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# **Lessons Learned and Success Stories From the Chinese Emotional Support Hotline**

**to Influence Mainstream Service Practices for More Culturally  
Appropriate Services**

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**ECSSSEN Career School  
Chinese Emotional Support Hotline  
September 2025**

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### Questionnaire Development

- Action Dignity
- Recovery Alberta
- City of Calgary

### Survey Outreach and Promotion

- Chinese community partners and community leaders - Calgary Chinese Dongbei Association, Calgary Chinese Outdoor men Association, Casure Seniors, Happy 50+ Association, Henan Association of Alberta Canada, Lives of Arts Alliance, Peach Plum Art Academy, Newland Senior Service Centre, Western Canada Hubei Association
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- WeChat Chinese community group chats

Their collaboration in outreach events, classroom opportunities, and promotion through student and community networks greatly increased participation and ensured the survey captured diverse voices within the Chinese-speaking community.

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## 1. Introduction

Research shows that immigrants often experience a decline in mental health after living in Canada for a period of time, and that immigrant, racialized, and refugee populations access mental health services less frequently than their Canadian-born counterparts (Newbold, 2005; Morrow et al., 2020).

As part of the Weave Project, ECSSEN Career School's Chinese Emotional Support Hotline conducted a community survey to better understand their mental health service needs of Chinese-speaking residents. The questionnaire was developed in consultation with community and institutional partners, including Action Dignity, Recovery Alberta, and the City of Calgary, to ensure relevance and cultural appropriateness.

Results highlight a strong reliance on informal networks as the primary sources of emotional support. Friends (39%) and family (29%) together accounted for nearly 70% of respondents' choices, while only a small minority turned to professional services or hotlines (less than 10%). Key barriers included language mismatch, cost and insurance issues, stigma, and difficulties navigating the system. Respondents also expressed clear preferences for services in Chinese, with flexibility in timing (such as evenings or weekends) and affordable, low-barrier access.

The purpose of this survey was not only to identify barriers, service preferences, and unmet needs, but also to inform the broader three-year project plan of the Chinese Emotional Support Hotline. The survey findings serve as a foundation for the next stage of the initiative, which focuses on developing strategies and guidelines to increase accessibility, share lessons with other racialized communities, and influence mainstream service providers. This connection is further described in the following section, Project Background and Goals.

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## 2. Project Background and Goals

The Chinese Emotional Support Hotline, operated by ECSSSEN Career School, is engaged in the project weave initiative to strengthen culturally sensitive and racial-trauma informed mental health support for Chinese and other racialized communities in Canada. The overarching goal of the project is to identify feasible strategies and guidelines that improve access to mental health resources, while also influencing the mainstream mental health system through data analysis and research on four years of hotline operation.

In the first year, the project focused on barrier identification and knowledge sharing. Findings from this stage confirmed that many Chinese community members tend to conceal their mental health needs rather than address them directly. It also showed that improving accessibility to services is often more effective than attempting to shift mental models solely through education.

Building on these insights, the project's focus in the second and third years is to identify key factors and efficient strategies to address both visible and invisible mental health needs. This includes analyzing hotline operation data, conducting surveys and research, and developing strategies and guidelines to increase accessibility and resource flow. A further priority is to share lessons learned and success stories with other racialized agencies, and to collaborate on strategies that address mental health issues across diverse communities.

The project also seeks to strengthen dialogue with mainstream service providers, aiming to influence policy creation and decision-making for racialized populations. This work will be carried out through three primary tasks:

1. Data analysis
2. Survey and research
3. Knowledge sharing and conversations

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### 3. Methods

The survey received 208 valid responses between July 26 and September 16, 2025, and was administered through Google Forms. Recruitment was conducted through multiple channels to ensure broad community engagement. These included WeChat Chinese community group chats, university Chinese student unions (via Teams meetings and WeChat groups), several in-person outreach events at the University of Calgary and the University of Alberta, as well as Chinese community partner events and engagement sessions with community leaders. Participation was voluntary, and all responses were anonymous.

The questionnaire was made available in both Chinese and English to accommodate participants' linguistic preferences. It consisted of nine required questions and supplementary items covering demographics, support-seeking behaviour, barriers to access, awareness, and experiences with services. Data were analyzed using descriptive statistics, including frequencies and percentages, and thematically grouped to highlight patterns and areas of need.

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## 4. Findings

### Demographics Profile of Respondents

- Age distribution (N=188)
  - 18–34 years: 19.7%
  - 35–54 years: 46.3%
  - 55+ years: 34.0%
- Gender (N=189)
  - Female: 72.5%
  - Male: 26.5%
  - Self-described: <1%
- Education (N=187)
  - Less than High School Diploma: 5.4%
  - High School Diploma: 5.9%
  - College Certificate/Diploma: 19.8%
  - Bachelor's degree: 36.4%
  - Master's degree: 27.8%
  - Doctoral degree, PhD: 2.7%
  - Other: 2%
- Length of residence in Canada (N=189)
  - >5 years: 74.6%
  - ≤5 years: 25.4%

### Emotional Support Sources

**When Chinese-speaking community members feel sad, upset, or stressed, they overwhelmingly turn to informal networks rather than formal services.**

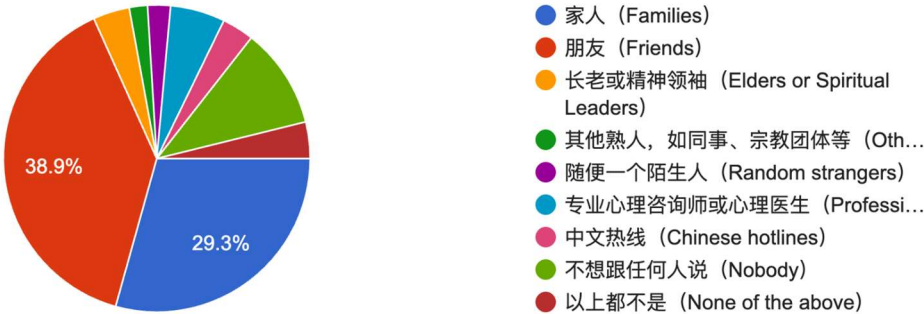


Survey results show that the most common sources of emotional support are friends (38.9%) and family (29.3%), together accounting for nearly 70% of responses. By contrast, only a small proportion of respondents reported turning to formal services: 5.8% chose professional providers such as psychologists or counsellors, and 3.4% selected Chinese hotlines. Notably, 10.6% indicated that they would talk to nobody, which raises concerns about potential social isolation and unmet emotional needs. These findings echo previous research showing that Chinese immigrants often rely on close social networks while underutilizing professional mental health services due to cultural norms and stigma (Kung, 2003).

**Figure 1.** *Primary Sources of Emotional Support Among Chinese-Speaking Respondents*

1.1 当您觉得伤心、气愤或者压力过大时，您更愿意对谁倾诉？（Who would you like to talk with if you feel sad/upset/stressed?）

208 responses



# Service Preferences

**Respondents showed a clear preference for flexible and linguistically accessible service formats.**

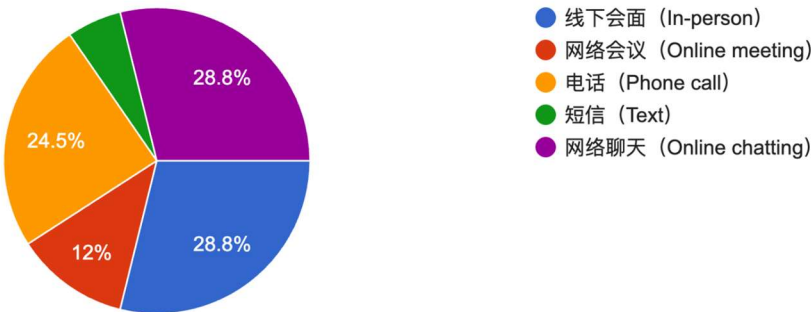
When asked about the most convenient way to access mental health services, respondents were evenly split between in-person sessions (28.8%) and online chatting/meeting formats (28.8%), with an additional 24.5% preferring phone calls. This highlights the need for a hybrid

service model that accommodates both traditional face-to-face counselling and digital platforms.

Language emerged as an even stronger factor. An overwhelming 83.7% indicated that having Chinese-speaking providers or interfaces would make services easier to access, while very few felt language would not matter. This finding underscores the importance of offering linguistically appropriate services to reduce barriers and ensure inclusivity.

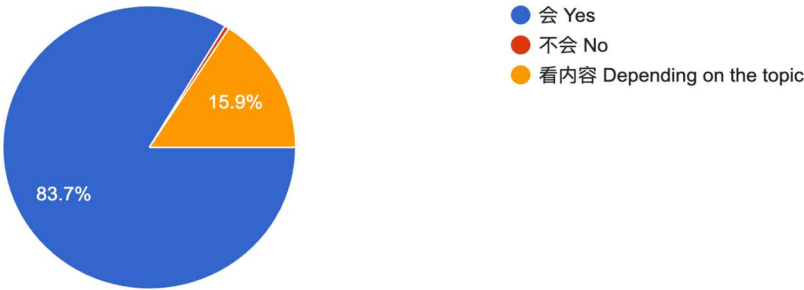
**Figure 2.** Preferred Service Interfaces for Accessing Mental Health Support

1.2 哪种支持方式对您来说更方便？（Which interface is easier for you when mental health services are provided?）  
208 responses



**Figure 3.** Preference for Chinese-Language Interfaces or Providers

1.3 中文交流能让您感觉好点吗？（Will it be easier for you if a Chinese interface was provided or the service provider spoke Chinese?）  
208 responses



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## Barriers to Access

**Respondents identified multiple obstacles that limit their ability to use existing mental health services, with language and financial barriers standing out most strongly.**

The survey revealed that 42.3% of participants cited language barriers as the primary reason they do not use available services. This finding is consistent with national research showing that even when health needs are comparable, Chinese Canadians are significantly less likely to seek formal care, and that language mismatch is one of the strongest deterrents (Chen et al., 2009).

Close behind, 40.4% pointed to financial costs, reflecting the difficulty of affording counselling or therapy without sufficient coverage. In addition, 26% reported cultural differences or feeling misunderstood, highlighting the importance of culturally safe services. Studies of older Chinese immigrants similarly show that cultural beliefs, such as face and filial piety, shape less favourable help-seeking attitudes (Tieu & Konnert, 2014) and contribute to underuse of professional care (Kung, 2003).

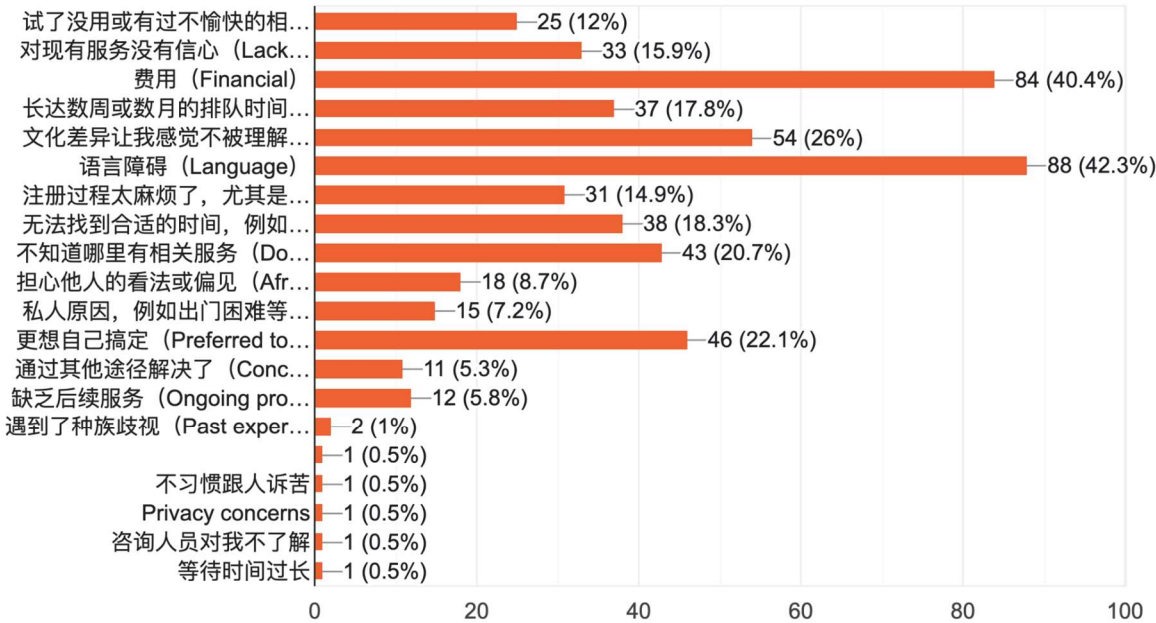
A significant group of respondents preferred to handle problems independently (22.1%), suggesting that stigma and self-reliance continue to shape help-seeking behaviour. Finally, 20.7% indicated they simply did not know where to find mental health programs or services, underlining the need for more accessible information and outreach.

