

Research paper

## Supporting Ethnocultural Diverse Callers in Crisis Services: Identifying Barriers and Providing Culturally Affirming Care

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### ABSTRACT

Racialized individuals face significant stigma and discrimination that has been shown to be correlated with an increased risk of suicide and mental health issues. Although crisis lines are effective in deterring suicide in White populations, ethnocultural diverse communities often encounter lack of affirming care, language barriers, and distrust of service providers which deters them from accessing potentially lifesaving lines. In Canada there is a paucity of research on how crisis helplines can be designed to be culturally relevant and inclusive and what strategies are most effective in supporting racialized individuals. In order to determine how to best support racialized communities, semi-structured interviews were conducted with 12 responders and stakeholders who worked with ethnoculturally diverse populations. The research employed reflexive thematic analysis informed by Socioculturally Attuned Theory and Critical Race Theory. Data was analyzed using Braun and Clarke's reflexive thematic analysis, facilitated by NVivo 14. Participants of diverse educational backgrounds and varying levels of cultural humility training took part in the interviews. Findings reveal significant barriers to accessing crisis services, including racialized structuring of systems, structural cultural invisibility in mental health systems, institutional betrayal and racialized surveillance, and institutional mistrust and systemic exclusion. Themes promoting trust include adapting language practices, fostering community partnerships, and practicing cultural humility. This study underscores the urgent need for culturally attuned crisis services. Recommendations include: (a) adapting language practices (e.g., eliminating jargon, ensuring translation), (b) building trust through community partnerships, and (c) practicing cultural humility. Recommendations emphasize the need for culturally affirming training, accessible language resources, and systemic changes to address historical and ongoing inequities.

**Keywords:** crisis line, culturally affirming care, ethnoculturally diverse callers, crisis responders, suicide

Immigrants arrive in Canada both voluntarily and out of necessity (Salami et al., 2017) and their emotional health can be impacted by multiple factors (Forrest et al., 2023). Researchers have found that individuals who migrate to Canada tend to come with better physical and mental health than Canadian born individuals; however,

their health declines and is comparable with their Canadian born peers the longer they are in Canada (Mason et al., 2024). This has been coined, “the healthy immigrant effect” (Mason et al., 2024). In order for this to change, more research is needed in understanding the specific needs of newcomers and racialized populations.

Although crisis lines have been designed to provide immediate crisis support, they often lack cultural responsiveness, thereby not engaging marginalized populations effectively. While services that offer cultural humility have been shown to improve outcomes for marginalized communities (Gordon et al., 2025), crisis responses often utilize a Westernized and individualistic approach. These Westernized models also ignore the cultural and historical contexts that impact the well-being of racialized communities. This is problematic as Westernized approaches can have negative impacts on racialized individuals’ mental health (Raasch, 2019). These challenges often result in inadequate care and mistrust of services resulting in underutilization of supports.

## **LITERATURE REVIEW**

The mental health of ethnoculturally diverse individuals in Canada is negatively impacted in distinct and unique ways as compared to the general population. Structural racism is a significant prominent factor contributing to decreased mental health and elevated suicide rates among Black, Indigenous, and People of Colour (BIPOC) populations (Alvarez et al., 2022; Forrest et al., 2023). Various forms of racism including cultural, institutional, interpersonal, and intrapersonal racism (Alvarez et al., 2022). In Canada, 51% of racialized individuals over the age of 15 reported experiencing discrimination (Statistics Canada, 2024). Anti-black microaggressions continue to be prevalent in Canada (Williams et al., 2025). Newcomers to Canada often face a range of interconnected challenges, including language barriers, isolation, post-migration trauma, culture shock, economic difficulties, and experiences of racism (Marshall et al., 2016) This trend is also evident internationally where discrimination has been reported in African Americans as well as immigrants in Europe (Konidaris & Petrakis, 2025).

The journey of seeking mental health support for culturally diverse individuals is fraught with intense difficulty (Adegoke & Adegoke, 2025; Cénat et al., 2022) They face numerous barriers to mental health support generally, such as stigma (Molock et al., 2023), missed diagnosis (Prichett et al., 2024), lower likelihood of being admitted to early intervention services and longer wait times as compared to the general population (Vance et al., 2023). As a result, culturally diverse individuals are more likely to seek support from emergency services (Saunders et al., 2018).

Crisis lines provide an abundant number of resources and support for its users. Some examples include emotional support, validation, opportunity to talk, a safe space, immediate intervention, assistance with mental health, de-escalation, and referrals (Boness et al., 2021; Iverson & Westerland, 2022; Middleton, et al., 2016; Spittal et al., 2015; Trail et al., 2022). As well, while some may not contact crisis phone lines as a direct caller/user, they may call the crisis line for a friend or loved one to seek assistance (Gould et al., 2021; Hedman-Robertson, 2017). Although there have been advancements in crisis response worldwide, existing general crisis line research samples are predominantly white and often have little cultural humility training (Haner & Pepler, 2016; Lim et al., 2021a; Lim et al., 2021b; Pisani et al., 2022).

