

Building **E**quitable **N**ewcomer **C**risis **H**elp



# BENCH Program

**Collaborative Crisis Response for  
Immigrant and Newcomer Communities in  
Calgary: Program Evaluation Report**

## EXECUTIVE SUMMARY

This evaluation examines the design and implementation of Building Equitable Newcomer Crisis Help (BENCH), a collaborative crisis response initiative designed to support immigrant and newcomer communities in Calgary. Data was gathered through a rapid literature review, and a series of interviews and focus groups with BENCH staff, frontline workers from referral partners, and the program's steering committee. Together, these data sources and perspectives provide a multi-system view of how BENCH is understood, accessed, and operationalized within Calgary's crisis response ecosystem.

### Key Findings:

- **Shared understanding of BENCH across systems:** Participants demonstrated increased clarity regarding BENCH's purpose, scope, and referral pathways, suggesting that ongoing outreach and development have strengthened shared program knowledge.
- **Consolidation of BENCH 1 & 2:** The consolidation of BENCH 1 and 2 into a single crisis counselor role was viewed across cohorts as a positive change, citing continuity of client relationships and time saved as key improvements. Participants highlighted improved continuity in client relationships, reduced repetition for clients, and time saved through the elimination of internal handoffs.
- **Clarified role and integration of Distress Centre:** The Distress Centre has a clearly articulated role within the BENCH ecosystem following training, presentations, and the addition of a full-time BENCH staff member for Distress Centre. This shift strengthened understanding of referral processes and reinforced Distress Centre's function as a key access point, while also revealing opportunities for training, improved communication, and capacity-building.
- **Cultural and structural barriers shape willingness and ability to access support:** Referral partners and BENCH staff identified barriers that influence whether clients are able or willing to access crisis support programs like BENCH, reflecting recent literature on cultural understandings of mental health and crises. Participants emphasized that these barriers often emerge before a referral is made, shaping both crisis identification and follow-through.

## ACRONYMS & KEY TERMS

- **BENCH:** Bridging Equitable Newcomer Crisis Help
- **BENCH staff:** Distinct from frontline staff, the use of BENCH staff in this report refers to client-facing staff who are a direct part of the BENCH program.
- **CALD:** Culturally and Linguistically Diverse, an acronym used in Australian government and bodies of literature that refer to populations that are culturally, religiously, and linguistically diverse.
- **CCIS:** Calgary Catholic Immigration Services
- **CFN:** Centre for Newcomers
- **Frontline staff:** For the purpose of simplifying this report, frontline staff refer to staff from all partner organizations who have the potential to interact with a client in distress: TIES, CCIS, CFN, and Distress Centre Calgary.
- **ISO:** Immigrant serving organization
- **TIES:** The Immigrant Education Society

# INTRODUCTION

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Newcomers, immigrants, and racialized groups face critical gaps in receiving urgent mental health support disproportionate to general populations. **Building Equitable Newcomer Crisis Help (BENCH)** was developed with an intention to bridge this gap. BENCH is a program that aims to address critical gaps between newcomers and equitable crisis support in Calgary through **(1)** immediate mental health crisis support for Black, Racialized, and equity-seeking groups with language and cultural barriers, and **(2)** enhanced culturally and linguistically accessible primary and secondary crisis supports that include systems navigation and case management. A collaborative partnership of three newcomer-serving organizations (The Immigrant Education Society: TIES, Calgary Catholic Immigrant Services: CCIS, and Centre for Newcomers: CFN) have partnered with Distress Centre Calgary to build BENCH into a program that fills these gaps, drawing on the expertise and specialization of each partner organization.

The Immigrant Education Society (TIES) has deployed a research team independent of TIES' BENCH team to evaluate this program in late 2025-early 2026. Researchers have undertaken a mixed-methods approach to both evaluate the program beyond its initial pilot phase. This report contains findings and themes based on research conducted between September 2025 - January 2026, and includes an overview of the evaluation's research methodology, key findings, emergent themes, and recommended next steps.