**Figure 4. Reported Barriers to Accessing Existing Mental Health Services**

1.4 哪些原因在让您不太想利用现有的心理健康相关服务？请选出最重要的几个原因，不超过三个。

(What is limiting you from using the current mental...ble? Please select up to 3 most important factors.)

208 responses



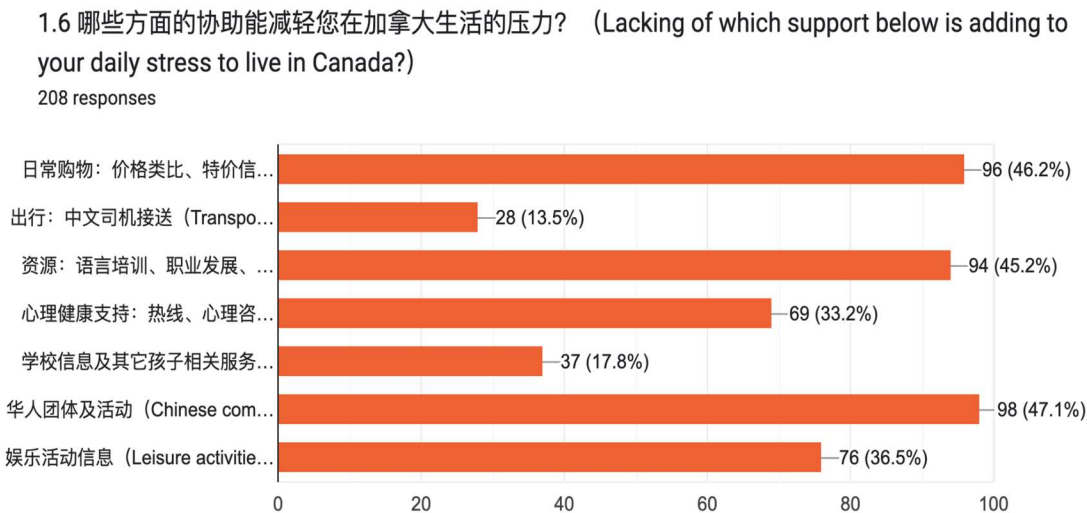
## Perceived Support Needs in Daily Life

**Respondents linked their daily stress not only to mental health services but also to broader settlement needs, showing that well-being is tied closely to social and economic integration.**

When asked which types of support would reduce their stress in Canada, nearly half of the respondents pointed to the lack of Chinese community groups and events (47.1%) and affordable daily shopping information (46.2%). Similarly, 45.2% emphasized the need for language training and career development resources, highlighting the intersection of employment, language proficiency, and mental health. Other frequently mentioned areas included leisure activities (36.5%) and mental health supports such as hotlines and counselling

(33.2%). These findings suggest that immigrant well-being cannot be addressed in isolation from everyday living concerns such as affordability, community belonging, and opportunities for skill development.

**Figure 5.** *Reported Daily Stressors and Perceived Support Needs*



## Mental Health Status of Respondents

The survey further explored respondents' self-reported mental health experiences. 40.1% reported that they sometimes felt concerned about their mental health. Another 28.2% said they rarely worried, and 8.9% reported frequent concerns. 31.1% indicated that these difficulties had lasted longer than six months, suggesting the presence of chronic or persistent challenges.

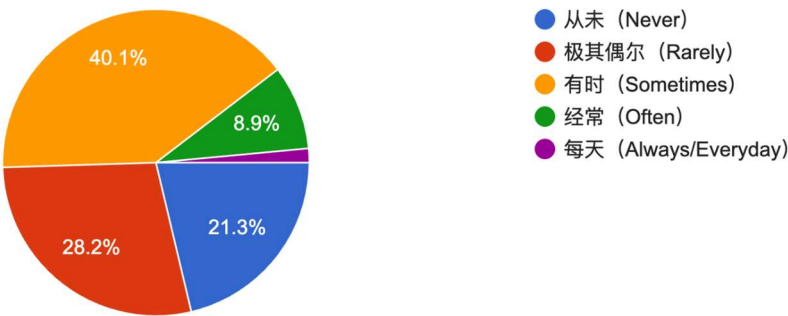
When asked about the severity of their concerns, the majority (71%) described them as mild and manageable, while 28% reported moderate impacts that occasionally interfered with daily life. Only a very small proportion reported severe difficulties requiring hospital-level intervention. In terms of perceived need, 40.1% of participants said they had felt at some point

that they required professional support such as counselling, medication, or group programs, although most had not accessed such services.

Together, these findings indicate that many Chinese-speaking community members experience ongoing or recurrent mental health challenges, but most concerns are mild to moderate in nature. This underscores the importance of preventive and early intervention services that can provide support before difficulties escalate into more severe conditions.

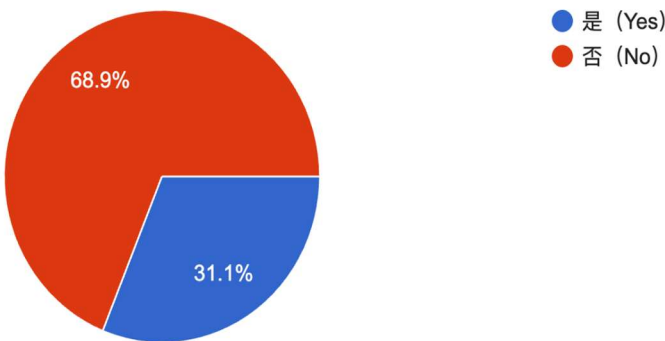
**Figure 6.** *Frequency of concern about mental health*

3.1 您有过心理健康方面的困扰吗？（How often are you concerned about your mental health? ）  
202 responses



**Figure 7.** *Duration of mental health concerns*

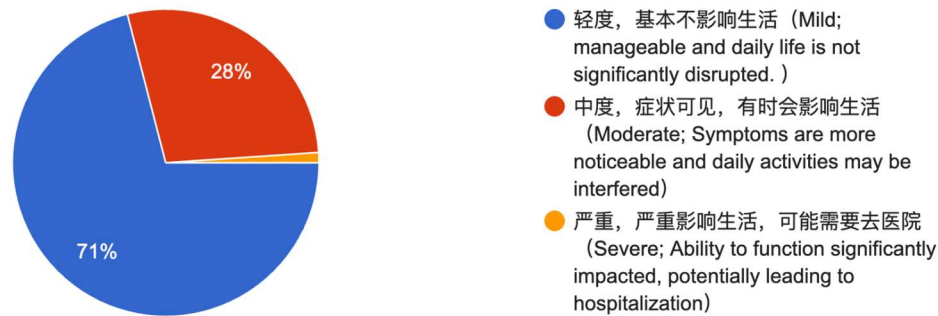
3.2 您被困扰超过6个月吗？（Have your concerns lasted longer than 6 months?）  
196 responses



**Figure 8. Severity of Mental Health Concerns**

3.3 您遇到的困扰严重吗？ (What is the severity of your concern?)

186 responses

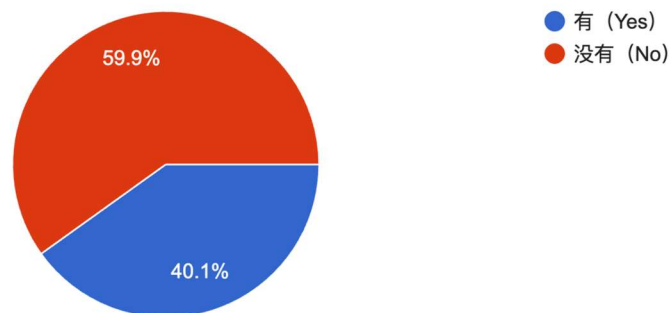


**Figure 9. Perceived need for mental health services**

3.4

您有过觉得自己需要心理健康相关服务的时候吗？相关服务可以包括心...ort groups or other therapies)

197 responses



## Awareness and Use of Services

**While many respondents actively seek information about mental health, very few have engaged with formal services.**

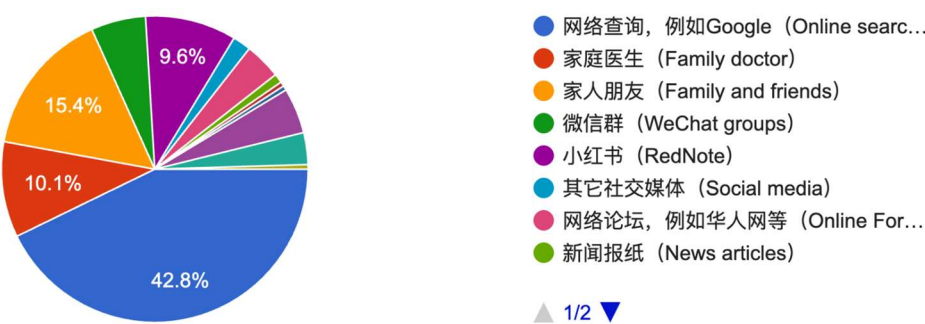
When asked where they would first look for mental health information, the most common response was online search engines such as Google (42.8%), followed by family doctors and

personal networks at much lower rates. Despite this reliance on online information, actual contact with formal systems was rare: only 7.2% of respondents had ever reached out to Access Mental Health in Calgary for support.

The gap between perceived need and actual service use was striking. Among those who reported feeling that they needed support, 68.6% said they never tried to access mental health services, while only 22% successfully obtained help. This pattern of underutilization reflects findings from broader Canadian studies, which show that Chinese Canadians are significantly less likely to consult formal mental health services than non-Chinese Canadians, even when they experience comparable or higher levels of distress (Chen et al., 2009). These results highlight a persistent problem of unmet needs, where awareness does not translate into utilization, reinforcing the barriers identified earlier such as language, cost, and stigma.