Limited international research details specific challenges that ethnoculturally diverse callers have faced when reaching out for crisis support including ambiguities in risk assessment concerning whether cultural beliefs (Lai et al., 2017; Molock et al., 2023) and family supports (Molock et al., 2023) are risk or protective factors. Globally, there is some research that culturally responsive suicide prevention models. For example, McKay and Meza (2024) share a Protective Factors Framework that combines empowerment with multicultural perspectives. The framework emphasizes the importance of cultural safety and fostering trust through relationship building. Despite a call for research-informed culturally affirming crisis services in Canada (Brooks Holliday et al., 2023; Donkin et al., 2025; Zabelski et al., 2023), limited data exploring cultural competency is available (Donkin et al., 2025). This study aims to fill this gap by answering the research questions: (1) What are the varying levels of risk and needs (ranging from immediate risk to complex physical and mental health concerns) faced by racialized populations seeking crisis services? (2) How can crisis helplines be designed to be culturally relevant and inclusive? and (3) What strategies are most effective in building trust and engaging racialized individuals in crisis services with compassion, ethics, and empathy, while prioritizing users’ voices and needs?

## **METHOD**

This study was developed through the Distress Centre Calgary Knowledge Hub (DCC-KH) a collaboration by the University of Calgary and the Distress Centre Calgary. The DCC-KH seeks to enhance crisis response by fostering person-centered, impactful, and relational solutions within an inclusive and culturally responsive service framework. The current study is one of several emerging from this partnership.

The study employed a qualitative descriptive design, utilizing in-depth semi-structured interviews to explore the experiences of responders and stakeholders in supporting culturally diverse clients. The design was utilized in order to capture rich accounts of their experience, particularly given the limited research involving marginalized populations (Sandelowski, 2000). Purposive, snowball sampling was implemented to recruit participants through various social media platforms, including LinkedIn, Instagram, and Facebook. Recruitment efforts were further bolstered by the involvement of professional organizations such as the Saskatchewan Association of Social Workers, the Manitoba College of Social Workers, and the Social Workers Association of Alberta. Prospective participants indicated their interest by contacting a research assistant, who subsequently provided them with an initial contact letter and consent form.

Throughout the research process, reflexivity was considered to ensure cultural humility was engaged in with participants. Researchers consulted with one another and the supervisors and discussed assumptions, emotional responses, as well as evolving interpretations. Debriefing sessions were conducted to challenge potential biases and ensure analytical rigor. The debriefing and consultations align with recommendations for culturally attuned qualitative research with marginalized populations (Darawsheh, 2014). The study was grounded in Socioculturally Attuned Theory and Critical Race Theory to investigate strategies for improving support for the culturally diverse communities and reforming crisis services in Canada. Socioculturally Attuned Theory (McDowell et al., 2022) and Critical Race Theory (Bell, 2018) provided a critical lens through which the study challenged normative assumptions about culturally diverse individuals. These perspectives were crucial for identifying how crisis services could be redesigned to be more inclusive and affirming for culturally diverse individuals.

Semi-structured, in-depth interviews were conducted individually by two research assistants via the virtual platform Zoom. Despite a diverse participant background, all interviews were conducted in English due to participant fluency. Seven interviews were completed with responders from crisis services, and five interviews were completed with stakeholders (managers, team leads, service providers). Although the sample size can be perceived as a limitation given the diversity of ethnocultural groups in Canada, the aim was to gather the depth of insight into the experience of service providers (Patton, 2015). This study solely focused on the experience of crisis responders and services providers, excluding service users resulting in a methodological gap. In order to fully understand how to better support service users, another study was conducted to explore their experiences.

Each interview lasted approximately 30 minutes on average. The interview protocol focused on eliciting participants' experiences working with culturally diverse individuals in crisis situations across Canada, specifically addressing issues such as workplace culture, culturally attuned crisis training, and the availability of gender-affirming resources. All interviews were audio-recorded and later transcribed for analysis. NVivo 14 software was employed to facilitate the qualitative analysis of the transcribed data.

Data analysis was conducted using Braun and Clarke's (2007) Reflexive Thematic Analysis, a qualitative methodology aimed at identifying, analyzing, and reporting patterns or themes within the data. This approach allowed the research team to engage in a deep exploration and interpretation of participants' experiences. The iterative and reflexive nature of thematic analysis facilitated an ongoing process of meaning-making, ultimately resulting in the identification of key themes that illuminated consistent patterns across the dataset. This method proved particularly well-suited to the study's objectives, enabling a thorough examination of participants' narratives and the generation of actionable insights to enhance crisis services for culturally diverse individuals.

The University of Calgary Conjoint Facilities Research Ethics Board approved the study REB24-1528. Participants provided written and verbal informed consent to participate in this study.