# INTRODUCTION

## PURPOSE

The purpose of this evaluation is to provide partner organizations with an evaluative assessment of Building Equitable Newcomer Crisis Help (BENCH) in its current formation, following its pilot phase in 2023. It assesses the impact and efficacy of the program using a mixed methods approach that includes interviews, focus groups and a literature review. More specifically, the evaluator explores:

- (1) current organizational capacities to deploy BENCH**
- (2) perceived or experienced barriers, limitations, and setbacks to deploying BENCH, and**
- (3) how fills the gap between newcomers and racialized immigrants and equitable access to crisis support.**



## EVALUATION METHODOLOGY

This evaluation adopted a mixed-methods research design to assess the effectiveness, accessibility, and relevance of the BENCH model. Specific methods included:



**Literature review**



**Individual interviews**



**Focus groups**

# EVALUATION METHODOLOGY



## Literature review

To provide a contextual understanding of BENCH, the evaluator conducted a rapid review of peer-reviewed mixed-methods, qualitative literature focused on (1) collaborative care models in immigrant serving organizations (ISOs) and mental health spaces, (2) Cultural responsiveness and trauma-informed care in mental health services, and (3) cultural mistrust in mental health spaces

This included literature previously included in a past evaluation (2023-2024) and recent articles from peer-reviewed journals using the search terms: “collaborative care model (newcomer, refugee, immigrant) crisis”, “collaborative care model (newcomer, refugee, immigrant) mental health”, “cultural responsiveness mental health”, “cultural responsiveness crisis response”, “cultural responsiveness suicide prevention”, “cultural responsiveness crisis hotline”, and “cultural mistrust mental health”. Search filters were set to show articles published between 2023-2025. Inclusion criteria included studies (1) published between 2023-2025, (2) where participants were adults, (3) where studies were in high immigration countries, and (4) where participants were identified as immigrants, refugees, or newcomers.

# EVALUATION METHODOLOGY



## Focus groups & Interviews

Using a purposeful sampling approach (Baxter & Eyles, 1997) the evaluator identified potential focus group research participants through direct coordination with BENCH program leaders. The evaluation conducted virtual semi-structured interviews and focus groups via Microsoft Teams with the following participant groups: (1) BENCH steering committee members, (2) BENCH staff members (excluding managers, supervisors, and program leads), and (3) Frontline staff members from referral partner organizations: TIES, CCIS, CFN, and Distress Centre. Frontline staff members were organized into focus groups and interviews by their respective organizations. This group provided unique insights about how BENCH is understood and accessed beyond the program itself, highlighting potential challenges and opportunities for future improvement.

Each participant group offered a distinct, contextual perspective of the program's efficacy and utility: steering committee members offered their perspective of BENCH from an organizational perspective, BENCH staff members provided insights from a front-line perspective, and frontline staff members (including case managers, program instructors, and other client-facing roles) shared insights from a pre-referral perspective. Using an interview/focus group discussion guide, the evaluator asked questions on the following topics: (1) program awareness, (2) cultural responsiveness and service relevance, and (3) challenges and opportunities for BENCH.

# EVALUATION METHODOLOGY



## Focus groups & Interviews

Focus groups and interviews were recorded, transcribed using an AI-powered software, and analyzed to extract key themes and findings relevant to this evaluation. Combined, insights from each participant group capture perspectives across program design and implementation. They offer a more comprehensive understanding of program strengths and system-level constraints.

**Disclosure:** For privacy and confidentiality purposes, names and identifying information of participants have been removed wherever possible. Due to the size and structure of the program, this evaluation acknowledges the limits of anonymity in small, role-specific focus groups. Pseudonyms have been applied at participant group-level (e.g. BENCH Staff 1 / Steering Committee Member 3 / Referral Partner Staff 4) and precautions have been taken to minimize identifiability.

# FINDINGS: LITERATURE REVIEW



## Importance of Settlement Organizations

- Previous research has highlighted the importance of settlement organizations in improving access to mental health care for newcomers by reducing linguistic, cultural, and system-navigation barriers (Huminuik et al., 2022; Ratnayake et al., 2022).
- Settlement organizations are perceived as more culturally competent and trustworthy than mainstream health services, while primary care providers often lack “competence trust” (Isaacs et al., 2013).



## Language and Cultural Brokering

- Interpreters and cultural brokers play a complex mediator role, shaped by linguistic nuance, social positioning, and community relationships (Leanza et al., 2017; Leanza et al., 2021)
- While shared cultural background can enhance rapport, it may also heighten confidentiality concerns, demonstrating the need for formal training and clear role boundaries (Salami et al., 2019).
- Culturally adapted mental health literacy frameworks that incorporate traditional, holistic, and informal help-seeking approaches are recommended to address these gaps (Na et al., 2016).