**Figure 10.** Primary Sources of Information for Mental Health Services

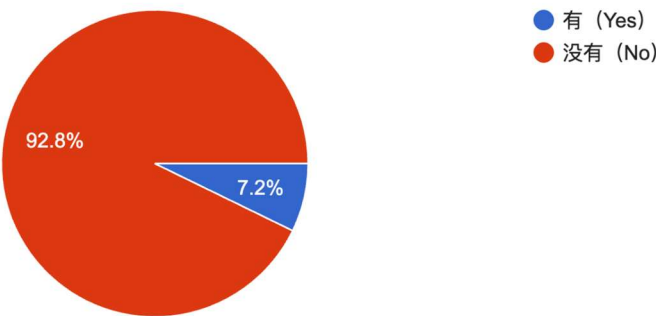
2.2 当您需要了解心理健康相关服务时，您会先通过哪些途径了解相关信息？（Where would you go first if information was needed for mental health programs or services?）  
208 responses





**Figure 11.** *Contact with Access Mental Health Services in Calgary*

2.3 您有联系过Access Mental Health了解卡尔加里成瘾及心理健康服务吗？（Have you ever contacted Access Mental Health for information on addiction and mental health services in Calgary?）  
208 responses



**Figure 12.** *Attempts to Access Mental Health Services When Needed*

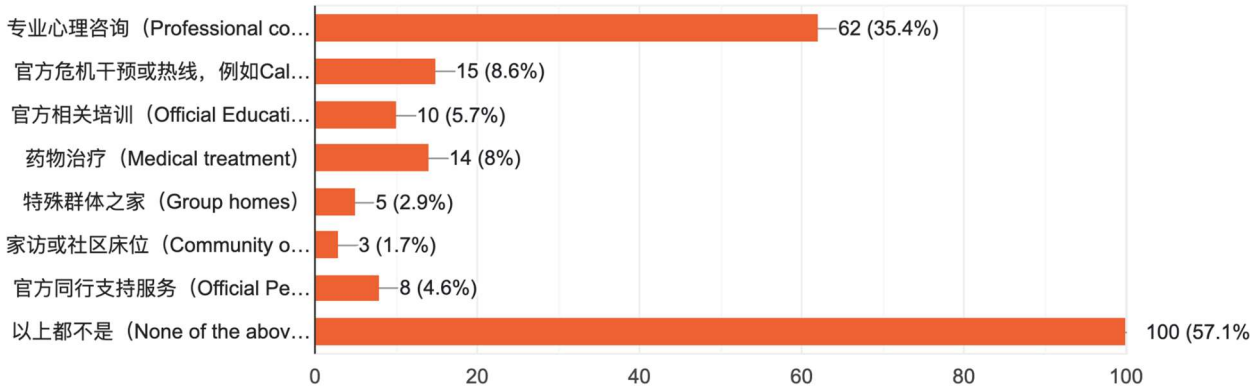
3.5 如果您有觉得自己需要心理健康相关服务的时候，您有使用过相关服务吗？（When you felt that you need support to maintain mental health, have you tried to access mental health services?）  
191 responses



**Figure 13.** Types of official mental health services used by respondents

3.6.a 如果您使用过心理健康相关服务，您用了哪种官方服务？（If used before, which type of official mental health services you received?）

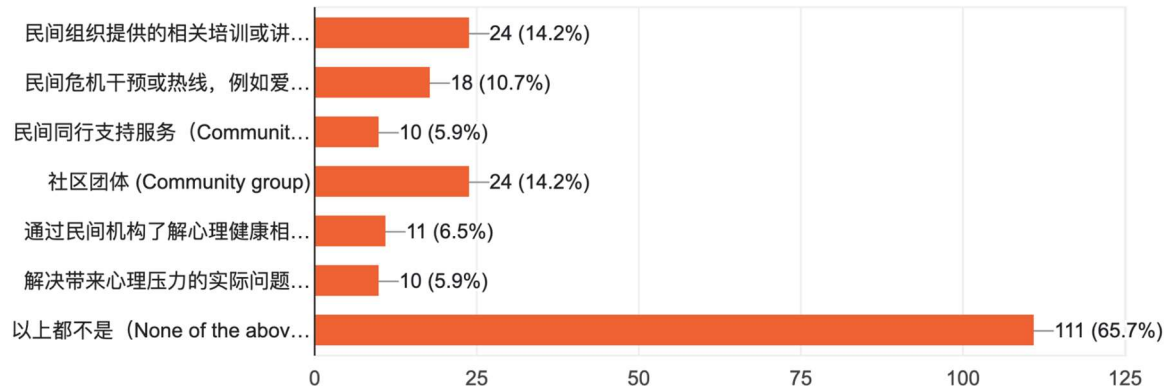
175 responses



**Figure 14.** Types of unofficial mental health services used by respondents

3.6.b 如果您使用过心理健康相关服务，您用了哪种非官方服务？（If used before, which type of unofficial mental health services you received?）

169 responses



# Experiences with Mental Health Services

For those who did access professional counselling, experiences were marked by delays and mixed satisfaction, underscoring the importance of timely and preventive care.

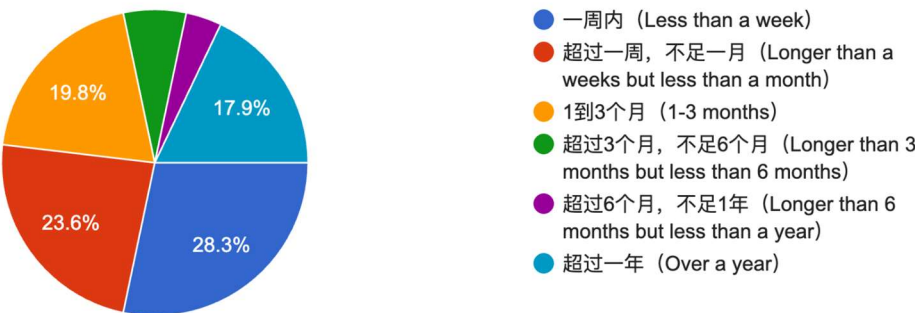
Among respondents who sought counselling, nearly half waited more than a month before their first appointment, with some reporting waits of over three months. Once services were received, satisfaction levels varied. While 16.2% described themselves as very satisfied, the majority expressed only moderate satisfaction, and a striking 43.7% were unsure about their experience, suggesting limited clarity or consistency in service quality.

Figure 15. Counselling Wait Times

3.7

如果您采用了专业心理咨询服务，从您第一次尝试预约到真正开始与...concerns with a professional?)

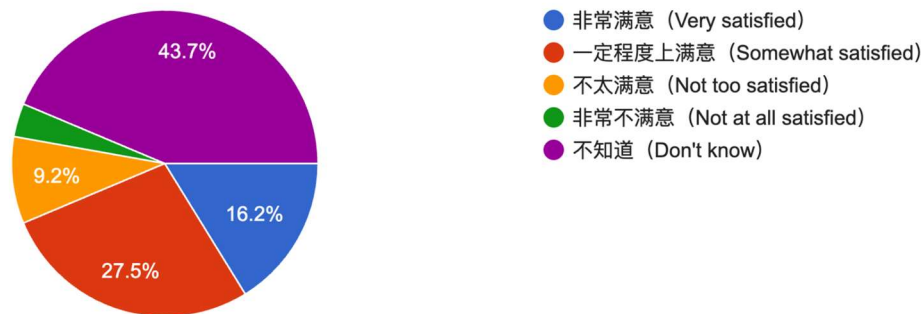
106 responses



**Figure 16.** *Satisfaction with Mental Health Services Received*

3.8 如果您使用过心理健康相关服务，您对得到的服务满意吗？ (Are you satisfied with the mental health services you received?)

142 responses



# Stigma and Help-Seeking

**Stigma continues to shape how Chinese-speaking community members approach mental health, with many preferring to keep emotional struggles private or shifting attention to family rather than themselves.**

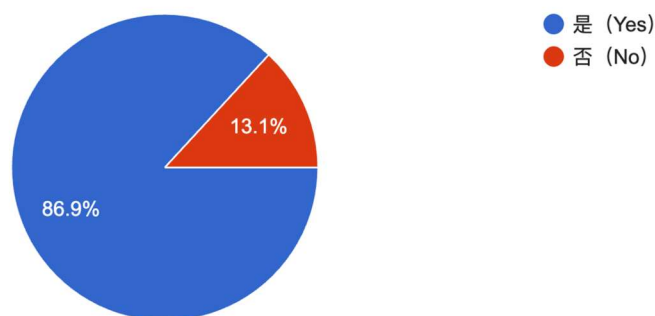
Survey findings showed that a majority of respondents agreed with statements suggesting that emotional problems should be managed within the family or kept private, reflecting persistent stigma toward professional mental health care. This aligns with cultural norms that emphasize self-reliance and family responsibility, which can discourage individuals from seeking outside help. Prior Canadian research similarly shows that stigma and cultural expectations among Asian communities contribute to silence, denial, and delayed help-seeking (Fung et al., 2022).

At the same time, 86.9% reported that it was easier to seek support when family members or friends needed help, compared to when they themselves were struggling. This family-centred orientation suggests that interventions framed around supporting loved ones may reduce resistance and provide an important entry point to normalize service use.

**Figure 17.** *Easier to Seek Help for Others Than for Self*

2.5 当家人或朋友需要心理健康支持时，您是不是比自己需要更容易开口寻求帮助？（Is it easier for you to reach out for support when families or friends of yourself, are in need of mental health support?）

198 responses



## Coping Strategies

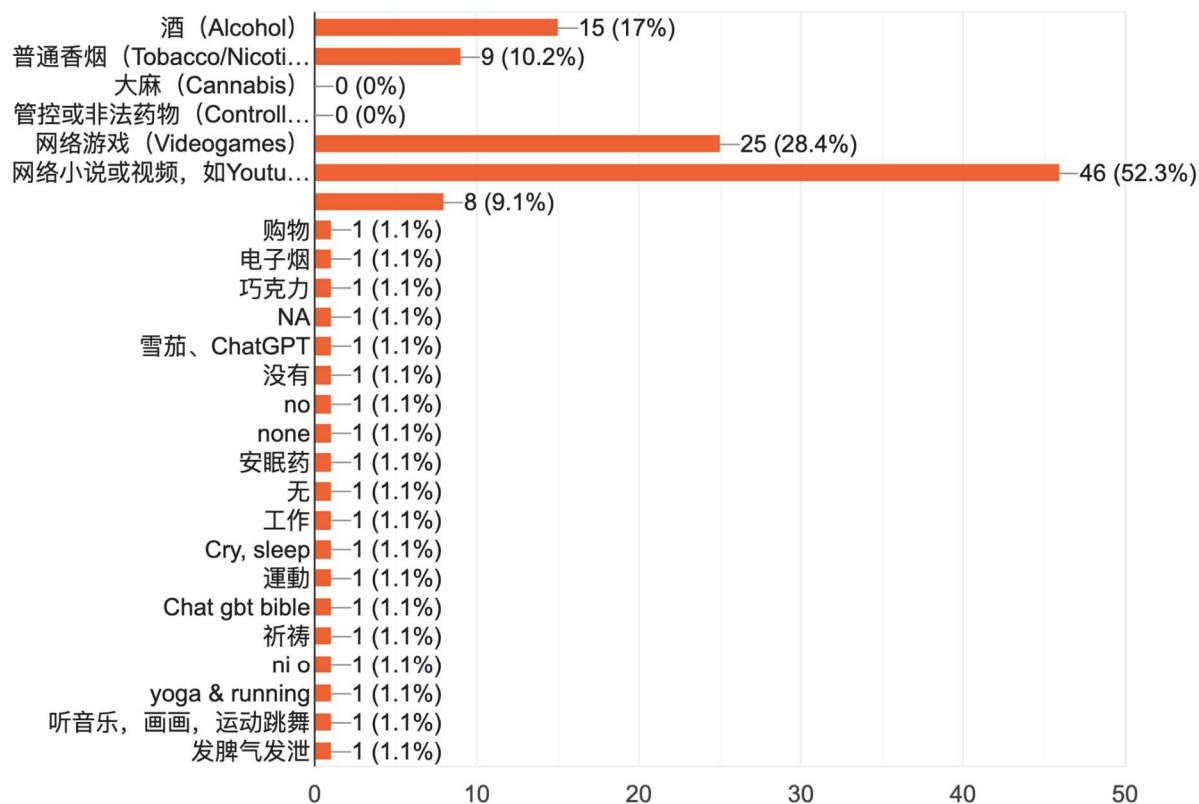
**When dealing with stress or difficult emotions, respondents most often turned to digital entertainment rather than substances or formal supports.**

Over half of those who reported coping behaviours said they relied on online media such as YouTube or web novels (52.3%), while another 28.4% turned to video games. Substance use was less common but still notable, with 17% reporting alcohol use and 10.2% reporting tobacco use as coping mechanisms. These findings suggest that while digital media offers an accessible outlet for stress relief, reliance on alcohol and tobacco remains a concern for a minority of respondents. The overall pattern highlights a preference for accessible, low-barrier strategies rather than professional or structured forms of support.

**Figure 18. Coping Strategies for Stress**

14. 如果有，您使用过下列哪些应对压力或情绪？ (If yes, what did you use to cope with stress or emotions?)