## RESULTS

Demographic characteristics of responders are shown in [Table 1](#). Respondents consisted of both frontline crisis staff and community stakeholders. Of the frontline crisis staff, 29 percent were paid staff, 14 percent were volunteers and 57 percent held both volunteer and paid positions. Although not explicitly asked, some responders and stakeholders interviewed identified that they were immigrants. More than 70 percent of frontline responders held a bachelor's degree in varying fields. Every respondent had some prior training in providing culturally attuned support; however, the extent of this training differed for each individual. Stakeholders held numerous positions including managers, team leaders and community organizers.

**Table 1**

*Demographic characteristics of responders (n=12)*

Characteristics.	Responders n (%)
Responders	
Front Line Crisis	7(58)
Stakeholder	5(42)

**Table 1 (continued)**

*Demographic characteristics of responders (n=12)*

Characteristics.	Responders n (%)
Province or Territory	
Alberta	10(83)
British Columbia	1(8)
Yukon	1(8)
Years of Experience	
< 1	2(17)
1 to 5	7(58)
6 to 10	2(17)
Did not answer	1(8)
Experience Providing Crisis Support	
Yes	10(83)
No	2(17)
Total	N=12

### **Barriers to accessing crisis services**

Ongoing systemic racism, structural cultural invisibility in mental health systems, institutional betrayal and racialized surveillance, impact of culture and stigma within culture were cited as notable barriers impacting service users' decision to avoid services or experiences accessing services. These themes are discussed in more detail below.

#### ***Racialized structuring of systems***

Intersecting challenges are often prevalent for newcomers including systems that are shaped by cultural assumptions which can reproduce trauma. These factors can significantly hinder their ability to access and navigate support systems. A service provider describes the complexities of adapting to life in Canada:

*The first issue within Canada and wherever in the world we are going is culture shock. Our clients have been sharing some experiences when they come to Canada, they [find] barriers; barriers due to the language, barriers due to climate weather, barriers due to how to travel, common transportation barriers to get to use to GPS when they are driving, barriers to get their license. There are so many, so many, but the first one is communication, communication and culture shock.*

The lack of language-accessible services demonstrates how the dominant culture determines how services are delivered which aligns with Socioculturally Attuned Theory's premises of systems solely integrating mainstream ideas perpetuating marginalization. The inability to convey feelings in English can make their search for services feel impossible, as discussed by a second participant:

*If you aren't able to put the feelings that you're having into English, for example, it'd be very difficult to Google search that and find the resources because there are so many resources out there, and you really have to find the one that sort of fits what situation you're in.*

Understanding the cultural context is imperative to supporting members of ethnoculturally diverse populations, as subtle forms of discrimination and microaggressions may be difficult to see, as described by a service provider:

*A hate incident may look very different to someone who is a domesticated resident of this area [than] for someone with a unique cultural context. It's important to understand those nuances, because even within cultures, there are those forms of stigma, racism that you might not be aware of.*

Vicarious trauma and pervasive fear resulting from discrimination can permeate ethnoculturally diverse individual's lives. Racism can also be experienced indirectly as noted by this participant:

*Have they heard stories of racism from others who have tried to reach out? Or [they're] hearing a lot of stories of racist instances when newcomers are trying to access a certain service, or interacting with police, hearing it through the news, hearing it through social media, hearing it through personal group chats. It might be in America. It might be in the United Kingdom. But hearing of those experiences of racism through the perspectives of others [impacts individuals] because those newcomers are feeling like, if it can happen to someone else, why wouldn't it happen to me as well?*

The responder suggested the perpetuation of trauma from colonization has resulted in barriers to basic need provisions that have negatively contributed to the mental health challenges facing ethnoculturally diverse callers. Marginalized callers are cognizant of systemic deficiencies and expressed concern regarding the accompanying barriers.

#### ***Structural cultural invisibility in mental health systems***

Culturally diverse individuals encounter unique barriers when seeking mental health support, which significantly impacts their ability to access necessary and appropriate services. Mental health systems often follow

the dominant cultural norms, resulting in the needs of ethnoculturally diverse populations being invisible. Research indicates that these barriers include language challenges, a lack of awareness regarding available resources, and difficulties comprehending program requirements (Finnigan et al., 2022). Service provider's perspectives aligned well with Critical Race Theory and Socioculturally Attuned Theory by articulating how systemic structures minimize ethnoculturally diverse individuals lived experience. For example, a service responder highlights the challenges faced by newcomers:

*If you are suffering from mental health issues, could you even speak to someone in your own language? You know, professionally, in your own language, would [they] be able to provide these types of services? A lot of the newcomers that we work with didn't know services existed. They thought that this was only for a permanent resident, that they wouldn't be able to access these types of services, and if they could these services they would probably only be provided in English.*

This quote reveals how mental health systems do not take into consideration cultural diversity. Aligned with Socioculturally Attuned theory, this omission perpetuates epistemic injustice by excluding the lived experience of marginalized populations. Language accessibility when seeking mental health supports was also identified as critical to support diverse callers, particularly in a timely manner as articulated by this participant:

*Let's say they did identify that they need a Chinese counselor, but that Chinese counselor is not working that day, and furthermore, the crisis counselor on will be like, this, person can reach out to you maybe next Tuesday, but the client probably doesn't understand that. So that, in itself, could be a barrier.*

This participant shared the importance of timely language accessibility when accessing crisis support. When there is a delay in providing services in the client's preferred language there can be significant challenges for ethnoculturally diverse populations in receiving culturally affirming crisis supports. When culturally affirming language supports are not offered in a timely manner, there is the potential for misunderstanding and further distress.

