health protocols were not in place. Managers emphasized that their staff are not clinically trained in mental health/addictions. Generally, management was discussed in the contexts of the initial response to a disclosed/suspected mental health/addictions issue and subsequent referral to either an internal or external agency. Considering how to best meet the needs of clients with mental health/addictions issues in the context of the agency's services and matters relating to frontline worker safety were also briefly discussed.

**ii. Improving management**

Discussions on improving the management of clients with mental health/addictions issues were brief. One manager suggested that *"a mental health protocol for settlement agencies is actually a good recommendation…because a lot of times, it's left up to the individual team, or the worker, to kind of figure out what to do."* Conversely, another manager explained that he was happy with the current management practices at his agency, due to the more infrequent level of contact between newcomers with mental health/addictions issues and his agency.

**iii. Management challenges**

Discourse around client management challenges focused on working with clients and working with external agencies. Challenges inherent to working with clients were discussed in the context of boundaries that frontline workers encounter. For instance, one manager described an encounter between one of her staff and a client with mental health issues, and explained *"I think the challenging thing for her was realizing that [the client] needs assistance that she can't provide and that she can't give [the client] what he's asking for"*. With respect to working with external agencies, the lack of language-specific services was labeled an important problem. Finding new agencies to refer to and networking with other service providers involved in a particular client's care were identified as challenges resulting from the busy demands of a frontline worker's schedule.

**iv. Management follow-up**

Managers discussed whether procedures are in place to follow up with clients after they have been referred to external agencies. Two managers stated that they did not have such procedures in place, owing either to a lack of time on the part of staff or to the drop-in nature of their programs. One of these managers indicated that strong interprofessional relations could, in some cases, mitigate the lack of follow-up because *"it provides you an assurance that you've really…sent in the person to the right counselor and ah, the counselor would not hesitate to call you back if there is any issue."* Another manager described a structured follow-up protocol that entails regular phone calls between the frontline worker and client.

**C. TRAINING**

**i. Known initiatives**

Managers spoke about their frontline workers' participation in training initiatives that address mental health/addictions issues in newcomers. These initiatives included workshops hosted by CAMH, Across Boundaries, Toronto Hostels Training Centre, Hong Fook, the Ontario Council of Agencies Serving Immigrants and the West Downtown Local Immigration Partnership.

**ii. Sense and scope**

All four managers confirmed the relevance of training for frontline workers in mental health/addictions. Managers supported their opinions by predicting that such training would *"complement the professional level of the worker"* and *"increase the capacity of an agency."* One manager explained that many of her staff are already capable of recognizing clients with mental health/addictions issues, but *"what they need to do is figure out how to respond in the moment…when somebody has become psychotic, for instance, and they're in the office with them."* Some managers explained that training initiatives would be more relevant to frontline workers who manage clients on a longitudinal basis. Case management and support groups, for instance, were identified as key targets for training interventions.

**iii. Content**

Managers made several recommendations regarding content for new training initiatives. One recommendation was to make workshops relevant to agencies by focusing on the prevalent mental health/addictions issues in the agency's catchment area. Managers also requested training around responding to clients who either disclosed or triggered concerns about mental health/addictions issues. Discussing signs and symptoms of common mental health/addictions issues, talking about the initial management of these patients, and reviewing appropriate and inappropriate forms of verbal and non-verbal expression around

these clients were key points. Discussing and formulating practices and protocols around staff safety and staff self-care were also recommended. Specific teaching strategies were recommended, including the use of role-play and scenarios. As an adjunct to this, one manager suggested decreasing the emphasis placed on historical perspectives and theoretical frameworks, in favour of increasing exposure to practical situations. Inviting participants to share personal experiences, challenges and fears was also recommended.

**iv. Follow-up support**

Managers expressed different levels of interest in having follow-up support to complement training initiatives. One manager explained that between extensive connections to service providers including psychiatrists and psychologists, and through periodic debriefing meetings within the agency, her staff was already well-supported with resources for personal and professional help. Other managers suggested establishing a contact person for follow-up. Online information resources and sustained trainer-trainee rapport through multiple training sessions were suggested as alternatives to the traditional approach of relying on a follow-up contact after an isolated training session.