88 responses

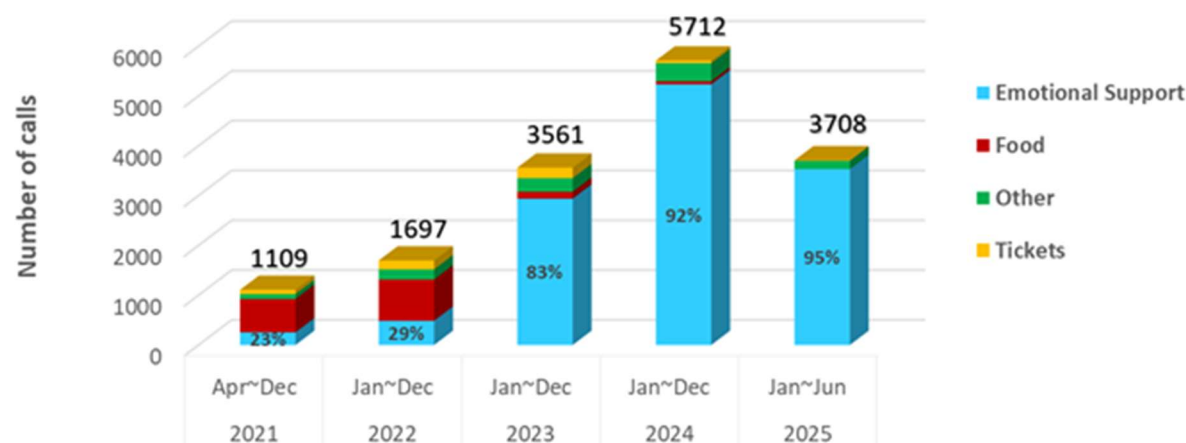


# 5. Discussion

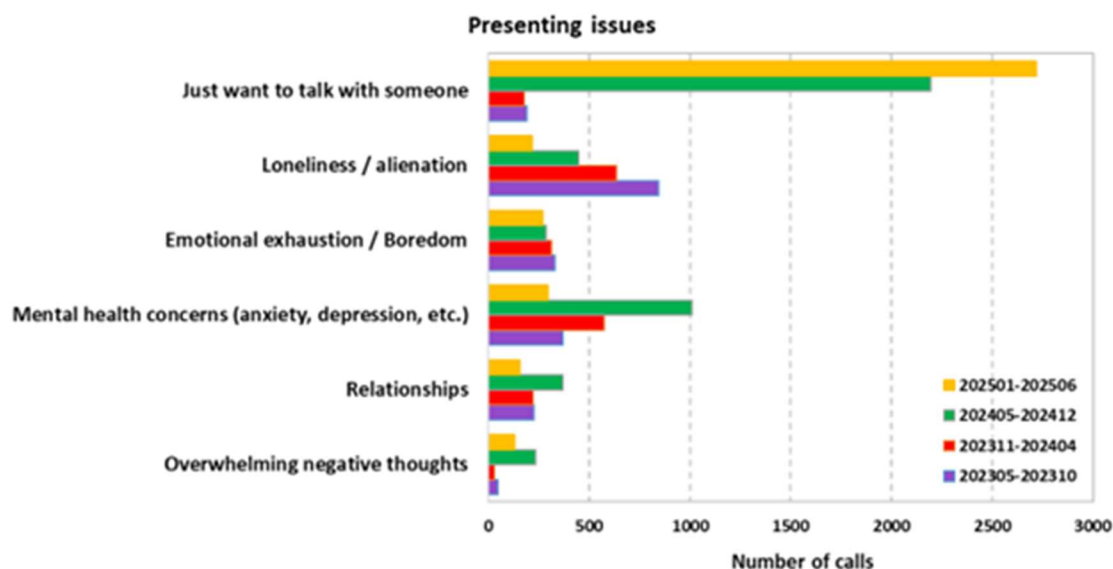
## Hotline Call Trends

In addition to the survey findings, call reporting data from the Chinese Emotional Support Hotline provides further context on the growing demand for culturally safe mental health support. Since the hotline began operations in 2021, over 15,000 calls have been documented. The data show a steady increase in emotional support calls, rising from approximately 20 percent of total calls in 2021 to more than 90 percent by mid-2025. The most common presenting concerns include loneliness and alienation, mental health challenges, and emotional exhaustion. Many callers report preferring the hotline over mainstream services due to language accessibility, cultural safety, and confidentiality. At the same time, refusal of external referrals highlights persistent barriers in navigating mainstream mental health programs. Together, these call trends reinforce the survey results by demonstrating the urgent and growing need for linguistically and culturally appropriate mental health services. Detailed call statistics for May 2023–December 2024 and January–June 2025 are provided in Appendix C.

**Figure 19.** Call volume and reasons to call



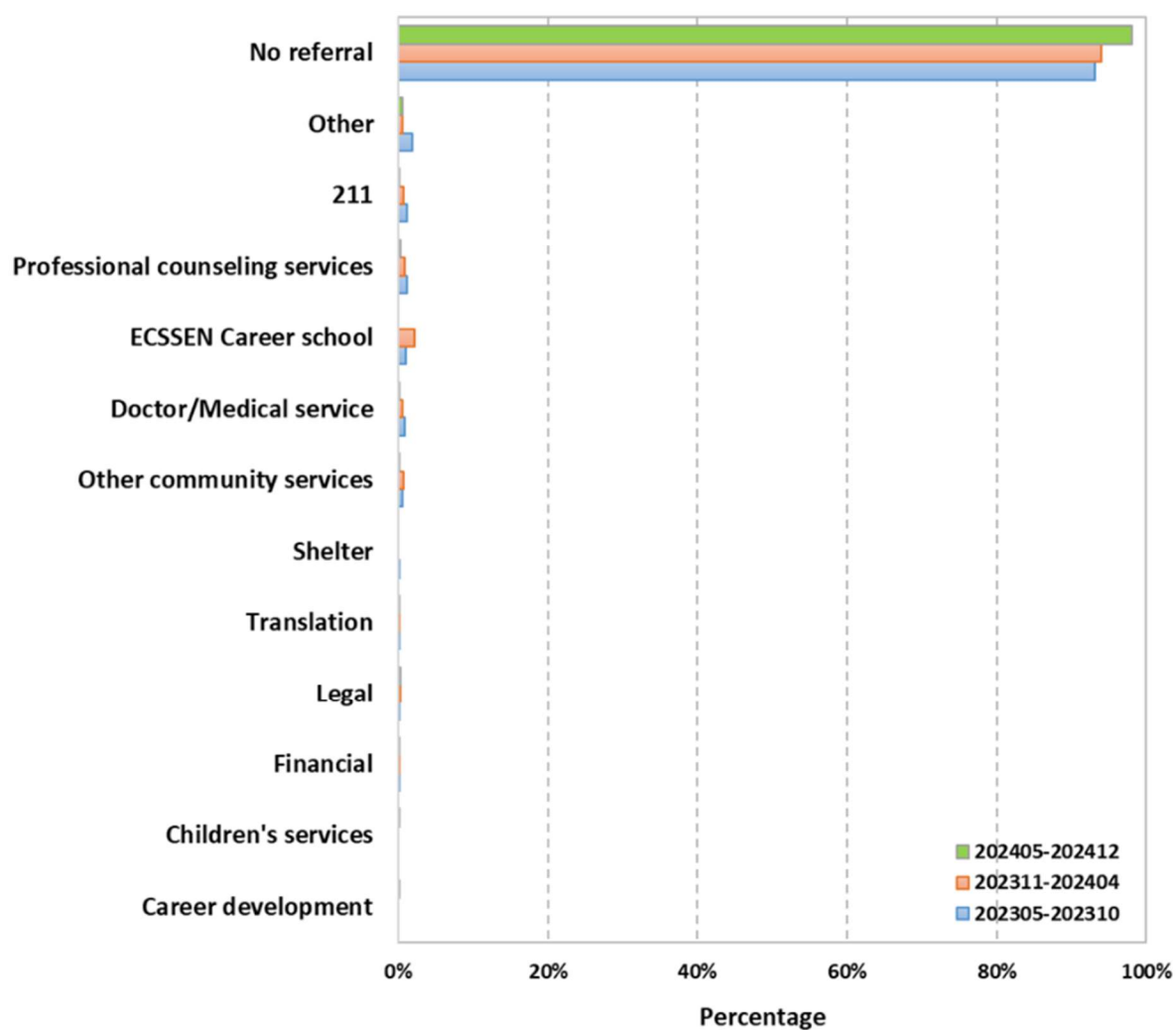
**Figure 20.** Top 6 presenting issues requesting emotional support



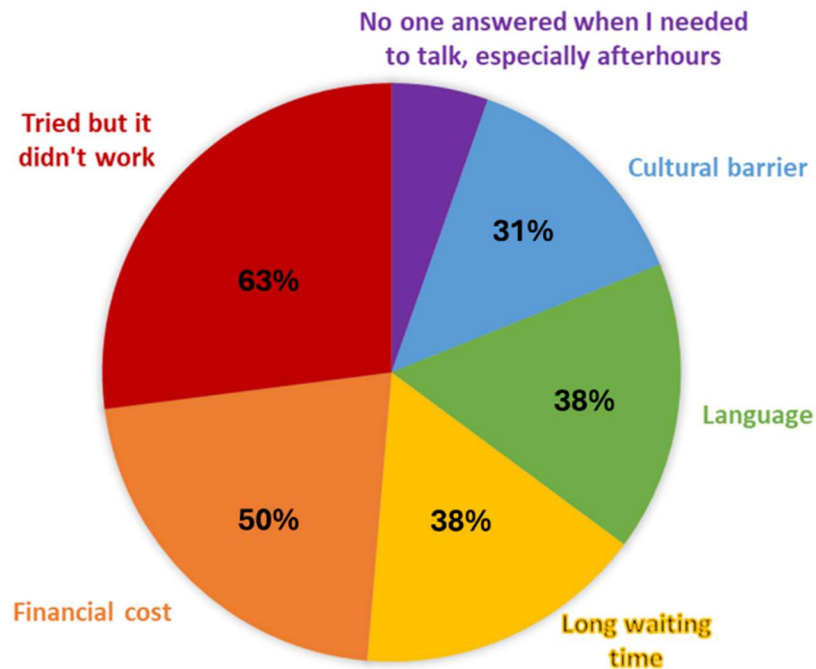
Another thing worth noting is that as the ratio of emotional support calls increased, the ratio of callers that refused resource referral also increased. As shown in Figure 2, from May 2023 to December 2024, over 90% of callers didn't want resource referrals and chose to just call us. This did indicate that our Chinese emotional support hotline fit better with caller's needs and callers did express feelings of being better understood as we shared the same culture. However, this also showed noticeable barriers for the Chinese community to reach out to the mainstream mental health services. A follow-up survey indicated six main reasons for callers to refuse resource referral, as shown in Figure 3. Compared to resources we are referring our callers to, our Chinese emotional support hotline is free, readily available (24/7, waiting time within seconds), and with no language or cultural barriers. However, even though multiple barriers were removed at our hotline, there are still many people who would not call us when they needed support. Two main reasons are stigma and lack of information. A discussion has also been done with collaborating Chinese community leaders, and they do resonate a lot with the barriers and reasons identified above.



**Figure 21.** Referral Category



**Figure 22.** *Reasons for refusal for referral*



The survey reveals a consistent pattern: Chinese-speaking immigrants primarily rely on friends and family for emotional support, while facing significant language and financial barriers and showing low awareness and utilization of formal services. This is consistent with existing literature on immigrant and racialized mental health, which documents both the “healthy immigrant effect” and the systemic underuse of professional services due to linguistic and cultural gaps (Newbold, 2005; Morrow et al., 2020).

Findings from the mental health status section further contextualize these barriers. A substantial proportion of respondents reported experiencing concerns about their mental health, with many indicating that these challenges were recurrent or had lasted for more than six months. The majority described their concerns as mild to moderate, suggesting that although respondents are not typically experiencing severe or crisis-level mental illness, their difficulties are ongoing and affect daily functioning. This underscores the importance of preventive and early intervention supports that can address needs before they escalate into more acute conditions.

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Stigma also emerged as an important factor. Respondents expressed greater willingness to seek support for family or friends than for themselves, indicating that family-based and community-centred entry points may be more effective than individual-focused models. Interventions framed around collective well-being can reduce resistance and gradually normalize help-seeking among Chinese-speaking immigrants.