### ***Institutional betrayal and racialized surveillance***

Even once the callers navigate the initial hurdles, there can be additional systemic barriers. For example, previous negative experiences with law enforcement further complicate the landscape of support for ethnoculturally diverse who may find themselves accessing a crisis line and being redirected to contact police or emergency services in times of danger. A responder elaborates on the complexities of these dynamics:

*A lot of newcomers, you know, come from backgrounds or countries and communities where there's a very different dynamic and relationship with authority and policing authorities. You know, it might not be where you actually go for help, the police might be something to avoid. There might be bad experiences or trauma in the past in relation to those experiences.*

Several of those interviewed discussed this erosion of trust in emergency services, often a result of systemic discrimination and trauma. It is a terrible irony that calling emergency services could perpetuate trauma, that a system designed to help might threaten the well-being of some callers. A crisis responder shares how historical and ongoing trauma can create barriers to people seeking help:

*I tell people if you do feel unsafe, can you reach out to emergency services and I've had many people say, "Well, I have, and it just goes horribly, like they treat me very badly."*

Regardless of where or when such negative experiences took place, distrust of police services is an impediment for many members of ethnoculturally diverse communities when in need of aid from law enforcement services during times of mental health distress or emergencies. These concerns are highlighted by a participant below:

*So, a lot of people are hesitant. Sometimes people have had bad interactions with the police because of their cultural background. So, they feel like they're not actually going to be helpful to them, and there's that fear of calling police and emergency services because they feel like they will be discriminated against, or they won't be believed.*

This quote highlights how racialized individual experience is shared by historical and ongoing surveillance. These persisting concerns in culturally diverse groups can disempower responders from suggesting law enforcement as a resource, with unknown real-world consequences.

### ***Institutional mistrust and systemic exclusion***

Participants described deep rooted fears of being ignored, misunderstood, referred to or enrolled in the wrong program, and confidentiality breaches. These fears reflected broad systemic inequities. The recurrence of negative experiences when seeking help in the past prevented individuals from reaching out for services, as described by this service provider:

*Another barrier is that lack of trust in service providers. So sometimes, you know, their first engagement with trying to seek out that support might be through, you know a family doctor, a GP, you know our emergency support, where that first interaction maybe didn't go well. Maybe that cultural sensitivity wasn't really built into that interaction, which kind of makes them refrain from going even further, taking the next step to kind of seek out those services.*

This mistrust aligns with Critical Race Theory's articulation that racism is embedded in larger institutional systems. When individuals face culturally insensitive interactions, they may be hesitant to seek out support again in fear of not being understood or overlooked. This goes beyond an individual experience as it reflects a broader systemic issue where marginalized communities feel unheard or mistreated within institutional settings. This is present as the service provider continues to say:

*Guilt and shame can result in mistrust of the system. A lot of places there might be people in authority who have abused that power, or if I talk about this, my kid might be taken by children's services. They may have that fear. It can be from experiences back home. But we also have a lot of people here in Western society that have those, those concerns too. But I do find that mistrust is kind of a big one, so kind of taking that into consideration those real conversations about it is taking the time.*

For service providers it is important to be intentional about fostering trust when addressing deep-seated fear. The acknowledgment of past harm through validating participants creates a safe space that empowers people to seek the support they need. Socioculturally Attuned Theory provides insight into how these fears are shaped by past and present experiences with authority figures.

### **Cultural stigma and the politics of visibility**

Stigma, lack of familiarity with western concepts related to mental health, economic challenges, and fear of repercussions have prevented families from supporting individuals' choice to reach out for help (Salami et al., 2017). This fear may be related to the fragility of immigration, as highlighted by a cultural service provider:

*There is a huge fear of jeopardizing their immigration status or whatever protective status that they might have [when] they are reaching out to these services because they are almost admitting to some potential limitations. They may seem not worthy of permanent residency or Canadian citizenship because of these so-called limitations. That creates a limitation interacting, be it with health authority, or police authority they would avoid interacting with any type of authority in general.*

This fear highlights how racialized immigrants are expected to be self-sufficient and only conditionally accepted within Canadian society. The provider's perception highlights a significant disparity between the sharing of personal details between different ethnoculturally diverse communities and White individuals. The participants shared important insight into the discrepancy between mental health service utilization varies across racial and ethnic groups. Another participant shares additional barriers from their own lived experience.

