

From Innovative Research to Innovative Solutions: Bringing Diversity in Mental Health From the Margins to the Core

A Roundtable for Action
held in Toronto on April 15th, 2009



Summary Report



CURA led by Centre for Community Based Research



Executive Summary

Purpose of Roundtable

The following report describes highlights from a roundtable discussion held April 15th, 2009. The roundtable was an opportunity for multiple stakeholders to discuss possible strategies for resourcing and equipping mental health innovation that would *bring diversity in mental health from the margins to the core*.

Reality of Mental Health and Diversity in Ontario

The roundtable discussion acknowledged some of the conditions that lead to the current context of the mental health system's inadequate response to diversity.

- ◆ Diversity is not new
- ◆ Need for wider access to services
- ◆ Overlapping sectors = Under-served newcomers
- ◆ System-wide Failure in Mental Health Sector

Response to Mental Health and Diversity in Ontario

Community-based and governments have initiated responses to this reality across Ontario, but they are not many, not system-wide, and for the most part they have not been sustained.

Roadblocks

Despite several innovative initiatives taking place across Ontario, participants identified a list of barriers that stand in the way of moving toward solutions.

- ◆ Bureaucratic system puts third sector in jeopardy
- ◆ Priority #1 = cost-effective and quantitative measures, not people
- ◆ Difficulties in shifting services
- ◆ Multi-level system change is complicated
- ◆ Partnerships between small and large organizations are challenging
- ◆ Over-researched cultural communities
- ◆ Inconsistent terminology
- ◆ Need for centralized knowledge bank

Toward Solutions

The main focus of the open discussion was to generate ideas that seek to find solutions to remove the roadblocks and to address the dilemmas of how to bring diversity 'from the margins to the core' of the mental health system.

- ◆ Better communication and mutual understanding among stakeholders
- ◆ Understanding politics behind policy making
- ◆ Need strategic roles for planners funders & NGOs
- ◆ Innovative research partnerships
- ◆ New approaches to research funding
- ◆ Political and civil society advocacy
- ◆ Strategic messaging to government

Action Steps

Participants talked about next steps. Some ideas were generated on the spot, and this report is meant to generate additional thoughts about concrete ways to act on the ideas discussed at the roundtable.

- ◆ Present ideas generated in Roundtable at conferences
- ◆ Create learning opportunities for both non-profit and academic sectors to better understand policy arena
- ◆ Develop new models for knowledge transfer and networking, and connecting more with existing knowledge forums
- ◆ Adapt existing diversity training models for senior level policy-makers and funders
- ◆ Develop a comprehensive province wide evaluation strategy according to community based research principles

Introduction

As we find ourselves at the heart of the global economic crisis, the world is seeking insight into where we go from here. This is a moment when funders and policy-makers must broaden their focus and begin to examine the complexity, diversity and creativity of possibilities. Community based research that engages social sciences and humanities practitioners and academics to deepen knowledge and understanding of individuals, communities and societies could inform our efforts to create a more effective, resilient and just world. The roundtable discussion on April 15th was a first step in that direction.

The Taking Culture Seriously in Community Mental Health Community University Research Alliance (CURA) partnership* (www.takingcultureseriouslyCURA.ca) and the Wellesley Institute (<http://wellesleyinstitute.com>) convened an action-oriented roundtable in order to address a complicated dilemma within Ontario's mental health system. Multiple stakeholders were invited to exchange ideas and collectively identify strategies about two key concepts:

- a) *How do we move culturally responsive services from the periphery to the core of our mental health system?*
- b) *How do we ensure that innovative solutions are tried and tested in practice?*

The roundtable was a unique opportunity in that it brought together many funders and policy makers, along with representatives of agencies, researchers and community members. In order to share common ground on the terms *innovative research*, *innovative practice* and *innovative solutions*, a working definition of social innovation was provided:

Social innovation is about transforming existing functions and structures. In many ways, social innovation is transformative because it demands new thinking and new forms of action. Frances Westley has noted that "social innovation is an initiative, product, or process that profoundly changes the basic routines, resource and authority flows or beliefs of any social system."

Who Participated?

Over thirty individuals participated in the Roundtable. Participants included senior funding and policy decision-makers, cultural community leaders, practitioners and academics. To see the list of participants, please see Appendix A. To read more about the hosts and facilitator, see Appendix B.