The findings further demonstrate that mental health needs are interconnected with broader settlement challenges such as community belonging, affordable living, and employment support. Stressors related to daily life, including shopping, career development, and social connections, are closely tied to emotional well-being. This highlights the importance of integrated services that address both practical settlement needs and mental health.

Within this context, ECSSEN Career School's Chinese Emotional Support Hotline plays a uniquely valuable role. As a 24/7 Mandarin-language service, the hotline provides linguistically and culturally safe access for Chinese-speaking community members who might otherwise face barriers to mainstream mental health care. It offers an immediate and trusted point of contact while also connecting callers to additional resources when necessary.

Looking ahead, increasing public awareness of the hotline is essential. Outreach through community groups, WeChat networks, and settlement agencies can ensure that more individuals are aware of this resource. Emphasizing the hotline's accessibility, confidentiality, and cultural alignment can reduce stigma and encourage earlier help-seeking. By positioning the hotline not only as a crisis response service but also as a preventive support for everyday stress, ECSSEN can bridge the gap between unmet needs and available care.

## **Policy Implications**

The survey findings also align with broader policy advocacy in Alberta that calls for systemic changes to support racialized communities. Specifically, they reinforce the need for

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governments and mainstream providers to adopt culturally appropriate and trauma-informed mental health practices and to allocate sustained funding to ethnocultural community organizations that deliver frontline support. Institutions such as Recovery Alberta and municipal service providers should review their practices to ensure that the needs of racialized communities are embedded in service design and delivery. Developing therapeutic models that incorporate race, racial understanding, and racial trauma is also critical to reducing stigma and increasing trust. By situating community-based services like the Chinese Emotional Support Hotline within this broader policy context, the survey highlights opportunities for both immediate action and long-term systemic change.

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## 6. Limitations

While this survey provides valuable insights into the needs of Chinese-speaking immigrants in Canada, several limitations should be noted. First, the sample was drawn primarily through online distribution and community networks, which may underrepresent individuals with limited digital access, older adults, or those less connected to community organizations. Second, most participants were highly educated and had lived in Canada for more than five years, which may not reflect the perspectives of newer or less formally educated immigrants. Third, the bilingual survey wording occasionally differed between Chinese and English, which may have influenced the interpretation of certain questions. Finally, as with all self-reported data, responses may be affected by social desirability or recall bias.

Despite these limitations, the survey findings provide a strong evidence base for understanding community needs and guiding improvements to culturally and linguistically appropriate mental health services.

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## 7. Conclusion

This survey confirms that Chinese-speaking community members in Canada face significant barriers to accessing mental health services, even as many experience ongoing stress and long-term concerns. Most respondents continue to rely on informal networks, while language, cost, stigma, and low awareness prevent them from using formal supports.

The findings highlight the importance of linguistically and culturally safe services, early intervention, and community-based approaches that meet people where they are. Within this landscape, ECSEN Career School's Chinese Emotional Support Hotline serves as a trusted and accessible gateway for Chinese-speaking immigrants to receive timely and culturally safe support. By providing 24/7 Mandarin-language support, the hotline helps reduce barriers, address stigma, and create a bridge between informal coping and professional care.

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## Appendix A. Survey Questionnaire

### 服务需求调查 ( Service Needs Survey )

研究显示，在加拿大生活一段时间后移民群体心理健康状况会出现下滑[1]，而且比起加拿大本土居民，移民及其他种族群体很少使用心理健康方面的服务[2]。此问卷作为 Weave 项目的一部分，仅用于分析研究各种族群体对心理健康服务的需求，以便指引符合各种族文化的心理健康服务，从而促进移民和各种族群体的心理健康。您的回答是完全匿名的，不会与您的身份关联。参与此问卷调查是自愿的，您有权拒绝参与或在任何时间退出调查，而无需提供任何理由。问卷一共包含 9 个必答题，以\*标记，总时长不超过 5 分钟。括号里是对应的英文翻译。

(Research shows that immigrants report a decline after a period of time in Canada,[1] and immigrant, racialized and refugee populations access mental health services less frequently than their Canadian counterparts.[2] As a part of the Weave project, this survey is only used for research purposes to analyze the needs of racialized community and provide insights for culturally appropriate mental health services, in order to improve mental health for racialized or ethnocultural communities. Your responses will be anonymous and there is no way to link your responses to your identity. Participation in this survey is voluntary and you have the right to refuse to participate or withdraw from the survey at any time without providing any reason. The survey contains 9 required questions, and the total time to complete is less than 15 minutes. )

#### References:

[1]Newbold, K. B. (2005). *Self-rated health within the Canadian immigrant population: Risk and the healthy immigrant effect*. *Social Science and Medicine*, 60, 1359-1370.

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[2]Morro , M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., Patel, N. B, & Guruge, S. (2020). *Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men*. *International Journal of Mental Health and Addiction*, 18(5), 1304–1317. <https://doi.org/10.1007/s11469-019-00140-y>

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\* Indicates required question

如果您在填写问卷的任何时刻感到不适，可以通过以下方式寻求帮助： 爱心学校排忧解难热线  
(ECSSEN Chinese Emotional Support Hotline)： 587-997-5977，中文，24/7



**各人偏好 (Service Preference)**

1.1 当您觉得伤心、气愤或者压力过大时, 您更愿意对谁倾诉? (Who would you \*  
like to talk with if you feel sad/upset/stressed?)

Mark only one oval.

- ☐ 家人 (Families)
- ☐ 朋友 (Friends)
- ☐ 长老或精神领袖 (Elders or Spiritual Leaders)
- ☐ 其他熟人, 如同事、宗教团体等 (Other acquaintance such as co-worker, someone from religious community etc.)
- ☐ 随便一个陌生人 (Random strangers)
- ☐ 专业心理咨询师或心理医生 (Professionals)
- ☐ 中文热线 (Chinese hotlines)
- ☐ 不想跟任何人说 (Nobody)
- ☐ 以上都不是 (None of the above)

1.2 哪种支持方式对您来说更方便? (Which interface is easier for you when mental \*  
health services are provided?)

Mark only one oval.

- ☐ 线下会面 (In-person)
- ☐ 网络会议 (Online meeting)
- ☐ 电话 (Phone call)
- ☐ 短信 (Text)
- ☐ 网络聊天 (Online chatting)

1. 1.3 中文交流能让您感觉好点吗? (Will it be easier for you if a Chinese interface \*)

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was provided or the service provider spoke Chinese?)

Mark only one oval.

- ☐ 会 Yes
- ☐ 不会 No
- ☐ 看内容 Depending on the topic

1.4 哪些原因在让您不太想利用现有的心理健康相关服务？请选出最重要的几个原\*

因，不超过三个。(What is limiting you from using the current mental health support available? Please select up to 3 most important factors.)

*Check all that apply.*

- ☐ 试了没用或有过不愉快的相关经历 (Tried but didn't work or past trauma or unpleasant experience)
- ☐ 对现有服务没有信心 (Lack of confidence in health care system or social services)
- ☐ 费用 (Financial)
- ☐ 长达数周或数月的排队时间 (Long waiting period over weeks or months)
- ☐ 文化差异让我感觉不被理解或我的文化背景或信仰被误解 (Hard to be understood due to cultural difference or my cultural background/beliefs were misunderstood)
- ☐ 语言障碍 (Language)
- ☐ 注册过程太麻烦了，尤其是我需要反反复复跟人讲述我的经历才能最终跟医生说上话 (The in-take process is too hard for me, especially when I have to repeat my story several times before I can finally see the person who will support me)
- ☐ 无法找到合适的时间，例如要上班、情绪来时常在夜里或节假日等 (Issues related to availability for timing and scheduling, such as conflict with work schedule, service unavailable during afterhours, etc.)
- ☐ 不知道哪里有相关服务 (Don't know any mental health programs or services)
- ☐ 担心他人的看法或偏见 (Afraid of what others would think of me, stigma)
- ☐ 私人原因，例如出门困难等 (Personal issues, such as difficulties to go out and

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meet people, etc.)

☐ 更想自己搞定 (Preferred to manage themselves)

☐ 通过其他途径解决了 (Concerns were addressed by a health professional or elsewhere)

☐ 缺乏后续服务 (Ongoing programs not offered)

☐ 遇到了种族歧视 (Past experiences of discrimination)

☐ Other: \_\_\_\_\_

1.5 什么样的改进能让您更愿意使用心理健康相关服务? (What do you think can increase the chance for you to reach out for support to maintain mental health?) \*

1.6 哪些方面的协助能减轻您在加拿大生活的压力? (Lacking of which support below is adding to your daily stress to live in Canada?) \*

*Check all that apply.*

☐ 日常购物: 价格类比、特价信息等 (Grocery shopping related: price comparison, flyers, etc.)

☐ 出行: 中文司机接送 (Transportation: picking up by Chinese speaking drivers/volunteers)

☐ 资源: 语言培训、职业发展、找工作等 (Resources: language training, career development, job seeking, etc)

☐ 心理健康支持: 热线、心理咨询等 (Mental health support: hotlines, counselling, etc.)

☐ 学校信息及其它孩子相关服务, 如日托、兴趣班等 (School information & other child- related services such as child care and extra curriculums)

☐ 华人团体及活动 (Chinese community groups & events)

☐ 娱乐活动信息 (Leisure activities)

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2. 对心理健康及相关服务的了解和看法 (Knowledge and Perceptions about mental health and related services)

2.1 当您听到心理健康这个词的时候，您第一时间想到的是什么？ (when you heard the word mental health, what come to mind first?)

2.2 当您需要了解心理健康相关服务时，您会先通过哪些途径了解相关信息？ \*

(Where would you go first if information was needed for mental health programs or services?)

Mark only one oval.

- ☐ 网络查询，例如 Google (Online search engine such as
- ☐ Google) 家庭医生 (Family doctor)
- ☐ 家人朋友 (Family and
- ☐ friends) 微信群 (WeChat
- ☐ groups)
- ☐ 小红书 (RedNote)
- ☐ 其它社交媒体 (Social media)
- ☐ 网络论坛，例如华人网等 (Online Forums, such as <https://calgary.cn/>
- ☐ and etc.) 新闻报纸 (News articles)
- ☐ 811
- ☐ 本地危机干预热线 (Distress
- ☐ Center) 中文热线 (Chinese
- ☐ hotlines)
- ☐ 哪里都不看 (Nowhere)
- ☐ Other: \_\_\_\_\_

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2.3 您有联系过 Access Mental Health 了解卡尔加里成瘾及心理健康服务吗？（Have \*  
you ever contacted Access Mental Health for information on addiction and mental  
health services in Calgary?）

Mark only one oval.

☐ 有 (Yes)

☐ 没有 (No)

2.4 关于心理健康的看法，请注意左侧为赞同 (Mental Health Stigma. Note 'Agree' is on the **left**)

	非常赞同 Strongly Agree	一定程度上赞同 Somewhat Agree	不太赞同 Somewhat Disagree	完全不同意 Strongly Disagree	不知道 Don't Know
在遇到情绪问题时求助他人合情合理，只有专业人员才能帮助解决问题 (It is totally reasonable to seek support when facing emotional problems, but only professionals could help)					
在遇到情绪问题时求助他人合情合理，每个人适用的支持可能不同 (It is totally reasonable to seek support when facing emotional problems, and helpful strategies can vary among people)					
我可以轻松跟心理医生或专业咨询师讨论自己的困扰 (I feel comfortable talking with professionals about my concerns)					
我可以轻松跟亲人朋友讨论自己的困扰 (I feel comfortable talking with families and friends about my concerns)					
我觉得跟不太亲近的人讨论自己的困扰更容易开口 (I feel more comfortable talking with people who are not so close about my concerns)					
情绪会自己平复，无需在意 (Personal and emotional troubles tend to work out by themselves)					

	非常赞同 Strongly Agree	一定程度上赞同 Somewhat Agree	不太赞同 Somewhat Disagree	完全不同意 Strongly Disagree	不知道 Don't Know
人应该自己解决情绪问题，万不得已才可以求助他人 (A person should work out their own problems in mental health; getting support from others would be a last resort)					
对他人讲述我不愉快的经历让我感到很难堪 (Repeating my unpleasant personal story to someone else is annoying/embarrassing to me)					
我不清楚心理服务能给我什么帮助，感觉就是填很多评估表格 (I don't know what mental health services could do for me, as it looked like just filling out assessment forms)					
心理服务是提供给吸毒酗酒和不正常的人的，我是正常人，所以不需要 (Mental health services are for people who use drugs/alcohol instead of a normal person like me)					
只有神经病才会有心理问题 (Only psychopath would have mental health issues)					

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2.5 当家人或朋友需要心理健康支持时，您是不是比自己需要更容易开口寻求帮助？

(Is it easier for you to reach out for support when families or friends, instead of yourself, are in need of mental health support?)