*I'm pretty sure most of them would probably be like, I want to say, like, middle aged, maybe older, and I'm pretty sure most of them will be like, Caucasian, okay, yeah, I don't think we get very many callers from diverse backgrounds, because, especially, I'm a newcomer, so mental health is super stigmatizing for where I'm from. Calling something like a crisis line would be like a sign of weakness in my culture, at least. And I know, for example, seeing my parents, seeing my grandparents, seeing my like family members, like mental health is not spoken about at all. If something is wrong, then you kind of just sweep it under a rug and pretend it's not happening.*

The lived experience demonstrates cultural stigma associated with barriers to accessing crisis support. As newcomers, they shared critical insight into how engrained cultural beliefs can be and how it impacts perceptions of mental health.

### **Linguistic responsiveness**

Participants identified ways to adapt their language in order to better support clients from cultural minority populations. They discussed slowing the conversation down, avoiding jargon and mirroring the client's terminology. One responder described it this way:

*We use a lot of filler words in the English language, so you would sort of get rid a lot of those filler words, so that you just get down to exactly what you're trying to say so that they feel a little more comfortable. So, they don't feel like they're being talked at, rather it's more of a conversation between the two of you.*

The importance of relationality articulated by participants reflects the values of a socioculturally attuned approach. Trying to mitigate the linguistic divide was perceived as being helpful. Slowing down the pace of the conversation and simplifying language are useful tools for those whose first language might not be English. "Language matching" was described by this participant as effective in fostering respect:

*Sometimes I might repeat things or not ask so many questions in a row. Just make sure you're being clear and direct and ask a lot of clarifying questions as well, as sometimes I would ask that person to repeat what they said, just to make sure we're on the same page. That would probably be the only way I would adapt. Sometimes language matching, so if they were to refer to themselves or a family member in a certain regard, I would then use that same terminology that they're using.*

Responders identified that being attentive to client's language assisted in fostering trust. Risk assessments exploring safety have also been demonstrated to be problematic. By recognizing that terms such as coping mechanisms are not universal, those who work with ethnoculturally diverse individuals in crisis can help to provide a clear explanation without confusing terminology. This participant shares their approach to avoiding misunderstandings of complex terminology.

*The terminology that we're using in a risk assessment like coping mechanisms, or some sort of those things. So, when I find that they are struggling with terminology, I always try to explain it in a way that kind of makes sense.*

In addition to changing the way service providers speak; responders also identified the importance of having translation services available to reduce language barriers. One service provider discussed the importance of having diverse staff with the ability to speak multiple languages so there will be someone in the building who can speak with the client in their first language. They explained it this way:

*Let me go on teams or look up any staff that I know that like, would be able to speak the same language, or so on so forth, That's kind of just the reaction, and it's having enough diversity in the in the building to be able to find someone who's able to do it, and to kind of rely on that.*

Linguistic representation was shared as being a means to disrupt systemic barriers. Such internal language support can offer benefits and build confidence for both the responder and the service user as it is evidence of cultural diversity. A participant shared:

*They do so by letting clients know up the front that we do language support because our team is quite diverse. We have a lot of people who can speak different languages, coming from different cultures.*

Providing translation is more complex than it may sound, and responders explained the importance of providing all materials and advertising in multiple languages. One crisis responder explained the importance of having a safety plan written in the client's native language, so they are able to access and refer to the document easily when in crisis. Having written resources and advertising in multiple languages will allow diverse clients to fully engage with the service by reducing language and systemic barriers.

### ***Creating community partnerships***

Building trust within the community and addressing stigma at a macro level is one way to create culturally attuned services. As previously discussed, many members of newcomer populations may have negative beliefs about mental health. A service provider detailed a call stating:

*I guess a couple of times I've had ethnic callers hint that they're ethnic to me by telling me, like, you know, when we're asking about supports in their life, they might say something like, oh, my community doesn't really, like, believe in mental health.*

It is important for service providers to address this at a macro level while building trust and creating partnerships within diverse communities. One service provider discussed the importance of 'addressing stigma through broad based campaigns.' They explained the importance of engaging in conversation around mental health in order to break down these barriers.

*We have to really hope that service providers would come to the communities to kind of have a conversation with the communities to build roads and things like that.*

Taking a proactive approach was emphasized by the next participant as going beyond an individual approach to a more collaborative community-based approach. They also shared insight on the need to favour holistic approaches by establishing strong connections with organizations.

*I think that's kind of an example of what we've been trying to do in terms of building trust and rapport with newcomer communities, with some adjacent organizations or services in their communities.*

Building community partnerships will reduce stigma as well as provide the opportunity for wraparound and holistic care from service providers. It is important when creating trauma-informed programming that organizations work together with clear communication to provide wrap-around services. Community partnerships infused with and informed by diversity provide context and perspective to service providers. Broadening the scope of the service provision to encompass culturally comprehensive services enriches workplaces and promotes holistic care.