Rationale

The roundtable was organized in response to a recent trend observed in Ontario's mental health system. Despite the fact that Ontario demographics have changed dramatically towards cultural diversity, residents from many ethno-racial backgrounds are not being adequately served by the publically-funded mental health system.

Large-scale community based research initiatives have resulted in innovative solutions to this problem. However, while the research of innovation has been well-funded, a strategy to implement innovative solutions in a sustainable manner is absent. Diversity within mental health remains marginalized.

The roundtable was designed to begin discussions about possible strategies for resourcing and equipping mental health innovation. For more information about the context for the Roundtable, see Appendix C.

Outline of the Day

The Roundtable was a half-day event that included some presentations, a theatre performance, and a discussion. To see the agenda, please see Appendix D.

CURA Overview: Joanna Ochocka, PI of the *Taking Culture Seriously in Community Mental Health CURA*, and Rich Janzen, CURA Co-Investigator, provided a brief introduction to the CURA project.

Over the past four years, the “Taking Culture Seriously in Community Mental Health” CURA has been working to explore, develop, pilot and evaluate how best to provide community-based mental health services that are effective for people from culturally diverse backgrounds. Over 45 partners include leading academics, practitioners (mental health and settlement), and cultural-linguistic communities members. After consulting over 300 individuals in Toronto and Waterloo Region, the partnership has produced an emerging framework to guide culturally responsive mental health policy and practice.

In order to put the emerging CURA theory into practice, CURA partners have recently clustered to design, plan, and deliver demonstration projects based on this framework. Projects range from innovative services in local communities to province-wide training; from new policy formulation to creative prevention interventions. While diverse, all projects must demonstrate some level of reciprocal collaboration between cultural-linguistic communities, practitioners and policy-makers. The development and implementation of these demonstration projects is presently being evaluated by the CURA project.

Panel exposing the complexity of the issue: Sandi Bell facilitated the four-person panel which provided context for the discussion.

- ❖ Aseefa Sarang, Executive Director - Across Boundaries
- ❖ Baldev Mutta, Executive Director - Punjabi Community Health Services
- ❖ Steve Lurie, Executive Director - CMHA Toronto
- ❖ Debbie Douglas, Executive Director - OCASI

For more information about each panelist, please see Appendix E.

Theatre presentation: The MT Space Theatre company (www.mtspace.ca) performed the CURA-commissioned live professional theatre: “*The Other End of the Line*”, a fifteen minute presentation of the main research findings from the Taking Culture Seriously CURA study.

Roundtable facilitated discussion: All panelists and participants were invited to discuss their perspectives on three main questions:

1. What (if any) is the role of policy makers, planners, and funders in sustaining innovative practice?
2. How and at which point should funders be engaged with other stakeholders in ensuring innovative solutions are implemented and sustained?
3. How does innovative practice become integrated into an existing system? Should it? What is the role of evaluative research?

Discussion Highlights

The discussion topics have been grouped according to five main themes: reality and responses to mental health and diversity, roadblocks, toward solutions, and action steps.

Reality of Mental Health and Diversity in Ontario

The roundtable discussion acknowledged some of the conditions that lead to the current context of the mental health system’s inadequate response to diversity, including the tendency to treat diversity as a new issue, the need for wider access, overlapping sectors and system-wide failure.

Diversity is not new

The issue of cultural diversity is by no means a new issue. 50% of Toronto’s population is born outside of Canada. Immigrant integration is everyone’s business, and the mainstream notion of diversity needs to shift to see immigrants and refugees as the mainstream. One participant pointed out that we don’t learn from the past as well as we should. It was not that long ago when Catholics were as marginalized as newer cultures to Canada are now.

Need for wider access to services

Not everyone has access to the services they need due to their status or language barriers, among other factors. Citizenship and language fluency currently determine what services are available, rather than services being offered based on needs.

Overlapping sectors = Under-served newcomers

Immigrant mental health does not fall into one Ministry's jurisdiction. For example, the issue of long-term resettlement stress is one that is not addressed because settlement services see it as a health issue, and health services see it as a settlement issue. Research has shown that immigrants come to Canada young, energetic, and healthy and five years later, on average, their health decline. The way people are integrated into Canada has a serious effect on their health in the longer term.