## FINDINGS: LITERATURE REVIEW



### **Cultural Responsiveness and Trauma-informed**

- Previous research has stress the importance of system-level approaches, including cultural safety, cultural humility, structural competence, and the regulated integration of interpreters and culture brokers (Kirmayer & Jarvis, 2019)
- Community-based liaison workers from refugee backgrounds are identified as effective facilitators of access, capacity-building, and advocacy (Chopra et al., 2020).
- Further cultural competence, safety, and cultural humility training is needed, with needed understanding of service user demographics to lessen biases and privacy concerns of underserved and equity-seeking populations in mental health (Karmacharya et al., 2025).



### **No Existing Model of Formal Integration**

- Environmental scans did not identify a documented model that formally integrates settlement organizations with crisis intervention services
- Existing crisis services primarily rely on remote language access lines, with limited evidence of structured culture brokering or settlement partnerships, with notable organizations include Foundation House (Australia), Klinik Community Health (Winnipeg), Gerstein Centre (Toronto), and the Transcultural Mental Health Line (New South Wales)



## FINDINGS: LITERATURE REVIEW



### **Collaborative Approaches to Crisis Intervention with Cultural Responsiveness**

- Kim et al. (2024) evaluated the cultural relevance of a mainstream mental health training program for Asian immigrant populations in the greater metropolitan area of Boston, showing that a program targeted with specific cultural contexts in mind may potentially reduce stigma and encourage higher mental health literacy.
- Gordon, Oware and Cudjoe-Mensah (2025) identified a need for policy, funding and workforce development to scale culturally grounded crisis care.
- Opia & Matthew (2025) proposed concrete strategies for culturally sensitive interventions for mental health for vulnerable populations (including immigrant, refugee, and indigenous populations).
- Those which are relevant to the clients BENCH serves may include the development of faith- and culture-based partnerships to promote help-seeking, modifying evidence-based treatments to include culturally relevant metaphors, values, and on a broader system scale, educating clinicians about traditional practices and supporting traditional practitioners to understand mental health systems.



## FINDINGS: LITERATURE REVIEW



### **Inequalities in Crisis Mental Health Service Access in Newcomer Populations**

- Agbana (2025) addressed persistent inequalities in crisis mental health service access for culturally and linguistically diverse (CALD) populations, noting the absence of an operational, globally applicable model that integrates crisis scholarship, trauma-informed care, and cultural responsiveness
- Drawing on a comparative policy analysis across Australia, Canada, and the United Kingdom, the authors proposed a multi-level, key performance indicator (KPI)-driven framework that embeds cultural and linguistic accessibility into service design.
- Common challenges identified by Agbana (2025) may parallel in BENCH including funding instability, shortages of multilingual staff, over-reliance on interpretation in high-risk interactions, digital exclusion, and inconsistent policy mandates
- These findings underscore the need for collaborative, systems-level approaches that balance technological innovation (such as artificial intelligence tools, which may present its own set of challenges) with community-embedded, culturally-grounded practices to ensure equitable access to crisis support services for newcomer and immigrant populations.
- The framework is particularly relevant within the context of BENCH, as it emphasized community-embedded partnerships, multilingual capacity, and measurable accountability mechanisms that align with frontline practice and broader mental health policy objectives



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Steering Committee*

In November 2025, the evaluator conducted a focus group with steering committee members representing each organization. The program lead did not attend in order to reduce potential influence via power dynamics. Steering committee members spoke to the strategic intent, governance structure, and system-level coordination underlying BENCH, including the rationale behind its design.

The following sections will demonstrate findings based on the steering committee.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Steering Committee*

**BENCH program is now clearly articulated and positioned as a specialized newcomer crisis stabilization program**

- Participants consistently articulated a shared understanding of BENCH's role as a time-sensitive crisis stabilization service for newcomers, positioned between immediate crisis response and longer-term case management
- This contrasts findings from a past evaluation, conducted at a time when the program was in a pilot phase and unified goals were still being refined by steering committee members
- Moreover, the role of Distress Centre has been further integrated into the BENCH ecosystem
- The steering committee and staff have conducted presentations to raise awareness of the program, including concrete examples of circumstances under which a BENCH referral would be appropriate.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Steering Committee*

**BENCH roles have been refined and consolidated, and the addition of Distress Centre staff has improved capacity, process flow, and referral volume.**