### ***Practicing cultural humility***

Cultural humility includes reflection on our own practices while also understanding and respecting how other cultures may differ from ours. Service providers discussed the importance of not making assumptions with clients:

*I will say, for diversity and anti-oppressive practice, I think a big thing always is that we shouldn't be assuming anything about the caller, just so that we're not making any assumptions because [they are] acting a certain way. Not assuming what their life might kind of look like if they're not really explicitly telling us. So, I think not making assumptions, kind of ties into that kind of best practice.*

The participants shared the importance of engaging with callers by avoiding preconceived notions and being genuinely open. There is a recognition that each individual experience is shaped by a multitude of intersecting factors which might not be explicitly apparent. Recognizing that there are intersecting factors impacting the well-being of individuals and avoiding making assumptions was perceived as critical to supporting ethnoculturally diverse individuals. This sentiment was echoed by another participant in the study.

*I'm very aware of is a refugee, for example, or even people who are Indigenous Canadians and they have a lot of trauma with their parents and sometimes residential schools, making sure that you are being very trauma informed in those moments. You always want to be respectful. You never want to make an assumption about anything like that. So those are some of the challenges that will come up for me.*

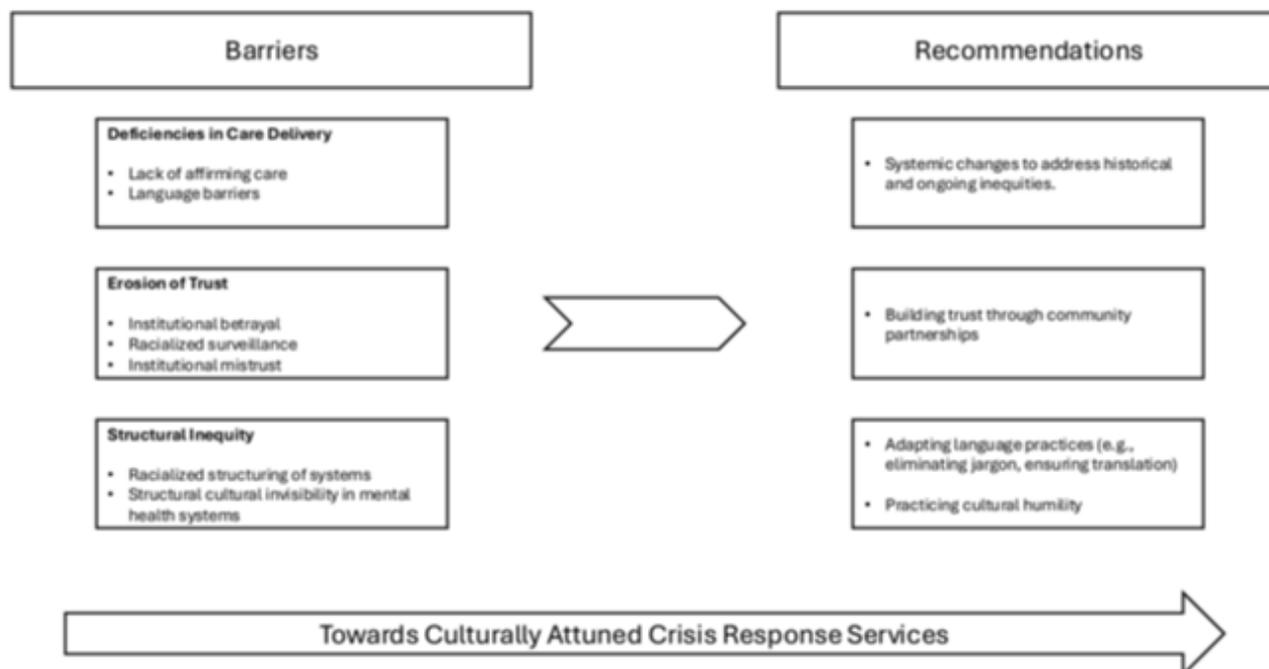
It is important to understand the diverse experiences of individuals as a service provider and to adopt a culturally responsive approach. As a service provider it is important to consider that historical and systemic trauma has impacted marginalized communities thus it is crucial to not approach with assumptions as it creates barriers to trust. The participant stated:

*I think it's the most important thing is, as much as, yes, there are these questions, the client shouldn't be teaching you about their culture. There needs to be that basic understanding of cultural competency. You shouldn't be expecting your client to teach you absolutely everything. Again, there's aspects that change that, of course, like talk to me about that. But there needs to be that basic information. There needs to be it's, again, competency. It's very, very important that it's you, it's like you don't need to refer out all the time, like you are capable of supporting clients from diverse backgrounds.*

Cultural affirming care is a necessary skill for effectively supporting individuals from diverse backgrounds. As a service provider it is essential to develop foundational cultural knowledge, approaching every interaction with an informed and respectful perspective. Through strengthening their understanding of cultural competency, service providers can offer informed and effective support to diverse individuals. To visually summarize the findings, a thematic map was developed. The map highlights relationships between the themes and subthemes.

