

# Crisis Line Support: Bridging the Gap for Immigrant, Refugee, Ethnocultural and Racialized Callers



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**Research Question:** How can crisis lines improve culturally informed practice?

## Background

- Immigrant, refugee, ethnocultural, and racialized (IRER) individuals are more likely to experience unique suicide related stressors (Lee et al., 2024; Stark et al., 2022), such as racism, isolation, and migration related stressors (Lai et al., 2017)
- Decreased recognition of early struggles with mental health (Pritchett et al., 2024; Vance et al., 2023) and disparate access to mental health support (Molock et al., 2023; Vance et al., 2023) limit preventative care
- Access to crisis line support is impeded by language barriers, unawareness of services, fear of rejection and lack of confidentiality (Finnigan et al., 2022), stigma, lack of mental health literacy (Salami et al., 2022), and lack of cultural competence from service providers (Wang et al., 2019)

## Methodology

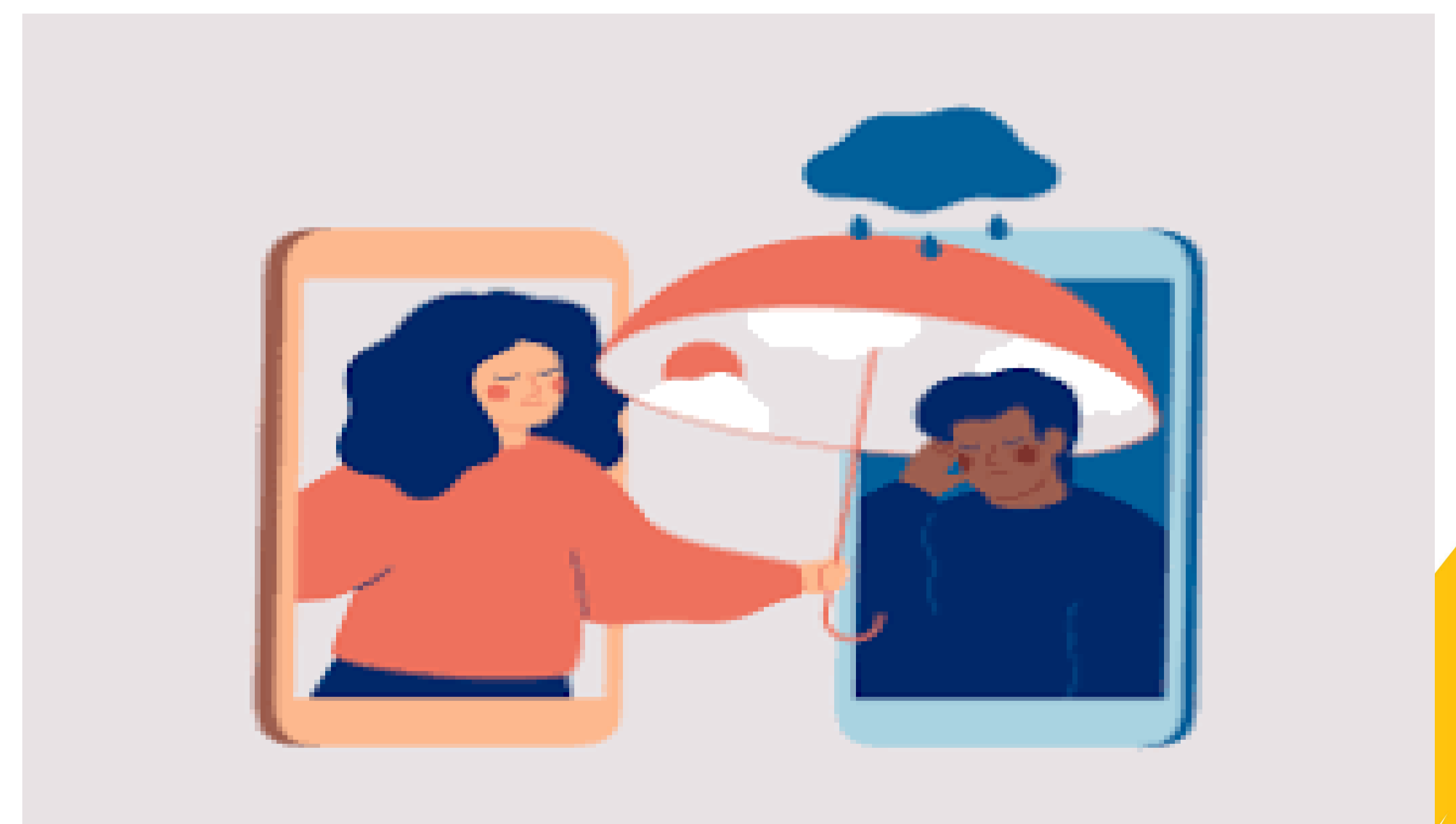
Design	Qualitative, semi-structured interviews (Aug 26-Nov 28)
Participant Demographics	N=12, Responders (7), Stakeholders (5) Location: British Columbia, Alberta, Yukon Responders: 1-3 years of experience, 75-170 hours training Stakeholders: 3-8 years of experience of offering training, guest speaking, crisis counselling, and supervising
Interview Guide	Training, personal and systemic barriers, best practice and recommendations
Analysis	Line by line coding using NVivo 14

## Findings

Training		Stakeholders: “cultural competence and sensitivity”, “anti-racism practices”, “understanding challenges faced by ethnoculturally diverse individuals”, “counselling in a cross-cultural context” Responders: “no matter who we...talk to or respond to on any of the crisis lines we run, we would be able to respond to anyone in the same non-judgmental way”
How IRER are Recognized		“an accent”, “how they refer to their grandparents”, “they... just share a little bit of information about themselves”, “some sort of practice [that] distinguishes them for me”, “collectivist opinions”, “they say...they're on the reserve”, and “talking about a poor experience that they had with the police”
Barriers for Callers		initiating contact (e.g., stigma, fear of jeopardizing immigration status, fear of authority, poor past experience, lack of awareness of services), during the call (e.g., no interpretations services and nuances in meaning regarding mental health terminology, lack of culturally competent support), and lack of wrap around support
Challenges for Responders		out of touch with callers' experiences, challenges related to safety planning (e.g., language barriers, lack of family support, fear of police and authorities, and barriers to wrap around support), challenges related to text services (e.g., missing vocal cues like tone)
Best Practice		<b>build rapport and establish trust</b> , “recognizing, respecting, and responding to cultural differences”, <b>use effective communication</b> , “use plain language...and [don't be] ashamed to ask [a lot of questions]”, and <b>be intentional about referrals</b> , “[being] understanding...that...reaching out to police...might be a really big barrier”, and “trying to refer them to a service that does have translation services for their language”
System Recommendations		improved training, diverse staff, advertising campaigns to reduce stigma and increase awareness of crisis service, and build partnerships with culturally serving organizations

## Discussion

The literature and results of this study show significant barriers in accessing and providing effective crisis support. Unique from the literature, responders highlight that limited culturally appropriate resources for referrals impact their ability to provide effective support. Discrepancy between best practice proposals in the literature (Colucci et al., 2018) and stakeholders as compared to crisis responders demonstrates training gaps. Considering experiences of crisis responders and bringing in voices of stakeholders is essential to improving care on crisis lines for IRER individuals.



### DCC K- Hub

This study was developed through the Distress Centre Calgary Knowledge Hub (DCC K-Hub), a collaboration between the University of Calgary and the Distress Centre Calgary.