**v. Convenience factors**

Other logistical issues that pertain to developing a new training initiative were discussed. These included concerns about staff time, cost and location. Regarding staff time, managers were united in their desire for efficient workshops that would be promoted months in advance. One manager suggested dividing workshop content into multiple levels of training that could take place throughout the year. Another manager addressed the importance of balancing time constraints with workshop content and explained, *"I actually think the problem is a lot of shorter workshops that only graze the surface."* With respect to cost, budgets varied across the four agencies represented in the sample, with "acceptable" figures ranging from $25 to up to $300 per workshop. All managers agreed that despite cost concerns, professional development and in-depth training for frontline workers were key priorities. Location was also briefly discussed by two managers, and establishing multiple locations and offering in-housing training were identified as means of making training sessions more flexible and accessible.

## DISCUSSION

Health literacy among frontline workers serving newcomers with mental health/addictions issues is an important area of study. In 2009, the Province of Ontario put forth a document entitled "Every door is the right door: a 10-year mental health and addictions strategy". This report recommended enriching the competencies of frontline workers in the community services sector in order to strengthen the mental health and addictions sector (MOHLTC, 2009). It indicated that members of community service sectors "should be able to identify the signs and symptoms of mental illness and addiction and intervene appropriately, referring people to the right services and providing their own services in an equitable, non-stigmatizing way" (MOHLTC, 2009). Among a list of key settings in which early identification and intervention can occur, the report included "settlement agencies" as a category (MOHLTC, 2009). The report thus underscores the importance of this research initiative.

Relationships and interactions between health literacy, client management and training needs emerged from discussions with frontline workers and their managers in this study. Expectedly, perceived levels of health literacy in mental health/addictions issues varied depending on a number of factors, including work and life experiences, training, and the

nature of contact with clients. These factors also affected the ability of a frontline worker to recognize symptoms of mental health/addictions issues. In situations where frontline workers could benefit from more training, it has been recognized that past experience, judgment and intuition tend to be relied upon as a "way of knowing" (Secker & Hill, 2002). However, a lack of mental health awareness leads to stress for the frontline worker in these situations, and this, in turn, introduces repercussions for client management (Secker & Hill, 2002).

Unexpected findings also emerged through the analysis. For example, frontline workers and managers alike addressed the issue of frontline workers' self-care and emotional distancing. That is, they expressed concern that in handling stressful or emotionally charged situations with their clients, frontline workers were prone to experiencing distress themselves. Literature concerning training program development for frontline workers suggests that it is important to address rather than minimize difficult/negative feelings in training sessions, and furthermore, it is important to find ways to "productively channel" these feelings (Burke, 2005). With regards to training content, a commonly echoed sentiment in this study was that there needed to be a shift from a theoretical to a more practical approach. A push for more scenario-based learning that involves role play and active discussions was also apparent in this study, and similar ideas are articulated in literature surrounding mental health training programs for frontline workers (Burke, 2005; van der Veer & Francis, 2011). Some respondents also suggested restructuring training sessions into multiple sessions. Others suggested conducting sessions annually, to serve as refreshers for previous attendees and to train new members of the workforce. Both of these concepts have been explored and recommended through a case study on mental health training workshops for frontline workers at emergency shelters (Vamvakas & Rowe, 2001).

Limitations to the current study include the small sample size, particularly with respect to the number of managers interviewed. This made it difficult to reach saturation, as evidenced by the fact that new ideas and themes emerged with continued analysis of the interviews and surveys. The survey could also be improved to eliminate residual ambiguous concepts and wording, and to probe more deeply into frontline workers' potential responses. However, it would be more beneficial at this point to conduct focus groups or interviews with frontline workers. Demographic information was also not collected due to the small-scale nature of the study's sampling and a corresponding desire to help maintain the anonymity of respondents. However, with a larger study sample, it would be prudent to collect information about factors such as years of relevant job experience and level of education. This would help elucidate potential correlations between these factors and health literacy.