**Figure 1**

*Thematic map of barriers and supports*



The following discussion delves into the themes identified by the participants. Based on the analysis, a number of recommendations are presented to better support ethnoculturally diverse individuals experiencing crises.

## DISCUSSION AND RECOMMENDATIONS

Crisis phone and text lines are vital low-barrier interventions in the healthcare system. This study explored the perspectives of crisis responders and stakeholders regarding cultural humility and the challenges of supporting ethnoculturally diverse callers on crisis lines and highlights the need for services to be better equipped to serve racialized communities. Findings suggest that ethnoculturally diverse populations continue to not access crisis lines for a multitude of reasons which underscores that traditional Westernized approaches to supporting diverse callers do not adequately meet their needs (Basso, 2025).

Systemic racism continues to impact these communities in unique ways. Examples of systemic racism demonstrated in the study include inadequate services and barriers to accessing existing services. Similarly, recent data show that prolonged immigration detention significantly worsens mental health outcomes, including increased rates of PTSD and depression (Steel et al., 2021). The psychological toll of systemic barriers and

discrimination, compounded by fear and uncertainty, contributes to chronic stress and trauma among immigrant populations (Kirmayer et al., 2011). These findings reinforce the importance of culturally safe and confidential crisis services, particularly for newcomers who may fear jeopardizing their immigration status (Smit et al., 2023).

Recommendations as informed by the research include, (a) changing language practices to reduce barriers, (b) actions such as building trust and creating community partnerships, and (c) practicing cultural humility. Exploring conversations with openness and curiosity is important in every call and can be particularly helpful when working with culturally diverse callers. Crisis responders may not know when they are speaking with someone who is culturally diverse. Nonetheless, callers will have a variety of experiences and backgrounds, based on intersections of their identity and their life history. Donin et al. (2025) conducted surveys with 9-8-8 Canadian responders which corroborates that 59.3% do not ask the callers cultural identity and 57.2% only ask if they deem it as relevant. As a result, it is important to provide affirming and trauma informed care with all callers while recognizing that intersecting factors influence an individual's well-being.

Through the research, language was not only a way to communicate but was a significant barrier to accessing support when not addressed with sensitivity. Jargon and speaking quickly impeded callers from accessing support and having a sense of affirmation after they were supported. Altering language practices not only involves speaking slowly but requires that a conscious effort be made to eliminate jargon. Offering suggestions and asking frequent questions can consist of language that is unfamiliar for culturally diverse callers, resulting in less comprehension. These findings can also be validated by research which recommends speaking slowly and paying attention to terms that may have different meanings in other cultures, such as "mental health" (Colucci et al., 2018). Culturally relevant terminology should be used, while also ensuring verbal and written communication is provided in multiple languages. For example, safety plans should be culturally attuned and in the individual's language for better understanding. The concept of "language matching" was shown to foster respect and improve comprehension (Colucci et al., 2018; Donin et al., 2025; Natsi & Vitsou, 2025; Schefers, 2026).

The erosion of trust potentially, often rooted in historical and ongoing experiences of racism and institutional betrayal was shown to perpetuate fear and trauma. The potential poor history with health authorities and/or police, experiences with racism and fear of mental health support, highlights the necessity for crisis responders to make building a trusting relationship a priority. Building relationships at both individual and community levels is essential. Research confirms that poor experiences when seeking help can deter future help-seeking behavior (Adegoke & Adegoke, 2025; Finnigan et al., 2022; Acar et al., 2025). Thus, organizations must prioritize trust-building and develop partnerships with ethnoculturally diverse groups to ensure comprehensive and affirming care.

These relationships would be built both at the individual and community level. Research has shown that poor experiences when seeking help can deter those who need support from reaching out (Adegoke & Adegoke, 2025; Finnigan et al., 2022). It is vital for organizations to build trust within diverse communities in order for community members to feel comfortable reaching out to support services. Given that many newcomers fear jeopardizing their immigration status by seeking support, it confirms the need for confidential and culturally safe services. Developing strong partnerships with ethnoculturally diverse organizations, newcomer support groups, and other community-based cultural initiatives can create stronger comprehensive care as well as foster a sense of shared responsibility.

Avoiding assumptions was conceptualized as a way to demonstrate cultural humility. Responders also shared that recognizing the unique intersecting issues that racialized callers face can further support ethnoculturally diverse communities. By listening with curiosity and openness, recognizing our own limitations, and clarifying when needed also can enhance cultural affirming support. Trauma informed care was also solidified as being an important component of providing safe and affirming care (Oliphant, 2025).

Additionally, recognizing intersectionality is critical in understanding the compounded challenges faced by individuals navigating multiple marginalized identities. Intersectional vulnerabilities (such as being LGBTQIA+, racialized, and economically disadvantaged) amplify risks of poor mental health and suicide, especially among youth (Crenshaw, 2022; Singh et al., 2023). Intersectionality also provides a lens to critique discriminatory practices within mental health care and to advocate for inclusive, justice-oriented approaches.