System-wide failure in mental health sector

Participants recognized that the mental health sector is under-resourced, and that the system is not working for most people it serves. Regardless of clients' ethno-racial backgrounds, mental health services are not client-focused.

Response to Mental Health and Diversity in Ontario

Community-based organizations and governments have initiated responses to this reality across Ontario, but they are not many, not system-wide, and for the most part they have not been sustained. Participants shared about some of these initiatives.

Community initiatives responding to mental health and diversity

CURA partners shared a few examples of innovative initiatives from both their CURA demonstration projects and other endeavors.

Across Boundaries that is a mental health centre that provides a range of support and services to people of color in the Greater Toronto Area. They take a holistic approach to mental health care and operate within an anti-racism / anti-oppression framework.

The Punjabi Community Health Services has developed an integrated holistic model to address substance abuse, mental health and family violence in the South Asian community. *CMHA – Toronto* is a large mental health service agency, which offers a host of cross-cultural programs within the GTA.

It was noted that community based initiatives in the health sector are looking to identify how to have a multi-service hub approach that would see employment and legal services integrated with health services.

The Ontario Council of Agencies Serving Immigrants (OCASI) is involved in several initiatives to promote the needs of their member agencies and the people they serve. As an example, they are just beginning to do work with Citizenship and Immigration Canada to look at the mental health needs of newcomers. This type of collaborative research between public and non-profit sector is viewed as a positive step toward the policy making arena.

Twelve *CURA demonstration project proposals* have been developed based on CURA findings. Six of them are funded:

- A mental health case management, outreach and support services program for the Punjabi Community in Peel Region
- Strengthening mental health in cultural-linguistic communities by training and employing community mental health navigators in Waterloo Region
- Raising awareness about mental health issues in Waterloo Region - High school youth multicultural theatre
- Supporting mental health of seniors in Waterloo Region
- Self help groups for women and men
- Province-wide leadership and training in community mental health and cultural diversity

Government initiatives responding to mental health and diversity

Participants discussed some examples of government initiatives.

The *Mental Health Commission of Canada* has been engaging in regional consultations in the area of diversity and mental health, and further consultations are planned to continue this year.

Local Immigration Partnership (LIP) projects in communities across Ontario will be working on ways to prioritize what is important to immigrants at the local level.

Local Health Integration Networks (LHINs) are doing consultations in their jurisdictions.

Roadblocks to Solutions

Despite several innovative initiatives taking place across Ontario, still barriers remain. Conflicting needs and priorities between all stakeholder groups emerged as key roadblocks to moving forward. From bureaucratic funding mechanisms to cultural communities feeling over researched and the lack of a common lexicon in the sector, the roadblocks are many.

Bureaucratic system puts third sector in jeopardy

Research has shown that leaders in non-profit organizations are required to spend far too much on writing proposals and reports, which prohibits them from focusing on strategic planning and collaborations. According to the Wellesley Institute, Executive Directors in non-profits spend 45% on such paperwork and they estimate that in this year of economic uncertainty, 12000 non-profit organizations will close because they were not innovative enough.

Priority #1 = cost-effective and quantitative measures, not people

Governments and funders prioritize cost-effectiveness: new models of increasing the focus on diversity in mental health are being weighed against 'econometric models' which combine economic theory with statistics to analyze and test economic relationships involved in altering services.

Difficulties in shifting services

Non-profit service agencies are facing difficult situations in a competitive funding environment. A study involving executive directors of mainstream mental health agencies demonstrated narrow perspectives on diversity. Many were open to serving diverse populations if they have access to specified funding, but in its absence, their standpoint is that they are already struggling to serve mainstream clients, let alone focusing on extras.

One answer to this alarming idea is that agencies need to consciously choose who they will or will not serve. Effectively they need to stop serving current (mainstream white) clients and use the same amount of dollars and staff to change services and concentrate them more to reflect the current population. Mainstream organizations that are not providing effective services for newcomers need to take a risk and shift their priorities toward serving diverse populations better.

Organizations that resist changing to serve their current population will need to change if they are mandated to serve the entire population.