- The team members' roles have been further refined, consolidating BENCH 1 (short-term crisis stabilization) and BENCH 2 (longer-term systems navigation support) into each team member's role
- Further, the program shifted from part-time Community Engagement Liaisons (CEs) who supported coordination between BENCH and the Distress Centre, tasked primarily with capacity-building (they did not conduct intakes or take calls), to employing a full-time BENCH staff member at Distress Centre

*What really changed, and what I think has been an effective change, is the **streamlining** of having a full-time staff at Distress Centre...their **availability** and **capacity** of The Distress Centre being there and kind of having that understanding has really ramped up the referrals coming in from Distress Centre, which is what we were always hoping for.*

- Steering Committee Member 3, 2026



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Steering Committee*

### Referral process remains internal, referral guidelines communicated through outreach

- Referrals to BENCH are primarily managed through internal processes from partner agencies like CCIS, TIES, CFN, and Distress Centre.
- The use of QR codes and associated online referral forms was a way to streamline the referral process, with staff at each agency responsible for identifying clients in crisis and referring them to BENCH.
- Improvements were also highlighted by the committee, including: **clearer referral guidelines, increased staff training, and better communication** about how and when to refer clients
- Overall, the committee acknowledged that referral pathways have become **more structured and accessible**
- A presentation by the program lead illustrated how the program is being promoted to referral partners (e.g., languages offered, crisis support model, and case studies detailing crisis scenarios and when a BENCH referral may be appropriate)
- Members emphasized that the program has seen increased intakes, and intakes have been received more evenly across referral partners.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Steering Committee*

Future priority areas include expanding training capacity for Distress Centre, enhancing ongoing support, and increasing data collection on client demographics/referral pathways.

- Steering committee members articulated priority areas for BENCH's long-term sustainability and growth, while affirming its overall effectiveness and impact.
- A key area identified was the need to **expand crisis response capacity beyond standard business hours**.

*We know crisis doesn't stop just because it's nine o'clock...if there's more capacity for crisis work to happen overnight or over the weekend...we could deal with imminent crises more effectively*

- Steering Committee Member 3, 2026

- Members also emphasized increasing multilingual and culturally specific capacity, enhancing support for complex crises specific to newcomers and immigration-related issues
- Improving data collection to track client demographics and referral pathways was emphasized to ensure that planning and service adjustments are evidence-based
- While BENCH is expanding its capacity and seen as an effective, essential service, its sustainability and growth depend on continuing capacity growth, formalized processes, and data-informed decision-making.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## ***BENCH Staff***

The evaluator conducted a focus group in January 2026 with current members of the BENCH team. BENCH staff shared their experiences in delivering the program, offering insight into day-to-day implementation, role clarity, and the supports required to sustain the work. Their perspectives illuminate how BENCH operates in practice and where staff adapt to bridge gaps between client needs and system constraints.

All staff members have been employed with the program since mid-2025 or earlier, showing that they each held sufficient experience in their role to share valuable insights about the program, how it has evolved, and their overall perceptions of BENCH. The following themes have been identified:

The following sections will explore findings based on BENCH staff.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## ***BENCH Staff***

Following the merging of BENCH 1 (stabilization) and BENCH 2 (case management/systems navigation), staff expressed that there was greater role clarity, and the introduction of integrated, continuous wraparound support for clients

- As seen in the steering committee focus group, BENCH staff viewed the consolidation of first and second BENCH roles into a BENCH Counselor role, which allows each staff member to provide both short-term stabilization and longer-term case management and systems navigation support, staff expressed that service delivery improves continuity of care and strengthens rapport with clients
- In a past evaluation, participants expressed a lack of clarity about when to advance clients to BENCH 2. Responses by BENCH staff indicate that this change is viewed positively.

“  
*I was spending a lot of time figuring this out, like ‘It means I need to pass it to [a BENCH 2 staff member]. So it was like internal juggling. I think having that role where you’re doing both, it’s for me **more efficient** and you are **keeping communication with the client**. You’re not passing the client to someone, debriefing about the client, because you need to bring them up to speed about what the client is going through*  
”

- BENCH Staff 4, 2026



## FINDINGS: FOCUS GROUPS & INTERVIEWS

### ***BENCH Staff***

Following the merging of BENCH 1 (stabilization) and BENCH 2 (case management/systems navigation), staff expressed that there was greater role clarity, and the introduction of integrated, continuous wraparound support for clients

- Another staff member also expressed the importance of understanding the client's journey through the referral system, and that offering consistent support to clients may help them get the resources they need more expeditiously:



*I have learned how much that **follow-up makes a difference**, where I might reach out to a client and they may not have been able to connect with the resources or work through that crisis, but don't feel comfortable enough to reach out.*



- BENCH Staff 1, 2026

- While greater role clarity was emphasized by participants, the Distress Centre team member noted confusion about their role, noting that it took time to understand that their role remained as BENCH 1, not the consolidated role that the other team members now hold (BENCH Staff 5).