Internationally, culturally attuned crisis services have been implemented with varying degrees of success. For example, Australia's multicultural mental health frameworks emphasize community engagement and multilingual resources (Colucci et al., 2018). The framework provides a continuum of cultural responsiveness and implementation guides that could inform Canadian crisis response practices, particularly in enhancing safety and workforce development (Colucci et al., 2018; Kokanovic et al., 2021). Similarly, the UK's Improving Access to Psychological Therapies (IAPT) program has incorporated culturally attuned strategies to better serve racialized populations, including training modules on cultural humility and community outreach initiatives (Bhui et al., 2015; Edge & Oyebode, 2020). These models highlight the importance of systemic investment in culturally responsive care.

The integration of Socioculturally Attuned Theory and Critical Race Theory provides a critical lens to support the experience of the participants. In Canada, initiatives such as the Centre for Addiction and Mental Health's Equity Framework (CAMH, 2023) include a structured approach to equity and cultural safety in crisis response. These frameworks include staff training on trauma-informed care and intersectionality.

Culturally adapted interventions have shown promise in improving outcomes for marginalized youth, particularly those with anxiety and trauma-related disorders (Schaechter et al., 2025; Gilbert et al., 2025). Considering the unique challenges of ethnoculturally diverse communities (Marshall et al., 2016) and systemic barriers that impede support at many levels of care (Coimbra et al., 2022; Forrest et al., 2023), it is vital that crisis services, deemed low barrier, are refined to provide adequate assistance.

## **LIMITATIONS**

Although this study holds promise for improving crisis supports for ethnoculturally diverse populations, it is not without limitations. Notably, the voices of service users were not included in this research. Best practices emphasize that when conducting studies involving minority populations, it is essential to include the perspectives of those being served. Future research should prioritize participatory approaches that prioritize service user's experience. A future research study conducted by the authors includes the voice of service providers.

Additionally, the use of convenience sampling via social media means that the service providers interviewed represent a specific group that may be motivated to engage with this topic. As a result, their perspectives may not be generalizable to a larger, more representative population of service providers. A more diverse and representative sample would strengthen future studies.

Another limitation involves the positionality of the researchers. Authors of this manuscript come from an array of different cultural backgrounds. Although cultural humility was practiced throughout the study, the researchers' own cultural backgrounds and lived experiences may have shaped the interactions with participants and their narratives. These factors may influence how questions are asked as well as how they are integrated. While peer debriefing and consultations were employed to mitigate bias, unconscious assumptions may have also influenced thematic coding (Berger, 2015).

Additionally, the use of Zoom for interviews, while logistically efficient, may have inadvertently excluded participants with limited access to technology or stable internet connections. The limitation of technology is a concern particularly relevant for newcomers and low-income individuals (Roberts et al., 2021). Conducting interviews exclusively in English may have constrained participants' ability to express nuanced cultural concepts. This underscores the need for more linguistic responsive methodologies (Temple & Young, 2004). Future studies should consider multilingual data collection and community-based participatory methods to ensure inclusivity and depth.

It should be noted that the cultural background of the participants was not asked for. Although some participants did explicitly indicate that they were part of the ethnoculturally diverse community, some did not disclose their cultural background. As a result, some of these perspectives may come from the perspectives of those who do not identify as ethnoculturally diverse but have worked with the community. These perspectives do not replace the critical importance of including ethnoculturally diverse individual's expertise to mitigate potential misrepresentation. Although these insights are valuable, they do not replace the importance of including ethnocultural diverse individual's lived experience to avoid misrepresentation.

## **CONCLUSION**

This study explored the experiences of crisis line providers who support ethnoculturally diverse callers and texters. The findings demonstrated that there are various barriers faced by culturally diverse populations when seeking crisis support, which illuminates the critical need for cultural humility in crisis intervention services. The recommendations highlighted in the study presented can support in improving the cultural humility on crisis lines to contribute to the well-being of diverse populations in crisis. Through the implementation of the highlighted recommendations in the research, crisis lines can move towards creating more equitable and inclusive supports for ethnoculturally diverse communities.

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## Ethical statement

The University of Calgary Conjoint Facilities Research Ethics Board approved the study REB24-1528. Participants provided written and verbal informed consent to participate in this study.

## Competing interests

The authors declare that there are no competing interests.

## Author contributions

Monica Sesma-Vazquez is the Principle Investigator for the collaboration and contributed to all aspects of the manuscript. Tara Collins, Ahlam Fakih, Melissa Mostert, Kendra Neeb, Karen Lazaruk, Nasiha Fazal, Nathanael Hammond, Tristan McSwiney, and Mariam Ismail contributed to all aspects of the manuscript. Aslaug Woelstad, Sarah Binnendyk, Ying Zhang, and Sandra Thoms contributed to edits and the literature review. Robyn Romano and Sarah Sandall contributed to the final edits and approval of the final draft.

## Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## AI disclosure

The authors did not use any AI tools or technology to prepare this manuscript.

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