Multi-level system change is complicated

One participant put forward that unless we find a way to change the systems on all levels: local, provincial, and federal, rather than just focusing on innovative service on the smaller scale, we won't be able to sustain innovations. On the other hand, the idea that best practices need to be generalize-able was problematic because solutions are often specific to cultural or local contexts. Policy-making at the federal level is macro, and it's difficult to take micro-level initiatives and make them generalized across the board. According to one participant, one of our biggest barriers is the failure to acknowledge the uniqueness of each community in Canada, and in turn our need is to embrace that from a policy perspective.

Partnerships between small and large organizations are challenging

It was put forward that larger organizations have difficulty partnering with smaller agencies because they are often too bureaucratic to be able to do similar things as small, adaptable organizations.

Over-researched cultural communities

In response to the need for evidence-based practice, many cultural communities have participated in several research studies, and yet they have seen no sustained changes. Community members are now hesitant to engage in further mental health research studies because of past negative experiences and want avoidance of further stigma.

Inconsistent terminology

Multi-sector communication is difficult because of the wide range of terms used to express the same meaning. For example, *social determinants of health* is used in some circles, whereas *health equity* is used by others to mean the same thing.

Need for centralized knowledge bank

The lack of a centralized place of knowledge about best practices and research-based recommendations was also acknowledged.

Toward Solutions

The main focus of the open discussion was to generate ideas that seek to find solutions to remove the roadblocks and to address the dilemma of how to bring diversity 'from the margins to the core' of the mental health system. Strategies identified include: better mutual understanding, strategic roles and messages, innovative research partnerships and approaches, and advocacy.

Better communication and mutual understanding among stakeholders

In response to the question: why isn't community research picked up by government funders? One response was that government offices may not know where to look for this, and community researchers may not know who to approach. It was acknowledged that the mental health system is difficult to navigate, including for individuals employed within it. We have to work together to understand and navigate the systemic problems.

Understanding of the politics behind policy making

One participant recommended that local community based researchers connect with regional offices of relevant Ministries rather than provincial or federal offices to share research recommendations because they have capacity to respond to and fund local initiatives.

For larger initiatives that researchers see as relevant to potential wider policy shifts, they need to know who to approach, and they need to be aware of timing. For example, during election periods politicians are the ones to try to influence to bring the issue onto the political platform. During a mandate, senior bureaucrats would be the people to approach, keeping in mind that senior government employees tend to be looking at "*big P Policy*." Their mandate is to work on developing policy directly from government platform – rather than responding to community based platforms. Some policy makers would be interested in understanding how to incorporate new ideas into policy if it fits into what is currently being worked on.

Need strategic roles for planners funders and NGOs

Planners and funders should take an active role as connectors between researchers and other stakeholders and help to share information about research findings and innovative practice.

Organizations may consider taking on a government relations role, to have an employee whose main task would be to work with policy makers and planners in a strategic way. It was pointed out that this type of role however would not be fundable by many funders.

Strategic messaging to government

Agencies and academics need to identify ways to engage with the policy arena by understanding what format of messaging works best, and how to influence policy changes. Multi-methods research, including a blend of qualitative and quantitative methods, holds more weight than solely qualitative or quantitative research.

Innovative research partnerships

Multi-stakeholder partnerships among people who have lived experience in community, academic researchers, and government workers are needed. Collaborations that include the private sector were discussed with a certain amount of caution at the table, because not all private companies would make suitable partners.

New approaches to research and funding

If we were to ensure our approach to doing research is participatory and practice oriented, it would be more likely to result in stronger programming. For example, if research funding were set up to have a service or program innovation requirement, and also a built-in second phase of funding were to support that new initiative, this could be a solution toward sustained research-inspired innovations.

Pooled funding and pooled evaluation approaches were recommended, as was the idea that we need more permeability of jurisdictions as we look toward solutions.

Political and civil society advocacy

Need to get general public / community saying this is an important issue because politicians and policy makers do not deem it important enough. We need to do much more community action at a larger level. We need to learn from certain communities, for example the Punjabi community. They know how to mobilize in large numbers for a cause.

We as a sector and others need to continue to advocate to the government, to let them know they have a role in success of immigrant integration. If Canada's future is based on immigration, all federal departments have a role to play.

Action Steps

Participants talked briefly about next steps. Some ideas were generated on the spot, and this report is meant to generate additional thoughts about concrete ways to act on the ideas discussed at the roundtable.