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *BENCH Staff*

The addition of a Distress Centre team member to BENCH was perceived as a useful and valuable addition, and the team shared opportunities for enhanced integration moving forward.

- In 2025, BENCH added a dedicated team member based at Distress Centre, a long anticipated structural change. Staff recognized the potential benefits of having a dedicated point of contact, noting that it improved access to information and facilitated smoother communication in certain areas.

“  
I do ask some questions about the basic needs fund...and they will have those answers, which is nice and definitely **different to before where I would have to try much harder to get that answer.**  
”

- BENCH Staff 3, 2026

- Staff also described the challenges of integrating a team member who operates under a different set of organizational policies, which can impact their ability to treat a client's issue effectively as a crisis situation

*I kept questioning what I can and cannot do...**I always have to check with my team lead before promising anything to my client***

- BENCH Staff 5, 2026

*I cannot look to [other BENCH staff member] and be like 'Oh yeah, I can do that too.' No, I can't. **I always have to check with my team lead and she has to check with the manager.***

- BENCH Staff 5, 2026



## FINDINGS: FOCUS GROUPS & INTERVIEWS

### ***BENCH Staff***

The addition of a Distress Centre team member to BENCH was perceived as a useful and valuable addition, and the team shared opportunities for enhanced integration moving forward.

- The reflections from each staff member illustrate how the integration of Distress Centre is valued while also demonstrating uneven abilities to provide BENCH services due to differences in organizational policy and autonomy. This underscores the importance of establishing clearly defined roles, consistent procedures, and ongoing support to ensure all clients receive equitable and culturally relevant services while bringing on new team members.
- Furthermore, the addition of a team member from the Distress Centre may take time to bridge the cultural gap, as clients may still perceive the Distress Centre as less familiar or tailored to their needs compared with BENCH's reputation for culturally responsive support:

*With BENCH, we have built that reputation where we are culturally relevant...whereas when people think about the Distress Centre, **they think about a more Western approach***

- BENCH Staff 4, 2026



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## ***BENCH Staff***

**BENCH staff report feeling well-supported through regular supervision, debriefs and professional development opportunities. They provided suggestions for program-wide team supports.**

- Peer and supervisory support was viewed as a key strength among participants, with staff meeting regularly to discuss case management, exchange knowledge, and engage in professional and personal development
  - This was to foster mental well-being and to dedicate time during weekly meetings for professional development and supervision (BENCH Staff #4, 2026).
- Some staff members expressed a desire for more dedicated professional development opportunities, such as workshops or training specifically related to crisis support. The idea of having a shared or standardized professional development program for all BENCH staff was suggested to ensure everyone has access to relevant training.
- Staff also valued the regular team meetings and consultations, with some staff suggesting more frequent or structured debrief sessions could enhance support moving forward.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *BENCH Staff*

**BENCH staff made recommendations for additional support in their role.**

- *Database:*

- Staff suggested implementing a dedicated database to streamline client information. They noted that the current Excel-based system makes locating clients and tracking services cumbersome

*Let's say a client returns or is reaching out to BENCH because their crisis counselor isn't available. **It's a bit harder to locate those things.***

- BENCH Staff 3, 2026

- Therefore, a secure, password-protected database would improve efficiency, simplify service tracking, and improve data collection.
- *Professional Development Opportunities:*
    - BENCH staff *unanimously* agreed that additional professional development opportunities would be welcomed
    - According to BENCH Staff 3, opportunities including workshops are funded by their respective organizations and allotments vary, often funding a workshop or updating CPR certification. BENCH Staff 3 suggested that having a fund dedicated to professional development, specifically for staff in crisis response, would be a useful addition.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Referral Partners*

In January 2026, the evaluator met with staff members in diverse roles across referral partner organizations: TIES, CFN, Distress Centre, and CBFY. While CCIS is a key partner organization, the evaluator received a low response rate in follow-up recruitment emails. Front line referral partner staff provided insight into how BENCH is understood and utilized at the initial point of crisis recognition, including how referral decisions are made under time pressure and in comparison to other crisis pathways. Their perspectives highlight system entry points, gaps, and the practical factors that shape how (and whether) BENCH is accessed in real-world scenarios.

