



EACRC • WINDSOR-ESSEX • ONTARIO

East African Community Wellness Resource Manual

A Guide to Mental Health, Wellness & Substance Use Prevention

Written and Prepared By the East African Community Resource Centre (EACRC)
Windsor, Ontario | 2026

A working tool for the moments that matter.

Intake. Referral. Follow-up.

This manual is built for the front line workers.

PURPOSE OF THIS MANUAL

This manual helps service providers navigate mental health and substance use systems for East African communities in Windsor-Essex. It offers culturally grounded care pathways, language-access protocols, and tools for referrals, intake, and coordination — combining clinical guidance with community insight.

ABOUT EACRC & MANDATE

The East African Community Resource Centre is a community-based organization that supports East African immigrants and refugees to access culturally responsive services. EACRC works as both a direct provider and a bridge between mainstream institutions and East African communities — through advocacy, navigation, education, and partnership-building.

HOW TO USE THIS MANUAL

This manual is designed for the people doing the daily work of helping clients move through complex systems. Read cover-to-cover during onboarding, or jump to the section you need at the moment of contact.



CASE WORKERS



PROGRAM
COORDINATORS



COMMUNITY
LEADERS



FRONTLINE STAFF

“ This manual serves as a practical resource for supporting individuals and families at every stage of their journey—from first contact and referrals to follow-up care and building lasting trust within the community.

The Communities We Serve & The Principles That Guide Us.

Context, stressors, and the values behind every interaction.



East African families in Windsor carry layered histories—pre-migration trauma, displacement, and the ongoing work of building a new home. Meaningful care begins with recognizing both the challenges they have faced and the resilience they bring.

WHY THIS MATTERS

2×

AFRICAN IMMIGRANTS ARE TWICE AS LIKELY TO AVOID DEPRESSION TREATMENT COMPARED TO CANADIAN-BORN POPULATIONS

5+

MAJOR POST-MIGRATION STRESSORS: EMPLOYMENT, LANGUAGE, RACISM, ISOLATION, SETTLEMENT

90%

OF SUBSTANCE-USE DISTRESS IN COMMUNITY REMAINS HIDDEN DUE TO STIGMA

THE FOUR CORE PRINCIPLES

CULTURALLY RESPONSIVE CARE

Recognize: the importance of culture, faith, family, and community roles.

Avoid: one-size-fits-all approaches.

Remember: cultural competence is an essential component of effective and responsive care.

COMMUNITY-BASED NAVIGATION

Many individuals and families first seek support through trusted networks such as family members, faith leaders, and community organizations.

Effective engagement begins by meeting people where they are and working alongside these existing sources of support.

TRAUMA-INFORMED APPROACH

Recognize that many individuals may have experienced trauma. Prioritize safety, trust, choice, collaboration, and empowerment in every interaction. Support emotional regulation and a sense of safety before conducting assessments or discussing difficult experiences.

INTEGRATED CARE MODEL

Effective support recognizes the connection between mental health, substance use, physical well-being, and social determinants of health. Service providers should work collaboratively to ensure individuals can access the support they need without navigating fragmented or siloed systems.

The Pathway from First Contact to Continuity.



1

ENTRY POINTS

EACRC, youth hubs,
hospitals, faith leaders,
schools.

2

SCREENING & INTAKE

Mental health, substance
use, risk level — with
interpreter.

3

CARE MATCHING

Low → peer support.
Moderate → counselling.
High → crisis.

4

WRAP-AROUND

Housing, employment,
settlement, family support.

5

FOLLOW-UP

Case management, warm
referrals, ongoing
monitoring.

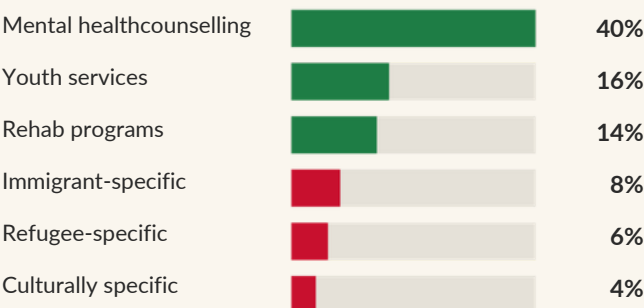
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There is no wrong door.

Existing Services, Identified Gaps, and Strategies for Effective Communication

SERVICE LANDSCAPE

Although a range of services are available, important gaps remain for East African communities, particularly in areas requiring culturally relevant, language-specific, and community-informed support.



CRITICAL GAP

The communities with the most specific and culturally responsive support needs often have the fewest services available to them. Addressing this gap is central to EACRC's work.

LANGUAGE ACCESS REALITY

94%

OF ORGANIZATIONS HAVE VERY LOW LANGUAGE ACCESSIBILITY FOR EAST AFRICAN LANGUAGES

STANDARD PROTOCOL

1

CONFIRM LANGUAGE

Exact language + dialect.

2

BOOK INTERPRETER

Trained, professional.

3

NEVER USE FAMILY

Especially not children.

LANGUAGE	DIRECT SERVICES	ACTION
Amharic	None	Book interpreter
Oromo	None	Confirm dialect
Somali	None	Use interpreter
Tigrinya	None	Specify clearly
Swahili	None	Use interpreter



The correct interpreter triangle: Maintain direct communication between the provider and client, with the interpreter supporting the conversation from the side. Use professional interpreters whenever possible. Avoid using family members as interpreters and never use children to interpret sensitive information.