1. Share the "*Taking Culture Seriously in Community Mental Health*" findings with a larger group of private foundations. For example, the Philanthropic Foundations of Canada (Biannual Conference will be held in October 2009 in Calgary).
2. Create learning opportunities for non-profit and academic sectors to better understand policy arena and the distinct roles of policy makers, policy analysts, and politicians.
 - i) Learn from other sectors how they influence policy change.
 - ii) Develop a course to address the lack of understanding of policy environment among community researchers.
3. Develop new models for knowledge transfer by creating a mechanism for maintaining communication across sectors about new initiatives for people with commitments and engagements in the area of mental health and diversity.
4. Explore possibilities of knowledge networking and sharing a database of best practices. Connect with current opportunities for knowledge sharing (e.g. Ontario Mental Health and Addictions

Knowledge Exchange Network (OMHAKEN) and the biweekly newsletter Mental Health Notes published by CMHA Ontario).

5. Adapt existing diversity training models (eg. OCASI, Across Boundaries, CURA demonstration projects) for senior-level policy-makers and funders.
6. Develop a comprehensive province wide evaluation strategy according to community based research principles that monitors the progress and promotes innovative learning in bringing diversity in mental health from the margins to the core.

Roundtable Materials

Appendix A: Roundtable Participants

Appendix B: Information about the Roundtable Hosts

Appendix C: Backgrounder (one-page)

Appendix D: Agenda

Appendix E: Information about the Panelists

Appendix A: List of Roundtable Participants

Katherine Babiuk
Regional Program Advisor
Citizenship and Immigration Canada
Settlement and Intergovernmental Affairs Directorate
Ontario Region

Sarah Caldwell
Senior Research Advisor
Research Unit
Health System Planning and Research Branch
Health System Strategy Division, Ministry of Health and Long-Term Care

Bernice Cipparone
Ontario Trillium Foundation

Brenda Elias
Toronto Site Coordinator, Mental Health Commission of Canada
National Research Demonstration Project on Homelessness and Mental Health
and Executive Director, Canadian Association on Gerontology,
Institute for Life Course and Aging,
University of Toronto

Michelle Gold
Senior Director, Policy and Programs
Canadian Mental Health Association, Ontario

Beth Jackson
Manager, Research and Knowledge Development Strategic Initiatives and Innovations Directorate Public
Health Agency of Canada

Ursula Lipski
Team Lead, Settlement and Diversity Unit
Ministry of Citizenship and Immigration

Jai Mills
Portfolio Lead, Mental Health & Addictions
Central East LHIN

Hulene Montgomery
Executive Director
Lyle S. Hallman Foundation

Christy Pentland
Policy Analyst
Health System Planning & Research Branch
Health System Strategy Division, Ministry of Health and Long-Term Care

Samina Talat
Planning, Integration and Community Engagement Consultant
Central West Local Health Integration Network

Jeff Wright
Director - RESEARCH AND OUTCOME MEASUREMENT
Children and Youth Services

Roundtable Facilitator:

Sandi Bell
President, EMPOWORD Inc.

Wellesley Institute:

Rick Blickstead
CEO Wellesley Institute

Brenda Roche
Research Director
Wellesley Institute

Grace Piekielko
Research Administrator
Wellesley Institute

CURA Partners:

Joanna Ochocka
PI, Taking Culture Seriously in Community Mental Health CURA
Executive Director, Centre for Community Based Research

Rich Janzen
Research Director
Centre for Community Based Research

Sarah Marsh
Researcher and CURA Coordinator
Centre for Community Based Research

Laura Simich
Scientist, Social Equity and Health Research
Centre for Addiction and Mental Health

Nora Jacobson
Scientist, Health Systems Research and Consulting Unit
Centre for Addiction and Mental Health
Associate Professor, University of Toronto

Deqa Farah
Health Promoter
Community Resource Connections of Toronto (CRCT)

Helen Song
CURA Community Researcher

Don Roth
Executive Director
CMHA Grand River Branch

Hsiao D'Ailly

Chair, Social Development Studies
Renison University College at University of Waterloo

Janet Priston
Manager, RAP, ECM & CCI
Canadian Mental Health Association (CMHA), Toronto Branch