Mark only one oval.

☐ 是 (Yes)

☐ 否 (No)

### 相关经历 (Past Experiences)

3.1 您有过心理健康方面的困扰吗？ (How often are you concerned about your mental health?)

Mark only one oval.

☐ 从未 (Never)

☐ 极其偶尔 (Rarely)

☐ 有时 (Sometimes)

☐ 经常 (Often)

☐ 每天 (Always/Everyday)

3.2 您被困扰超过 6 个月吗？ (Have your concerns lasted longer than 6 months?)

Mark only one oval.

☐ 是 (Yes)

☐ 否 (No)

3.3 您遇到的困扰严重吗？ (What is the severity of your concern?)

Mark only one oval.

☐ 轻度，基本不影响生活 (Mild; manageable and daily life is not significantly disrupted. )



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☐ 中度，症状可见，有时会影响生活（Moderate; Symptoms are more noticeable and daily activities may be interfered）

☐ 严重，严重影响生活，可能需要去医院（Severe; Ability to function significantly impacted, potentially leading to hospitalization）

3.4 您有过觉得自己需要心理健康相关服务的时候吗？相关服务可以包括心理咨询、药物治疗支持小组等等（Have you ever felt that you need support to maintain、mental health? Support can include psychotherapy or counselling, medication prescription, support groups or other therapies）

Mark only one oval.

☐ 有 (Yes)

☐ 没有 (No)

3.5 如果您有觉得自己需要心理健康相关服务的时候，您有使用过相关服务吗？（When you felt that you need support to maintain mental health, have you tried to access mental health services?）

Mark only one oval.

☐ 有，并且顺利使用了相关服务（Yes, I tried and got support）

☐ 有，但是没能得到相关服务（Yes, I tried, but wasn't able to get support）

☐ 没有（No）

3.6.a 如果您使用过心理健康相关服务，您用了哪种官方服务？（If used before, which type of official mental health services you received?）

*Check all that apply.*

☐ 专业心理咨询（Professional counselling or therapy）

☐ 官方危机干预或热线，例如 Calgary Distress Center（Crisis intervention/Help hotlines, such as Calgary Distress Center）

- 
- ☐ 官方相关培训（Official Educational/Prevention programs）
  - ☐ 药物治疗（Medical treatment）
  - ☐ 特殊群体之家（Group homes）
  - ☐ 家访或社区床位（Community outreach and community bed-based）
  - ☐ 官方同行支持服务（Official Peer support services）
  - ☐ 以上都不是（None of the above）

3.6.b 如果您使用过心理健康相关服务，您用了哪种非官方服务？（If used before, which type of unofficial mental health services you received?）

*Check all that apply.*

- ☐ 民间组织提供的相关培训或讲座（Community educational workshops or webinars）
- ☐ 民间危机干预或热线，例如爱心学校排忧解难热线 587-997-5977（Community crisis intervention/Help hotlines, such as ECSEN Chinese Emotional Support Hotline 587-997- 5977）
- ☐ 民间同行支持服务（Community peer support services）
- ☐ 社区团体（Community group）
- ☐ 通过民间机构了解心理健康相关服务信息并转介（Get information and referral for mental health services from community services）
- ☐ 解决带来心理压力的实际问题，例如就业协助、住房支持、复健项目等等（Services to address stressors causing the mental health issues such as employment and vocational support services, housing programs, rehabilitation programs etc.）
- ☐ 以上都不是（None of the above）

3.7 如果您采用了专业心理咨询服务，从您第一次尝试预约到真正开始与咨询师一起尝试改善状况，中间排了多久队？（If you received professional counselling or therapy, how long did it take from when you first tried to make an appointment until you were able to address your concerns with a professional?）

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Mark only one oval.

- ☐ 一周内 (Less than a week)
- ☐ 超过一周, 不足一月 (Longer than a weeks but less than a month)
- ☐ 1 到 3 个月 (1-3 months)
- ☐ 超过 3 个月, 不足6 个月 (Longer than 3 months but less than 6 months)
- ☐ 超过 6 个月, 不足1 年 (Longer than 6 months but less than a year)
- ☐ 超过一年 (Over a year)

3.8 如果您使用过心理健康相关服务, 您对得到的服务满意吗? (Are you satisfied with the mental health services you received? )

Mark only one oval.

- ☐ 非常满意 (Very satisfied)
- ☐ 一定程度上满意 (Somewhat satisfied)
- ☐ 不太满意 (Not too satisfied)
- ☐ 非常不满意 (Not at all satisfied)
- ☐ 不知道 (Don't know)

### **背景信息统计 (Demographics)**

您的个人信息是完全匿名的, 如果您觉得不适, 可跳过相关问题 (Your feedback is anonymous. Please feel free to skip questions if you feel uncomfortable to share the information)

4.1. 年龄段 (Age Group)

Mark only one oval.

- ☐ <18
- ☐ 18-34
- ☐ 35-54
- ☐ 55+

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#### 4.2. 性别 (Gender)

Mark only one oval.

- ☐ 女 (Female)
- ☐ 男 (Male)
- ☐ 更倾向于自我描述 (Prefer to self describe)

#### 4.3. 您认为自己属于 LGBTQ2SIA+群体吗? (Do you consider yourself to be a member of the LGBTQ2SIA+ community? )

Mark only one oval.

- ☐ 是 (Yes)
- ☐ 否 (No)
- ☐ 不知道这个词什么意思 (I'm not sure what this term means)

#### 4.4 What is the highest level of education that you have completed?

Mark only one oval.

- ☐ 高中及以下 (Less than a High School diploma or equivalent)
- ☐ 高中 (High School diploma or equivalent)
- ☐
- ☐ 学徒或行业证书 (Registered Apprenticeship or other trades certificate or diploma)
- ☐ 专科学历 (College, CEGEP or other non-university certificate or diploma)
- ☐ 完成部分本科课程的专业文凭 (University certificate or diploma below bachelor's level)
- ☐ 本科 (Bachelor's degree)
- ☐ 硕士 (Master's Degree)
- ☐ 博士 (Doctoral Degree, PhD)

#### 4.5. 家庭收入 (Household Income)

Mark only one oval.

- ☐ <\$60,000

- 
- ☐ \$60,000 ~ <\$150,000
  - ☐ >=\$150,000

#### 4.6. 籍贯 (Origins)

Mark only one oval.

- ☐ 在过去 5 年内来到加拿大 (Arrived in the past 5 years)
- ☐ 来加拿大超过 5 年 (Arrived in Canada more than 5 years ago)
- ☐ 在加拿大出生 (Born in Canada)

#### 4.7. 现居住地 (Current place of residence)

Mark only one oval.

- ☐ 卡城西南区 (Southwest
- ☐ Calgary) 卡城东南区 (
- ☐ Southeast Calgary) 卡城西北
- ☐ 区 (Northwest Calgary) 卡城
- ☐ 东北区 (Northeast Calgary)
- ☐ Other: \_\_\_\_\_

#### 4.8. 您过去一个月内的整体健康状况 (Overall health in the last month)

Mark only one oval.

- ☐ 非常好 (Excellent)
- ☐ 好 (Good)
- ☐ 一般 (Fair)
- ☐ 不好 (Poor)

#### 4.9. 您过去一个月内的心理健康状况 (Mental health in the last month)

Mark only one oval.

- 
- ☐ 非常好 (Excellent)
- ☐ 好 (Good)
- ☐ 一般 (Fair)
- ☐ 不好 (Poor)

4.10. 您是否有身体方面的障碍? (Physical Disability)

Mark only one oval.

- ☐ 有 (Yes)
- ☐ 没有 (No)

4.11. 您是否有认知方面的障碍? (Cognitive Disability)

Mark only one oval.

- ☐ 有 (Yes)
- ☐ 没有 (No)

4.12. 您有过借助酒精或大麻等物品应对压力或情绪的经历吗? (Have you used any substance such as alcohol or cannabis to cope with stress or emotions? )

Mark only one oval.

- ☐ 有 (Yes)
- ☐ 没有 (No)

4.13. 如果有, 您上一次使用是多久之前? (If yes, when was the last time that you used it?)

Mark only one oval.

- ☐ 一周内 (Within a week)
- ☐ 超过一周, 不足一个月 (More than a week ago, but within a month)
- ☐ 1 到 6 个月之间 (1~6 months)

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☐ 超过 6 个月之前 (More than 6 months ago)

4.14. 如果有, 您使用过下列哪些应对压力或情绪? (If yes, what did you use to cope with stress or emotions?)

*Check all that apply.*

☐ 酒 (Alcohol)

☐ 普通香烟 (Tobacco/Nicotine)

☐ 大麻 (Cannabis)

☐ 管控或非法药物 (Controlled and illegal drugs)

☐ 网络游戏 (Videogames)

☐ 网络小说或视频, 如 Youtube、TikTok、Weibo 等 (Web novels or online videos such as YouTube, TikTok, Weibo, and etc.)

☐ Other: \_\_\_\_\_

4.15. 要跟能在您觉得伤心、气愤或者压力过大的时候支持您的亲人或朋友见面, 车程会超过一个小时吗? (Think about families or close friends who could support you when you feel sad/upset/stressed. Do you need to travel for more than an hour to meet them in person?)

Mark only one oval.

☐ 超过 (Yes)

☐ 不超过 (No)

4.16. 您感到伤心、气愤或者压力过大时, 中度或剧烈运动对您有帮助吗? (Do you find exercise, moderate or vigorous physical activity, helpful when you feel sad/upset/stressed? )

Mark only one oval.

☐ 有, 我确实通过运动应对这些情绪 (Yes, and I use exercise to cope when I feel sad/upset/stressed)

- 
- ☐ 有，但是我情绪越重越运动不起来（Yes, but I exercise less when I feel sad/upset/stressed）
- ☐ 没有，我试过了，不管用（No, I tried but exercise is not helpful）
- ☐ 没有，我情绪上来的时候没力气运动（No, I don't have energy to exercise when I feel sad/upset/stressed）
- ☐ 没有，我没试过而且我很少运动，通常一周不足一次（No, I have never tried, and I exercise less than once per week on average）

4.17. 感谢您参与调查！您将有机会获得 Tim Hortons 20 元礼品券一张，请选择是否参与抽奖。（Thanks for completing the survey! You may win a \$20 Tim Hortons gift card. Please select if you would like to participate in the prize draw）\*

Mark only one oval.

- ☐ Yes
- ☐ No

#### 4.18 抽奖 (Prize Draw)

感谢您参与调查！您将有机会获得 Tim Hortons 20 元礼品券一张，如果想参与抽奖，请留下您的邮箱和电话。（Thanks for completing the survey! You may win a \$20 Tim Hortons gift card.