In considering both the initial findings of this study and its limitations, there are many directions in which this line of research could continue. The Local Immigration Partnerships in downtown Toronto recently merged, and the WDTLIP is now a part of the Toronto South LIP. Expanding participant sampling into the new LIP would be an important step in ensuring the findings are more relevant and more generalizable to the broader community. Conducting deeper investigations into existing training initiatives on mental health/addictions issues geared toward frontline workers is also important. Through this avenue, the possibility of partnering with an existing organization to produce a new initiative could be explored and piloted. An overall summary of recommendations has been provided in Figure 8.

**Figure 8: Summary of recommendations**

*Further research*

- Conduct detailed analyses of existing initiatives to learn about what is currently offered in mental health/addictions training for frontline workers and to explore the possibility of partnership for a new initiative
- Explore frontline workers' responses at an in-depth level through focus groups or interviews to learn about:
    - How frontline workers share their experiences with each other
    - Information resources frontline workers turn to in order to learn about mental health/addictions
    - Opinions on previously attended training initiatives
    - Nature of information provided to clients with mental health/addictions issues
    - Feedback on and insight into the results of this project
- Triangulate the results of this project with managers
- Expand sampling and research into the newly formed Toronto South LIP

*Training recommendations*

- Content
    - See Figure 6
    - Frontline worker self-care and safety
    - Ways to respond to mental health/addictions clients "in the moment"
    - Opportunities for frontline workers to share their experiences, feelings and fears
- Strategies
    - Role play
    - Scenario/problem-based learning
    - Discuss important skills and provide opportunities to practice them
    - Decrease focus on theoretical frameworks
- Tailoring initiatives
    - Survey attendees before the workshop to learn about their training experiences and their training goals
    - Deliver content specific to the communities that attendees work with
    - Discuss the interplay between culture and mental health
        - Make this specific to the cultural groups that attendees frequently encounter
- Structure
    - Develop multiple levels of training for frontline workers to attend throughout the year and in a serial fashion OR
    - Develop an annual training initiative that will function as a refresher for previous attendees and as an introduction for new frontline workers
    - Consider in-house training and operating from multiple locations
- Follow-up
    - See Figure 7
    - Consider using serial training sessions as a form of follow-up

## CONCLUSION

This study indicates a need for improved mental health/addictions training for frontline workers in the settlement sector. There is a need to know more about ways to recognize mental health/addictions issues, how to respond immediately, and how to improve both the referral process and referral networks. Furthermore, there is certainly a place for training that addresses mental health/addictions issues in a way that resonates with the real-life experiences of frontline workers today.

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**Appendix 1 - Survey**

This survey is being conducted by the Mental Health, Addictions and Emotional Supports Working Group of the West Downtown LIP in response to a number of the training and information action items related to Strategy #6 Mental Health, Addictions & Emotional Supports.

The purpose of this brief survey is to better understand training and information needs of frontline settlement staff. The results of the survey will contribute to the development of new training guidelines for settlement workers who encounter mental health/addictions issues.

The following definitions of mental health and addictions are understood throughout this survey when these terms are used:

Mental health
"... is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity." (Health Canada, 1997)

Addiction
Addiction is a primary, chronic, neurobiological disease with genetic, psychosocial and environmental factors that influence its development and manifestations. It is characterized by behaviours that include one or more of the following: loss of control over drug use; continued use despite harm; compulsive use and craving. (Adapted from: CAMH Knowledge Exchange, 2009)

The survey has 15 questions and should take approximately 30-45 minutes to complete. Thank you in advance for your participation.

1) As part of your regular work, do you encounter clients who are experiencing mental health and/or addictions problems? Please check all that apply.

    a) Mental Health
    b) Addictions
    c) Don’t know
    d) Not sure

2) Where does your knowledge about mental health and/or addictions issues come from? Please check all that apply.
    a) Training
    b) Reading/research
    c) Your own experience with clients
    d) Life experience
    e) Your coworkers’ experiences
    f) Other (please specify)

3) Please describe the mental health and/or addictions problems you see in your clients.