CURA Partner Panelists:

Aseefa Sarang
Executive Director
Across Boundaries

Baldev Mutta
Executive Director
Punjabi Community Health Services

Steve Lurie
Executive Director
Canadian Mental Health Association (CMHA), Toronto Branch

Debbie Douglas
Executive Director
Ontario Council of Agencies Serving Immigrants (OCASI)

Regrets:

Hugh McKenzie
Hugh Mackenzie & Associates

Alexander Greer
Executive Director
Ontario Mental Health Foundation

Ayasha Mayr Handel
Senior Policy Adviser
Equity Unit, Health System Policy and Relations Branch
Health System Strategy Division, Ministry of Health and Long-Term Care

Anne Bowlby
Manager of Mental Health and Addictions
Health Program Policy and Standards Branch
Ministry of Health and Long-Term Care

John Stapleton
Principal: Open Policy –Toronto Canada

Sandra Hanmer
CEO Waterloo Wellington LHIN

Appendix B: Host organizations and lead individuals

From Innovative Research to Innovative Solutions: Bringing Diversity in Mental Health from the Margins to the Core

A Roundtable for Action

CURA Partners

Over 45 partners from Toronto and Waterloo Region have been collaborating on a five-year research study entitled Taking Culture Seriously in Community Mental Health since 2005. Partners include leading academics, practitioners (mental health and settlement), and cultural-linguistic communities members. This CURA has as its purpose to explore, develop, pilot and evaluate how best to provide community-based mental health services that are effective for people from culturally diverse backgrounds. After consulting over 300 individuals in Toronto and Waterloo Region, the partnership has produced an emerging framework to guide culturally responsive mental health policy and practice. Currently clusters of partners are piloting demonstration projects based on the emerging framework. For more details of this study, please see www.takingcultureseriouslyCURA.ca.

Joanna Ochocka

Principle Investigator, Taking Culture Seriously in Community Mental Health CURA
Executive Director, Centre for Community Based Research (CCBR)

Joanna is the Executive Director of the Centre for Community Based Research. She is also an Adjunct Faculty member in Community Psychology at Wilfrid Laurier University. Joanna is one of Canada's leaders in the use of participatory action research. Joanna's practice of research as a tool for social change focuses on community mental health for people with serious mental health issues, on cultural diversity and immigration issues, and on community supports for marginalized populations. She is the author of numerous academic articles and co-author of the book entitled Shifting the Paradigm in Community Mental Health. For more information about the Centre for Community Based Research, please see www.communitybasedresearch.ca

Wellesley Institute

The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy institute. Its focus is on developing research and community-based policy solutions to the problems of urban health and health disparities. The Wellesley Institute is a unique hybrid: while there are many policy institutes and think tanks, many organizations providing capacity building, and some funding of community-based research, no other institute in Canada brings all these strands together, all focused on developing research and community-based policy solutions to problems of urban health. For more information, please see www.wellesleyinstitute.com

Rick Blickstead

Chief Executive Officer, Wellesley Institute

Rick Blickstead is currently the Chief Executive Officer at the Wellesley Institute, an independent non-profit research and policy institute working to advance health equity through community-based research, community engagement, social innovation and policy development. Rick received his Honours Bachelor of Commerce from Carleton University, his Masters in Business Administration from the University of Toronto and has completed the YPO Presidents Academy at the Harvard Business School. Rick serves on a number of private and public sector Boards in Canada and the United States, including the Young Presidents Organization, the Children's Aid Foundation, and the Life Store Medical Group LLP.

With broad experience as a senior executive in both Canada and the United States, Rick has specialized in business and organizational revitalization, strategy development and Board governance. He has successfully repositioned mass and specialty retail, healthcare, and government agencies as well as public sector companies and institutions.

Rick is also an Adjunct Professor at the University of Toronto in the area of strategic revitalization of public and private sector organizations.

Sandi Bell, Roundtable Facilitator

Ms. Sandi Bell is a highly respected expert with over 30 years experience in the areas of human rights, anti-racism, diversity and equality. She is a part time Commissioner with the Canadian Human Rights Commission as well as a Member of the Mental Health and Law Advisory Committee of the Canadian Mental Health Commission. Ms. Bell is an experienced consultant with expertise in facilitation and mediation. Her volunteer endeavours include past Chair of the Health Equity Council, Member of CAMH Disability Working Group, Chair of Across Boundaries, past Board Member of the Toronto Children's Aid Society, Director of March of Dimes, and Chair of ARCH legal services resource centre for people who have disabilities.