Please provide your email and phone number if you would like to participate in the prize draw）

邮箱(Email) \*

电话(Phone) \*

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## Appendix B. Chinese Community Leader Engagement Meeting Summary

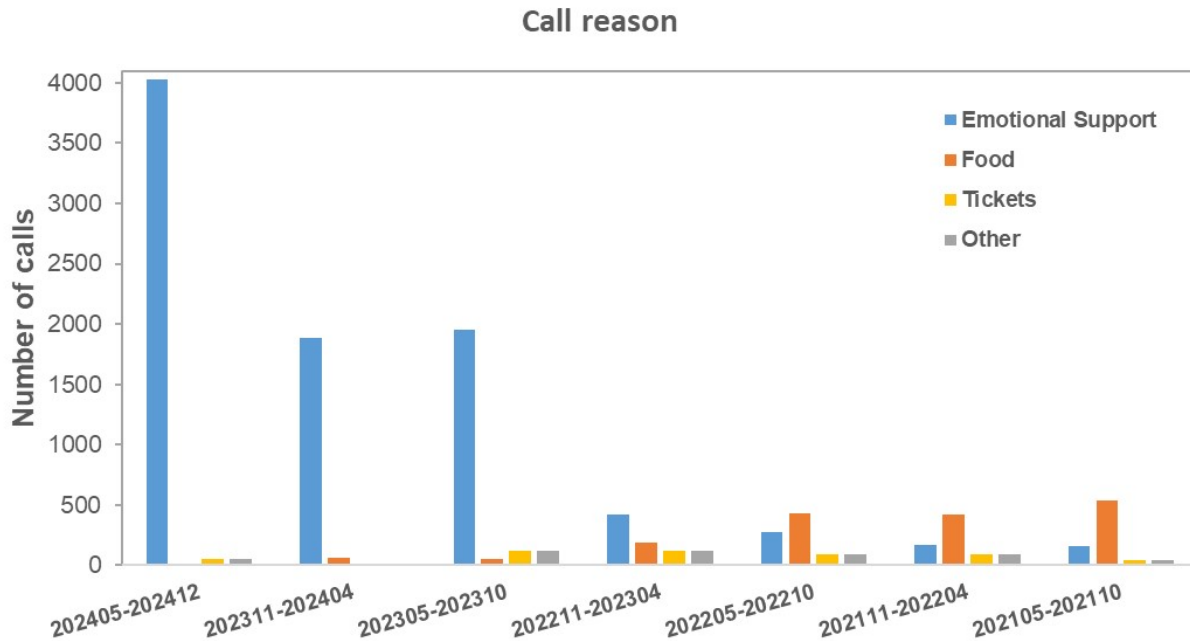
<b>Session Info.</b>	<b>Date</b>	<b>June 20, 2025</b>
	<b>Time</b>	<b>5:00 - 7:30 PM</b>
	<b>Title</b>	<b>Chinese Community Leader Engagement Meeting</b>
	<b>Guest Speaker</b>	<b>Jilin Wang</b>
	<b># of Participants</b>	<b>23</b>
<b>Program</b>	<b>Community Conversation Circle</b>	
<b>Summary</b>	In this session, multiple partner organizations were invited, including community leaders, volunteers and program coordinators, to discuss what is needed for culturally appropriate mental health service and the development of the Chinese hotline and potential further collaborations.	
<b>Highlight</b>	<ol style="list-style-type: none"> <li>1. Progress review Guest speaker, Jilin Wang, talked about collaboration to improve the Chinese community mental health. Jing Chen summarised the hotline growth, feedback and directions for improvement. Alian Liu talked about future plan and the importance of sustainable operation and community participation.</li> <li>2. One on one discussion: Participants were divided into 10 groups with 2-3 people and discussed about the following three questions: <ul style="list-style-type: none"> <li>• Do you or your close family members, friends have been experiencing any mental health issues? Please provide detailed example.</li> <li>• How do you help that person to recovery?</li> <li>• What kind of service have that person been seeking?</li> </ul> <p>Typical example answers to these questions are: People experience mental health issues when there was domestic violence, loss of job or critical disease. They reached out to their support network or professionals for help. Majority recovery with time and find physical supports such as transportation and caregiver more helpful than therapy.</p> </li> <li>3. Presentation for research project: Zhiya presented the research results and community leaders resonated with the research findings. Barriers keeping the Chinese community members from reaching out for support fell into three categories: 1) Current service didn't work well; 2) Unwilling to ask for support for mental health issues; 3) Lack of information.</li> <li>4. Group discussion: Participants joined three discussion groups based on the three categories above and their experience to discuss about the barriers, what needs to be improved and how to improve by collaboration. <ol style="list-style-type: none"> <li>1) Current service didn't work well.</li> </ol> </li> </ol>	

	<ul style="list-style-type: none"> <li>● Barrier: Therapists/psychologists did nothing but asking for money; Don't really understand what mental health service do as it seems they do nothing but asking people to fill out forms.</li> <li>● What needs to be improved (What good service looks like): Identify the issue and show initiatives to help solving the problem.</li> </ul> <p>2) Unwilling to ask for support for mental health issues.</p> <ul style="list-style-type: none"> <li>● Barrier: The person with mental health issue usually doesn't think they have issues. Unwilling to talk with anyone about the issue (Stigma).</li> <li>● What needs to be improved (What good service looks like): Confidential and secure environment to communicate, starting with casual talk instead, online instead of in-person</li> </ul> <p>3) Lack of information.</p> <ul style="list-style-type: none"> <li>● Barrier: Don't know how to find the service needed.</li> <li>● What can help: <ul style="list-style-type: none"> <li>○ Popular information source: Google, Deepseek, 211, Friends/family, WeChat, Newspaper (especially for seniors)</li> <li>○ Service preference criteria: cost, qualifications, availability, who can access the service, effectiveness, special services for senior/youth &amp; children.</li> <li>○ Continue daily poster program, making use of summer activities/gathering, continue to improve the hotline</li> </ul> </li> </ul> <p>5. Closing remarks and survey: Recommendations:</p> <ul style="list-style-type: none"> <li>● Improve awareness through community connections: WeChat groups, RedNote, Church and other community groups.</li> <li>● Provide service in first language and culturally sensitive support.</li> <li>● Continue to improve the confidentiality and professionalism of the hotline</li> </ul>
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# Appendix C1. Call Statistics, May 2023– December 2024

## Detailed statistics

### 1. Call Reasons



The number of emotional support calls kept increasing since the launching of the hotline. The numbers doubled compared to the same time period last year, although a significant boost has already been seen in 2023. The ratio of emotional support calls has increased from the initial 20% in 2021 to over 93% in the current reporting period (202405-202412).

### 2. Presenting issues

Presenting issues	202305-202310	202311-202404	202405-202412
Financial	73	52	26
Housing			22
Unemployment			15
Other needs for resource referral			55
Discrimination / Racism	15	9	21
Domestic violence / abuse	11	14	19
Loneliness / alienation	842	634	449
Loss / grief	8	2	10

Family relationships, including nuclear, extended, and blended families	225	220	155
Work or employment relationships			61
Other relationship problems, including romantic relationships			152
Emotional exhaustion / Boredom	328	313	285
Just want to talk with someone for simple distraction etc.	190	177	2195
Overwhelming negative thoughts (Low self-esteem, Hopeless, Low motivation etc.)	45	30	235
Self-destructive behavior	11	7	24
Suicide ideation	17	8	22
Academics	26	35	71
Mental health concerns (anxiety, depression, etc.)	369	574	1008
Physical health problem	72	118	126
Sexual topics	55	25	9
Work or employment performance & expectations	82	59	29
Other	98	72	101

The trend is similar in the first two time periods evaluated, with Loneliness/alienation, Mental health concerns, and Emotional exhaustion/Boredom as the top three presenting issues. Relationship problems, Physical health problem, Work/employment and Resource referral are common issues too. In May to December 2024, Mental health concerns and Loneliness/alienation still ranked high (top 2 and 3), as well as relationships (ranked 4<sup>th</sup> if consider all three categories together). There is a significant increase in calls expressing “just want to talk with someone”, which is because the callers have no one else to talk with (Loneliness). This also reflects the fact that many callers have difficulty identifying their emotions (Loneliness) and the barrier which caused the emotion (social isolation), especially when it is a chronic and relatively mild condition like this. Helping callers to name their emotion and identify barriers can be a good crisis prevention strategy to support these callers to learn their own coping skills instead of relaying on the hotline. Management plans for these callers can also help to enforce coping on their own to improve mental health in the Chinese community.

### 3. Resources / referrals provided

<b>Referral Category</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
211	26	15	7
Career	0	0	2
Children's Services	0	0	3
CIWA, Center for Newcomers & Other centers	14	16	8
Doctor/Medical service	20	12	6
ECSSSEN Career school (emotional support/WeChat group)	23	45	N/A

Financial	1	2	3
Legal	1	7	10
Professional counseling services, including Eastside Community Mental Health Services	25	18	13
Shelter	2	0	1
Translation	1	1	4
Other	44	11	26
No referral	2136	2009	4254

With the significant increase of emotional support calls in the past 1.5 years, more calls ended with a favorable outcome as resolution during the call, instead of referral to local resource providers. When offered with local mental health resources, some callers indicated that they would rather to just talk with us, as we are much easier to access and always readily available. Some callers also indicated that they felt better understood at our hotline, as we share the same culture and use their native language.

#### 4. Caller age group

<b>Caller age group</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
Child (under 18 years)	14	12	22
Youth (18-24 years)	138	166	290
Adult (25-64 years)	1533	1393	3142
Senior (65 years and above)	43	10	16
Unknown	565	555	867

Compared to the initial stage in 2021, the caller age group shifted from senior to adult and youth.

#### 5. Ethnicity Group

<b>Ethnicity Group</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
Canadian	3	8	3
Caucasian	1	1	1
Chinese	2099	1905	4175
Other	4	1	1
Unknown	186	221	157

Callers are mainly Chinese, but we do start to get calls from other ethnicity groups since 2023.

#### 6. Languages spoken

<b>Languages spoken</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
Mandarin	2140	1920	4238

Cantonese	86	34	5
English	73	203	26
Other	60	81	68

Most callers speak Mandarin or Cantonese, but we do start to get more calls in English or other languages since 2023.

## 7. Residency Status

<b>Residency Status</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
Canadian citizen	429	447	994
Foreign worker	23	10	16
International student	27	45	121
Permanent resident	153	123	272
Refugee or Protected	8	1	4
Other	7	2	8
Visitor	5	1	1
Unknown	1641	1507	2921

Majority of our callers who disclosed their residency status are Canadian citizens or Permanent residents. However, many callers decided not to answer this question so there may be more callers with other residency status.

## 8. Caller region of residence

<b>Caller region of residence</b>	<b>202305-202310</b>	<b>202311-202404</b>	<b>202405-202412</b>
Calgary	639	205	232
Canmore	0	1	0
Edmonton	1085	133	193
Lethbridge	0	1	0
British Columbia	13	7	54
Manitoba	2	0	7
Ontario	375	831	2801
Quebec	3	6	39
Saskatoon	2	1	0
Nova Scotia	0	0	1
US	18	15	11
China	0	2	3

Unknown	156	934	996
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As the hotline started to be known by more people, more calls from Eastern Canada have been received. Note that there are significant number of calls where the caller preferred not to provide their location information, so there may be more local calls from November 2023 to December 2024. Some callers from Eastern Canada indicated that it was harder to find affordable and accessible mental health support there and they were very happy to find us.

#### 9. How did the caller hear about our service?

<i>How did the caller hear about our service?</i>	<i>202305-202310</i>	<i>202311-202404</i>	<i>202405-202412</i>
211	17	35	25
ECSSSEN WeChat	146	94	170
Other WeChat Groups	141	222	187
Internet Search	27	24	89
Little Red Book	35	23	312
Recovery Alberta, mental health professionals and other crisis responders	12	6	24
Newspaper	1	2	0
Facebook	1	0	0
Referral from Friends / Family	83	1	90
Unknown	1726	1729	3437

Based on the data collected, WeChat and the Little Red Book seem to be the most effective social media promotion methods for our hotline. However, many callers didn't provide this information and referral stayed as a reliable and powerful way to promote the hotline. More callers started to indicate that they were referred by their doctor/professional mental health provider in the past few months and internet search increased too.

#### 10. How many times has the caller called us?

202405-202412:

There are 225 unique callers from May 2024 to Dec. 2024. Following is the list of callers called more than 2 times. Please note that there are multiple callers who hid their numbers while calling so it is not feasible to differentiate them in the "Anonymous" category.