Delivering Effective Care: Best Practices and Common Challenges

Cultural responsiveness must be embedded in policies, practices, and service delivery—not treated as a temporary initiative or individual effort.



Faith leaders are often trusted sources of guidance and support within East African communities and play an important role in promoting mental health, well-being, and help-seeking.

WHAT GOOD CARE LOOKS LIKE

- ◆ Staff reflect community diversity
- ◆ Trauma-informed, strengths-based practice
- ◆ Explicit anti-racism and anti-oppression policies
- ◆ Faith-sensitive, spiritually affirming services
- ◆ Accessible, community-rooted, easy to navigate

KEY GAP

Limited representation of East African communities within staff and leadership roles, combined with inconsistent collaboration with faith-based and community partners, can create barriers to culturally responsive service delivery.

TOP SERVICE ACCESS BARRIERS

90%

WAIT TIMES OVER
FOUR WEEKS

—

REFERRAL
REQUIREMENTS BLOCK
WALK-INS

—

ID REQUIREMENTS
EXCLUDE PENDING
STATUS

—

LACK OF TRANSLATION
AND TRANSPORTATION
LIMITS ATTENDANCE



Understanding Accessibility in Service Delivery

A 100-point assessment tool designed to evaluate provider partners across six core dimensions of accessibility, responsiveness, and quality.



Six dimensions, scored out of 100. Cultural Responsiveness and Language Access together carry 35 points — they determine whether a client returns.

CATEGORY	MAX POINTS
Service Access	20
Cultural Responsiveness	20
Language Access	15
Capacity	15
Quality & Safety	15
Partnerships	15

HOW TO USE THE SCORE

85–100

Strong partner. Prioritize for referrals. Consider co-developing programs, training opportunities, and community initiatives.

70–84

Acceptable partner. Refer with standard preparation and follow-up. Flag domains for improvement.

50–69

Conditional partner. Refer only when necessary. Provide EACRC accompaniment on first visits.

< 50

Generally avoid. Only refer when no alternative exists; discuss risks with client.

PURPOSE OF THE TOOL

Assess provider strengths and gaps, inform referral pathways, and support the development of effective community partnerships.

Key Resources in Windsor and Effective Referral Practices



Youth-led, peer-supported, and low-barrier approaches are key characteristics of programs that effectively engage and support young people.

WINDSOR CORE RESOURCES

Youth Wellness Hub Windsor-Essex

Walk-in services for ages 12–25. Mental health, addiction, housing.

AMANI Program (weCHC)

Culturally responsive care for Black youth — Afrocentric, anti-oppressive.

CMHA Windsor-Essex

Counselling, crisis services, community-based programs.

Family Services Windsor-Essex

Affordable counselling for individuals and families.

Mar yvale

Specialized youth mental health treatment.

WARM REFERRAL — BEST PRACTICE

INSTEAD OF

"Here's a number — try calling them."

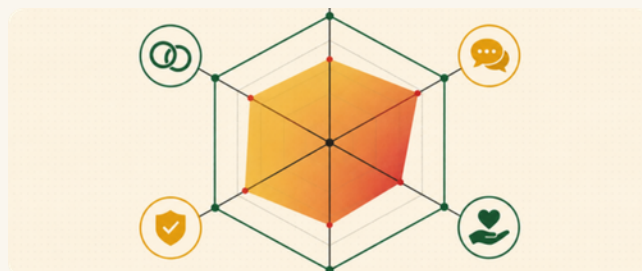
DO THIS

Call with the client. Book the appointment together. Follow up within 72 hours.

REFERRAL FLOW



Identify the need. Match the service. Confirm eligibility and interpreter. Book with the client present. Follow up within 72 hours of the first appointment.



A warm referral is a partnership. The navigator and the client make the call together.

Looking Ahead: EACRC's Next Steps

Four Key Commitments—and the Partnerships Needed to Achieve Them

Build Language Access

- Interpreter partnerships
- Community interpreters from the East African diaspora

Lead Community Navigation

- Bridge between client & system, Walk-with, not refer-to
- Embedded navigators in schools and clinics

Expand Outreach

- Workshops in community spaces
- Faith-based engagement
- Youth-led peer programs

Strengthen Partnerships

- Health providers & hospitals
- Youth services & schools
- Settlement & legal agencies



A CALL TO COLLABORATE.

No single organization can address these challenges alone. Meaningful and lasting change requires collaboration across sectors and communities.

EACRC invites health care providers, youth-serving organizations, faith leaders, settlement agencies, educators, and community partners to incorporate the insights and recommendations within this manual into their own practice. We also invite you to share your knowledge, expertise, and lived experience to help strengthen ours. Together, we can build a more accessible, culturally responsive, and community-centered system of support for East African, Black, immigrant, and refugee communities in Windsor-Essex.

The network of partnerships highlighted throughout this manual is not a future vision—it is work already underway. By continuing to collaborate, learn from one another, and invest in our communities, we can expand its impact and create lasting change.

To partner with EACRC, contact us using the information below.

- Website: eacrc.ca
- Email: info@eacrc.ca
- Phone: 226-75709552

Disclaimer: This manual is intended as a practical resource and does not replace professional medical, legal, or clinical advice. Service availability may change over time.