As a female, an individual of African-Canadian and Aboriginal-First Nation heritage, as well as a person with a physical disability and a vision impairment, Ms. Bell's passion for these issues are both professional and personal. As she often says, "these issues are not a subject to me; they are a way of life!" For more information about Sandi, please visit www.empowword.on.ca

Appendix C: Backgrounder for Roundtable Discussion

The Taking Culture Seriously in Community Mental Health CURA partnership*

(www.takingcultureseriouslyCURA.ca) and the Wellesley Institute (<http://wellesleyinstitute.com>) have partnered to convene an action-oriented roundtable. This roundtable has been organized in response to a recent trend observed in Ontario's mental health system.

1. *A reality: growing diversity*

Over 120,000 immigrants come to Ontario each year from diverse world regions. This immigration trend is only expected to increase. Mental health services are struggling to respond Ontario's growing cultural and racial diversity. Research has shown that members of many minority groups find it difficult to access mental health services, receive inadequate diagnosis and treatment, or experience services that are culturally inappropriate or demeaning. Clearly new innovative solutions are needed to ensure that publically-funded mental health services are effective for today's multicultural society.

2. *A response: research-inspired innovation*

Over the past four years, a unique collaborative of 45 partners have taken on this challenge. The "Taking Culture Seriously in Community Mental Health" CURA has as its purpose to explore, develop, pilot and evaluate how best to provide community-based mental health services that are effective for people from culturally diverse backgrounds. Partners include leading academics, practitioners (mental health and settlement), and cultural-linguistic communities members. After consulting over 300 individuals in Toronto and Waterloo Region, the partnership has produced an emerging framework to guide culturally responsive mental health policy and practice.

In order to put the emerging CURA theory into practice, CURA partners have recently clustered to design and plan innovative demonstration projects based on this framework. Projects range from innovative services in local communities to province-wide training; from new policy formulation to creative prevention interventions. While diverse, all projects must demonstrate some level of reciprocal collaboration between cultural-linguistic communities, practitioners and policy-makers. The development and implementation of these demonstration projects is presently being evaluated by the CURA project.

3. *A roadblock: implementing solutions*

The practical implementation phase of the CURA project has faced a challenge that we recognize as indicative of a larger dilemma not uncommon in the quest for social innovation. Of the twelve projects developed only three have been successfully funded to date. This has occurred despite a clear articulation of research-based need, well crafted project descriptions, solid partnerships, and in some cases initial interest from potential funders.

Social innovation theory tells us that a combination of factors are needed to reach desirable change: new ways of thinking about a problem (innovative ideas); changes in social interactions (innovative partnerships); and changes in the way power and resources are allocated (innovative political structures). In the CURA example, the first two of these pre-requisites have been met. The roadblock has been the third.

Funders and policy makers are key players in achieving this third element. A new strategy for resourcing and equipping mental health innovation is needed that will move creative ideas and partnerships into action. This would be best done in collaboration with practitioners, community leaders and academics who hold insights into practical solutions. A system-wide (not piecemeal) effort would also be ideal. The roundtable was organized to meet these objectives.

* Project funded by: Social Sciences Humanities Research Council of Canada and the Ontario Trillium Foundation