Caller ID	Times called	Caller ID	Times called	Caller ID	Times called	Caller ID	Times called
Anonymous	858	#190	6	#218	3	#131	2
#133	1336	#63	5	#3	2	#134	2
#157	749	#101	5	#4	2	#135	2
#31	661	#7	4	#6	2	#136	2
#153	83	#54	4	#15	2	#158	2
#149	79	#84	4	#18	2	#177	2

#140	63	#147	4	#26	2	#180	2
#21	56	#173	4	#27	2	#184	2
#9	34	#2	3	#45	2	#192	2
#116	26	#16	3	#47	2	#198	2
#152	25	#23	3	#62	2	#204	2
#176	24	#44	3	#65	2	#205	2
#1	14	#48	3	#69	2	#208	2
#19	11	#60	3	#72	2	#212	2
#191	9	#76	3	#74	2	#225	2
#155	7	#130	3	#90	2		
#68	6	#203	3	#94	2		
#115	6	#216	3	#118	2		

202311-202404:

There are 226 unique callers from Nov. 2023 to Apr. 2024. Following is the list of callers called more than 2 times. Please note that there are multiple callers who hid their numbers while calling so it is not feasible to differentiate them in the “Anonymous” category.

Caller ID	Times called	Caller ID	Times called	Caller ID	Times called	Caller ID	Times called
Anonymous	1256	95	5	8	2	85	2
163	398	150	5	11	2	96	2
174	37	160	5	16	2	97	2
198	31	80	4	22	2	107	2
175	23	84	4	25	2	122	2
1	20	209	4	32	2	127	2
171	15	35	3	39	2	130	2
203	15	94	3	41	2	141	2
173	13	115	3	51	2	146	2
178	12	118	3	53	2	155	2
194	11	129	3	56	2	187	2
106	10	149	3	71	2	189	2
109	10	162	3	73	2	223	2
166	8	199	3	75	2	225	2

202305-202310:

There are 247 unique callers during May to Oct 2023. Following is the list of callers called more than 2 times. Please note that there are multiple callers who hid their numbers while calling so it is not feasible to differentiate them in the “Anonymous” category.

Caller ID	Times called	Caller ID	Times called	Caller ID	Times called	Caller ID	Times called
Anonymous	1679	#131	4	#211	3	#129	2
#172	131	#175	4	#9	2	#132	2
#205	37	#178	4	#17	2	#140	2
#201	24	#212	4	#32	2	#144	2
#107	14	#223	4	#34	2	#154	2
#183	8	#30	3	#51	2	#165	2
#190	8	#35	3	#56	2	#170	2
#47	7	#58	3	#59	2	#182	2
#103	7	#74	3	#64	2	#185	2



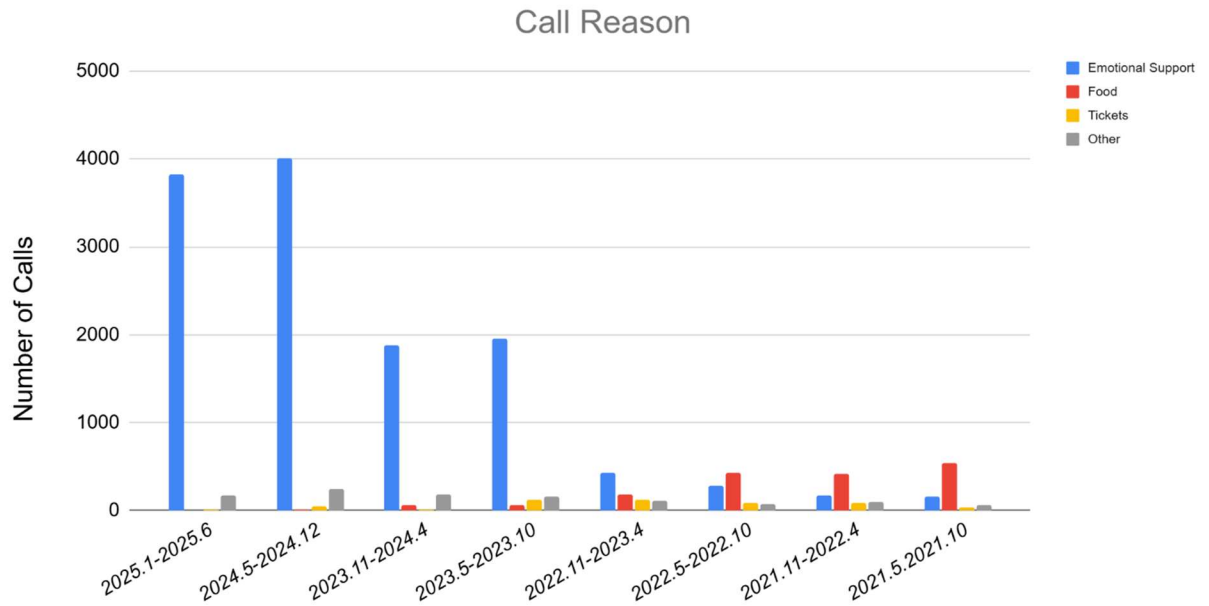
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#137	7	#79	3	#78	2	#202	2
#42	6	#96	3	#81	2	#206	2
#98	6	#104	3	#83	2	#208	2
#151	6	#108	3	#84	2	#218	2
#207	6	#109	3	#86	2	#219	2
#38	5	#136	3	#89	2	#230	2
#135	5	#148	3	#93	2	#240	2
#155	5	#149	3	#95	2	#241	2
#197	5	#163	3	#113	2	#242	2
#82	4	#167	3	#116	2		
#101	4	#179	3	#118	2		
#128	4	#187	3	#127	2		

## Appendix C2. Call Statistics, January–June 2025

### Detailed statistics

#### 1. Call Reasons



The number of emotional support calls kept increasing since the launching of the hotline. The numbers doubled compared to the same time period last year, although a significant boost has already been seen in 2023. The ratio of emotional support calls has increased from the initial 20% in 2021 to over 95% in the current reporting period (202501-202506).

#### 2. Presenting issues

Presenting issues	202501-202506
Just want to talk with someone for simple distraction etc.	2928
Mental health concerns (anxiety, depression, etc.)	311
Emotional exhaustion / Boredom	289
Loneliness / alienation	231
Overwhelming negative thoughts (Low self-esteem, Hopeless, Low motivation etc.)	140
Other relationship problems	118
others	88
Family relationships	82
Work or employment relationships	43
Academics	38
Physical health problem	36

Other needs for resource referral	27
Housing	21
Work or employment performance & expectations	19
Loss / grief	14
Sexual topics	13
Self-destructive behavior	8
Financial	7
Discrimination / Racism	7
Domestic violence / abuse	6
Suicide ideation	6
Unemployment	2

Just want to talk with someone is the top reason for the phone call. The next top reason for the call is Mental health concerns, Emotional exhaustion/Boredom, and Loneliness/alienation. Overwhelming negative thoughts (Low self-esteem, Hopeless, Low motivation etc.) and Other relationship problems are common issues too.

The significant number of calls expressing “just want to talk with someone” demonstrated the loneliness/alienation as they have no one else to talk with. This also reflects the fact that many callers have difficulty identifying their emotions (Loneliness/alienation) and the barrier which caused the emotion (social isolation), especially when it is a chronic and relatively mild condition like this. Helping callers to name their emotion and identify barriers can be a good crisis prevention strategy to support these callers to learn their own coping skills instead of relaying on the hotline. Management plans for these callers can also help to enforce coping on their own to improve mental health in the Chinese community.

### 3. Resources / referrals provided

<b>Referral Category</b>	<b>202501~202506</b>
811	1
911	2
211	6
Career	3
Center for Newcomers & Other centers	2
Doctor/Medical service	3
ECSSEN Career school (emotional support/WeChat group)	5
Legal	11
Mental health	4
Other	4
Shelter	1
Translation	8
No Referral	3964

With the significant increase of emotional support calls, more calls ended with a favorable outcome as resolution during the call, instead of referral to local resource providers. When offered with local mental health resources, some callers indicated that they would rather to just talk with us, as we are much easier to access and always readily available. Some callers also indicated that they felt better understood at our hotline, as we share the same culture and use their native language.

#### 4. Caller age group

Caller age group	202501-202506
Child (under 18 years)	2
Youth (18-24 years)	138
Adult (25-64 years)	3351
Senior (65 years and above)	8
Unknown	515

Compared to the initial stage in 2021, the caller age group shifted from senior to adult and youth.

#### 5. Ethnicity Group

Ethnicity Group	202501-202506
Chinese	3938
Canadian	4
Others	1
Don't know	71

Callers are mainly Chinese, but we do received calls from other ethnicity groups.

#### 6. Languages spoken

Languages spoken	202501-202506
Mandarin	3888
English	87
Others	29
Cantonese	9

Most callers speak Mandarin, but we do start to get more calls in English or other languages.

#### 7. Residency Status

Residency Status	202501-202506
Canadian citizen	1151
Foreign worker	17
International student	67

Permanent resident	318
Refugee or Protected	25
Others including no status	6
Visitor	2
Unknown	2428

Majority of our callers who disclosed their residency status are Canadian citizens or Permanent residents. However, many callers decided not to answer this question so there may be more callers with other residency status.

#### 8. Caller region of residence

Caller region of residence	202501-202506
British Columbia	111
Calgary	114
China	3
Edmonton	186
Manitoba	7
Ontario	2887
Ottawa	32
Quebec	44
Saskatoon	2
US	19
unknown	609

As the hotline started to be known by more people, more calls from Eastern Canada have been received. Note that there are significant number of calls where the caller preferred not to provide their location information, so there may be more local calls. Some callers from Eastern Canada indicated that it was harder to find affordable and accessible mental health support there and they were very happy to find us.

#### 9. How did the caller hear about our service?

How did the caller hear about our service?	202501-202506
211	1
AHS (Alberta Health Services)	12
Other WeChat	279
ECSSSEN WeChat	144
Doctor referral	5
google search	29
Red note	271
Friends / Family	187
Others	3

Newspaper (Trendy Weekly),	2
unknown	3081

Based on the data collected, WeChat and the Red Note seem to be the most effective social media promotion methods for our hotline. However, many callers didn't provide this information and referral stayed as a reliable and powerful way to promote the hotline. More callers started to indicate that they were referred by their doctor/professional mental health provider in the past few months and internet search increased too.

#### 10. How many times has the caller called us?

There are 134 unique callers from Jan 2025 to June 2025. Following is the list of callers called more than 2 times. Please note that there are multiple callers who hid their numbers while calling so it is not feasible to differentiate them in the "Anonymous" category.

Call ID	Times called	Call ID	Times called	Call ID	Times called	Call ID	Times called	Call ID	Times called	Call ID	Times called
Anonymous	280	#38	26	#30	8	#61	4	#122	3	#68	2
#11	722	#16	24	#85	8	#73	4	#123	3	#69	2
#104	462	#75	21	#102	8	#74	4	#2	2	#76	2
#54	299	#92	20	#118	8	#93	4	#3	2	#79	2
#18	242	#25	18	#17	7	#99	4	#5	2	#84	2
#4	165	#113	17	#33	6	#108	4	#10	2	#86	2
#119	116	#31	15	#40	6	#115	4	#19	2	#87	2
#60	112	#67	14	#82	6	#116	4	#22	2	#95	2
#100	97	#36	12	#89	6	#131	4	#24	2	#96	2
#71	88	#56	12	#107	6	#6	3	#26	2	#98	2
#13	86	#72	12	#9	5	#12	3	#37	2	#101	2
#48	85	#81	11	#21	5	#23	3	#39	2	#109	2
#14	80	#43	10	#28	5	#29	3	#45	2	#111	2
#105	77	#8	9	#34	5	#35	3	#46	2	#112	2
#32	60	#58	9	#41	5	#44	3	#50	2	#117	2
#27	52	#90	9	#78	5	#47	3	#51	2	#121	2
#91	52	#97	9	#103	5	#59	3	#53	2	#124	2
#106	50	#110	9	#1	4	#70	3	#62	2	#125	2
#57	48	#120	9	#20	4	#80	3	#63	2	#126	2
#55	47	#7	8	#49	4	#83	3	#64	2	#129	2
#114	40	#15	8	#52	4	#94	3	#66	2		