4) What do you think causes these mental health and/or addictions problems in your clients?

5) What type of support do you usually provide to these clients? Please check all that apply.
   a) Information
   b) Internal referral (referral within your agency)
   c) External referral (referral to a different agency)
   d) Supportive counseling
   e) Crisis intervention
   f) Other (please specify)

6) Please provide one brief example of when you worked with a client who had mental health and/or addictions problems.

7) How do you feel when you are working with a client who has mental health and/or addictions problems?

8) Have you attended any workshops or training sessions related to the topic of mental health and/or addictions?
   Yes ____ No _____

9) If yes, please indicate the title of the training session, the organization that provided it, approximate date of training and any other important details.

10) Would you be interested in receiving training in the following areas? Please check all that apply.
a) Mental health issues
b) Addictions issues
c) Not interested

11) What would you like to learn from a training session on mental health and/or addictions? Please rank your choices using the boxes provided. Please only rank the choices you are interested in.
a) Recognizing the signs of a mental health/addiction problem
b) Navigating the mental health and addictions system
c) Self-care for frontline workers
d) Maintaining boundaries when working with clients
e) Mental health promotion
f) Fundamental concepts related to mental health and illness
g) Fundamental concepts related to addictions
h) Issues related to stigma
i) Impact of social determinants of health on mental health
j) Impact of the migration process on mental health
k) Impact of systemic barriers on mental health

12) Are there any other areas you would be interested in learning about? If so, please list them here.

13) What type of support would you like to have after the training, in order to keep using the skills that you learn?
    a) Ongoing consultation
    b) Group follow-up
    c) Telephone follow-up
    d) Other (please specify)

14) Are you aware of any models of mental health and/or addictions training and ongoing support that have been particularly effective? If so, please list below.

Optional:

15) May we contact you after this research is complete, if we require more information to design the training? If so, please provide your name and contact information.

**Appendix 2 – Interview Guide**

Probe Area #1: Mental Health/Addictions Literacy

*"I am interested in learning about health information awareness among your staff, especially regarding mental health and addictions."*

1) How do settlement workers know when a client is facing a mental health/addictions problem?

2) How would you describe your staff's level of training or knowledge in the areas of mental health or addictions?

   a. Probe for strengths and areas needing improvement.

3) Can you provide an example of assistance that was provided to a client facing mental health and/or addiction problems?

Probe Area #2: Client Management

*"I would like to learn how clients with mental health/addictions issues are managed at your agency."*

1) What steps do settlement workers at your agency take when a client presents with mental health/addictions problems?

2) Are there other steps that you would like to see taken?

a. Probe for the impacts of training/knowledge, scope of practice and staff time on current management procedures.

3) (If appropriate/relevant) How do clients do after [intervention]?

Probe Area #3: Ideas for Training/Education Initiatives

*"Part of my research involves developing training recommendations for settlement workers who encounter mental health/addictions issues."*

1) Are you familiar with any mental health/addictions training initiatives for settlement workers? Please tell me about them.

a. Probe for goals, content, delivery method, effectiveness, follow-up.

2) What needs to be done to improve the recognition of mental health/addictions issues by settlement workers?

3) What needs to be done to improve the management of clients with mental health/addictions problems?

Probe Area #4: Logistics of Training/Education Initiatives

*"As a [manager], I understand that you have many important priorities to balance when new decisions are made at [agency]. As I design new training recommendations, I want to make sure they are practical and convenient."*

1) How would concerns about staff time impact the kinds of training strategies you would be interested in seeing?

2) Would mental health/addictions training for your staff make sense in the context of your agency's services?

3) Do you think mental health/addictions training fit into the scope of a settlement worker's job description?

4) What would be your concerns in terms of the cost of training initiatives?

5) Are there any other logistical issues or concerns you would expect to deal with when considering a new training initiative?

6) What type of support/resources would settlement workers need after attending training, to be able to better respond to the needs of clients with mental health and/or addiction problems?