Participant roles included LINC instructors, resource specialists, and case managers with culturally diverse clientele, allowing for a range of frontline perspectives. Depending on their role and their time spent within it, staff had experience liaising with clients ranging from single visit appointments to months and years of relationship-building with repeat clients who required ongoing support for various issues.

The following sections will explore findings based on referral partners.



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Referral Partners*

There is a more concrete understanding of BENCH and what services are offered.

- Across all participant groups, frontline staff demonstrated a **clearer understanding** of BENCH and the types of services offered in contrast to findings from a past evaluation during BENCH's pilot phase.
- Staff consistently described BENCH as an accessible and expeditious option for clients experiencing acute issues, distinguishing it from longer-term or less urgent supports such as TIES Healthy Minds.
- Staff understood that the program's ability to stabilize clients quickly and provide appropriate referrals, showing that they have a more concrete sense of when and why to use it:

*"BENCH is really for immediate crises...something that can't wait, whereas **Healthy Minds** is more long-term support"*

- Frontline Staff 5, 2026

*"Clients who need immediate assistance, we refer them to **BENCH first**. It's for emergencies, short-term stabilization, and then they can get linked to other services."*

- Frontline Staff 4, 2026



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Referral Partners*

There is a more concrete understanding of BENCH and what services are offered.

- Other staff expressed uncertainty regarding when TIES Healthy Minds may be a more appropriate option. Frontline Staff 1 described their perception:

*I'm using **BENCH** most of the time because it's **easier to access**. I have the link, I can just submit the form. For Healthy Minds, I don't have anything how I can reach them and it's more complicated. **I usually choose BENCH because it has a form I can easily send with all the information I need there and that's it.***

- Frontline Staff  
1, 2025

- For Frontline Staff 1, BENCH is perceived as a more accessible and straightforward option for connecting clients to immediate support, in contrast to other programs that may be less familiar or unclear to navigate.

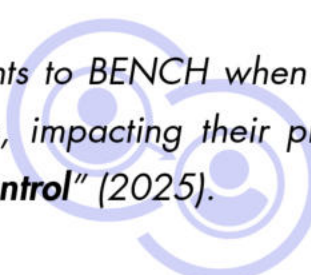


# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Referral Partners*

**BENCH is recognized as equipped for — and essential to — acute crisis support.**

- Frontline workers across TIES, Distress Centre, CFN, and CBFY consistently perceive BENCH as a valuable and reliable resource for acute crisis support, appreciating the program’s expertise and culturally responsive care it provides for clients in crisis
- Staff highlighted that their clients face a wide range of complex crises (e.g., grief, loss, domestic violence, immigration or refugee status, financial instability, social isolation, etc.). BENCH is seen as critical for stabilizing clients in these moments.



*“We recommend students to BENCH when we see that their mental state is impacting class, impacting their progress...**it’s when things are getting out of our control**” (2025).*

- Frontline Staff 2, LINC instructor, 2025



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## Referral Partners

Frontline staff illuminated structural and informational barriers to accessing supports like BENCH.

- Clients may initially seek support for concrete challenges such as employment or housing, only for case managers to recognize underlying or more complex issues that signal a broader crisis. However, gender dynamics and cultural norms around mental health and crises can serve as barriers on whether individuals feel able or willing to access a referral to BENCH, even when an instructor/case manager is prepared to make a referral:

“  
*Sometimes or most times for literacy classes, it would be the husband's number (on file) because maybe the wife doesn't even have a phone number. So in the case they get into a mental health crisis and it's somehow connected to the husband, there would be no way we can help them because we cannot reach them – it's only maybe meeting them in person and even then the husbands would come and pick them up right away*

”  
- Frontline Staff 4, 2025

*Mental health is a stigma in my community...they will guard against what I say because they think that in my culture, anyone who has mental health issues is crazy...it's very difficult for workers to convince the parents and grandparents that you have to use the modern way of healing, not the traditional way.*

- Frontline Staff 7, 2026

“  
*Some cultures don't even have words for the mental health disorders or the symptoms they might be experiencing. So you just see the lack of terminology, they're not able to identify exactly what's going on inside them”*

- Frontline Staff 5, 2026



# FINDINGS: FOCUS GROUPS & INTERVIEWS

## *Referral Partners*

Frontline staff illuminated structural and informational barriers to accessing supports like BENCH.