**From Innovative Research to Innovative Solutions:
Bringing Diversity in Mental Health from the Margins to the Core**

**– A Roundtable for Action –
Agenda**

**Metro Central YMCA
20 Grosvenor St., Toronto
8:30 – 12:30**

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|--|----------------------|
| 1) Welcome and Introductions
Joanna Ochocka and Rick Blickstead | 8:30 – 8:50 |
| 2) CURA Overview
Brief introduction to CURA project - Joanna | 9:00 – 9:15 |
| 3) Panel exposing the complexity of the issue
(mental health and diversity in Ontario) | 9:15 – 9:45 |
| <ul style="list-style-type: none">❖ Aseefa Sarang, Executive Director - Across Boundaries❖ Baldev Mutta, Executive Director - Punjabi Community Health Services❖ Steve Lurie, Executive Director - CMHA Toronto❖ Debbie Douglas, Executive Director - OCASI | |
| Five minute presentations, moderated by our facilitator | |
| <ul style="list-style-type: none">❖ Reality❖ Response❖ Roadblocks | |
| 4) Break | 9:45 – 10:00 |
| 5) Theatre Presentation
CURA-commissioned live professional theatre: “The Other End of the Line” | 10:00 |
| 6) Roundtable facilitated discussion
Toward solutions | 10:30 – 12:00 |
| 7) Lunch | 12:00 – 12:20 |
| 8) Concluding Remarks | 12:20 – 12:30 |

Appendix E: Information about the Panelists

From Innovative Research to Innovative Solutions: Bringing Diversity in Mental Health from the Margins to the Core

– A Roundtable for Action –

Metro Central YMCA, 20 Grosvenor St., Toronto, 8:30 – 12:30

Aseefa Sarang, Executive Director - Across Boundaries

Baldev Mutta, Executive Director - Punjabi Community Health Services

Debbie Douglas, Executive Director – Ontario Council of Agencies Serving Refugees (OCASI)

Steve Lurie, Executive Director - CMHA Toronto

Aseefa Sarang, Executive Director - Across Boundaries

Aseefa is the Executive Director of Across Boundaries: An Ethnoracial Mental Health Centre and has been working in the field of mental health for the past 16 years. Aseefa's experiences and interests range from working to address needs of racialized communities, including youth, those in the criminal justice system, and family members as well as working to affect systemic policy change through various projects in the community, research and advocacy. Conflict mediation is of special interest to her and she occasionally enjoys volunteering her time to mediate workplace and individual conflicts.

Baldev Mutta, Executive Director - Punjabi Community Health Services

Baldev Mutta has been in the field of social work for over 30 years. He is the Founder and Executive Director of the Punjabi Community Health Services (PCHS). For the last 20 years, he has developed an integrated holistic model to address substance abuse, mental health and family violence in the South Asian community.

The integrated holistic model is based on three premises:

- The client is in control of the treatment
- The professional adjusts his/her clinical and community development approach to meet the client's needs
- The illness and wellness is understood from client's cultural perspective

Baldev has used an asset based community development approach to develop parenting programs in the Punjabi community. These parenting programs are run in partnership with religious institutions and school boards.

Mr. Mutta has received many community awards for his work on equity, community development, diversity management, and organizational change. He has his own television show, Community ConneXion, which is aired every Saturday at channel 626 Roger Cable (this is a specialty channel).

Debbie Douglas, Executive Director – Ontario Council of Agencies Serving Refugees (OCASI)

Debbie Douglas has been the Executive Director of the Ontario Council of Agencies Serving Immigrants, (OCASI) for the past ten years. OCASI was formed in 1978 as a council of over 200 autonomous, non-governmental, community-based agencies serving immigrants. OCASI's mission is to ensure that immigrants achieve equality of access and participation in every aspect of Canadian life. Prior to arriving at OCASI, Ms. Douglas made a significant contribution in the

non-governmental (NGO) sector in direct service organizations as a manager/director and as a consultant. As a consultant Ms. Douglas designed and delivered anti-oppression workshops for a wide range of community based organizations, post-secondary institutions, hospitals, community health and legal centres, police services and arts organizations.

Ms. Douglas currently co-chairs the National Working Group on Immigration and Settlement at the Canadian Council for Refugees (CCR).

Steve Lurie, Executive Director - CMHA Toronto

Steve has held his current position at CMHA Toronto since 1979. He has written and lectured extensively on mental health policy issues. He was a principal author of the Graham Report, Building Community Support for People, and conducted the 1992 snapshot of community mental health programs for the Ontario Ministry of Health and the Minimum Data Set Pilot Project (1998), which established a common data set for the reporting of client characteristics and outcomes in community and hospital based mental health services. He has taken on leadership roles on multiple committees, including the Central LHIN Mental Health and Addictions Network. He served on the Boards of Directors for the Centre for Addiction and Mental Health (CAMH) and for the Ontario Federation of Community Mental Health and Addiction Programs. Currently he serves as Chair of the Service Systems Advisory Committee for the Mental Health Commission of Canada.