- Together, these observations highlight how cultural stigma and language limitations can present significant obstacles for clients in identifying when they are in a crisis and engaging in services like BENCH.



## FINDINGS: FOCUS GROUPS & INTERVIEWS

### *Triangulated Findings (across all groups)*

BENCH was consistently articulated by the steering committee and BENCH staff as a program with 24-hour intake function, particularly through its connection with Distress Centre. This understanding was reinforced through program materials and steering committee discussions, where BENCH was described as a crisis response pathway intended to be accessible at all hours through centralized intake mechanisms.

Insights from the frontline staff, including a staff member from Distress Centre, suggest that the implementation of a 24-hour intake is influenced by training capacity and operational constraints, especially with an estimated volunteer responder staff volume nearing 100.

*“There’s a **huge disconnect** between what the coordinators know, what we’re trained on, and what our responders and volunteers know. There’s no communication about how we’re supposed to train volunteers, especially when you’re dealing with volunteers who might only come in once or twice a month. When callers want resources, responders are usually taught to refer them to 211. **211 is staffed by coordinators who attend these meetings and know who the referring partners are.**”*

- Frontline Staff 4, 2026



## FINDINGS: FOCUS GROUPS & INTERVIEWS

### *Triangulated Findings (across all groups)*

Steering committee members acknowledged the complexity of onboarding and training frontline responders about BENCH and under what circumstances a referral should happen from the Distress Centre side. As a result, not all frontline responders are consistently equipped to identify BENCH-appropriate calls or complete BENCH intakes during overnight or high-volume shifts.

Taken together, these findings suggest that while BENCH's 24-hour intake model is well understood on a conceptual level, **its consistent execution is dependent on ongoing training, reinforcement, and system capacity with the Distress Centre.** This highlights an implementation consideration, pointing to the importance of training refreshers, physical reference materials, and ongoing communication between BENCH and referral partners to ensure program accessibility.

# FINDINGS: FOCUS GROUPS & INTERVIEWS



## *Triangulated Findings (across all groups)*

Frontline Staff 4 suggested that routing Distress Centre calls through 211 may be an idea worth exploring, since 211 coordinators are trained on programs like BENCH and the Basic Needs Fund. However, they cautioned that this approach is complicated because 211 is a high-volume resource line; most callers are not in crisis, so it may create bottlenecks.

## CONCLUSION & RECOMMENDATIONS

This evaluation demonstrates that BENCH occupies a critical and increasingly well-defined role within Calgary's crisis response and settlement ecosystem, responding to a documented gap in culturally responsive crisis stabilization for newcomers and immigrants. Across all data sources, consistent evidence emerged that newcomers face layered barriers to accessing crisis services, including linguistic challenges, cultural mistrust, stigma, gender dynamics, and limited system literacy. Settlement-based, community-embedded like BENCH are repeatedly identified as more accessible entry points than mainstream crisis services alone.

Since its earlier pilot phase, BENCH has matured into a more cohesive and operationally integrated program. Steering committee members, staff, and referral partners now articulate a shared understanding of BENCH as a time-sensitive crisis stabilization service. The consolidation of BENCH 1 and BENCH 2 has improved continuity of care, reduced internal handoffs, and strengthened client rapport, while the addition of a Distress Centre-based team member has enhanced referral volume and coordination.

While BENCH is conceptually framed as a 24-hour crisis intake model, operational constraints such as training capacity, volunteer turnover, and a lack of program awareness amongst frontline responders at Distress Centre may limit effective support for newcomers, especially those with linguistic and cultural needs. Differences in organizational policies and autonomy between partner organizations may create uneven service delivery capacity, particularly for staff embedded within the Distress Centre. Broader system-level challenges including funding, staffing and operational capacity present must be points of consideration for future sustainability.

Last, emergent scholarship on the topic has underscored the potential role of emerging technologies in service delivery, including the use of AI-powered tools such as ChatGPT and other digital platforms commonly used in a mental health crisis. Engaging with this research is particularly relevant for programs like BENCH, as it can inform the integration of culturally responsive practices and emerging digital tools into crisis response while also identifying potential risks such as over-reliance on AI or the loss of human-centered care.

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