

## Sharing What We're Learning

**Welcome....**to the first edition of CURA Findings. This bulletin will be published regularly over the course of the next five years to share our research findings as we explore community mental health from a multicultural perspective. In this issue, we share the findings from our initial literature review of cultural diversity, models for mental health service provision, and the proposed new theoretical framework of cultural empowerment.

### Cultural Diversity in Canada

In just one generation the ethno-racial composition of Canadian society has shifted dramatically. Recent Canadian policy suggests that this trend towards increasing cultural diversity will only continue, as "immigration is key to Canada's future" (Canadian Intergovernmental Conference Secretariat, 2004).

This cultural diversity is most keenly experienced in urban centres. Toronto is Canada's most multicultural city, receiving over 100,000 immigrants from around the world each year. Only 54% of residents have English as their mother tongue, and 43% are visible minorities (2001 Census). Toronto schools serve students from over 170 countries (Kilbride, Anisef, Baichman-Anisef & Khattar, 2000). Waterloo Region is an example of a mid-size urban area (population 450,000) that has become increasingly diverse. It has the fifth highest per capita immigrant population of all urban areas across Canada (2001 Census).

Responding to this rapid cultural transformation has been a pressing concern for human service organizations in Canada (Ochocka & Janzen, under review), including those in Toronto (Janzen, 1995) and Waterloo Region (Janzen & Ochocka, 2003). There is still a lack of consensus as to how human services in general (Fleras & Kunz, 2001), and mental health services in particular (Campinha-Bacote, 2002; Harley, Jolivet, McCormick & Tice, 2002; Taylor, 1999), can be inclusive of and responsive to cultural diversity in officially multicultural Canada.

The CURA project "*Taking Culture Seriously: Community Mental Health in Context*" intends to explore these issues by focusing on cultural-linguistic communities in Toronto and Waterloo Region.

### Culture-oriented Models

Historically, in the 1970s a culture-blind approach was adopted that treated service users the same regardless of their differences. Soon after, a theoretical framework called cultural sensitivity emerged. It emphasized the need for practitioners to be at least minimally aware of cultural differences. More recently, an approach known as cultural competence suggests a need for practitioners to have a more extensive knowledge of cultural issues and skills in tailoring services for specific cultural groups (Betancourt, Green & Carrillo, 2002; Maiter, 2003).

### Highlights

- There is a Canadian trend towards cultural diversity
- It is a challenge for mental health services to be inclusive and responsive to cultural diversity
- Many ethno-cultural groups lack access to appropriate community mental health services
- Culture-oriented service models focus on awareness of cultural differences, and needs of specific cultural groups
- Power-oriented models explore inequities based on gender, race and socioeconomics
- There is a recognized need to develop a model for service provision that integrates both power and culture
- In proposed cultural empowerment model, practitioners first know themselves and their own culture (me), before knowing others (you) while interacting within a broader context of power and inequality (us).

**Power-oriented Models**

In addition to these culture-oriented models, a number of power-oriented models have guided social and health practice (Almanzor, 1998; Razack, 1999; Strawbridge, 1994). An *anti-oppressive* framework builds on *anti-racist* models by being aware not only of “whiteness” as a social privilege, but also of the privilege inherent in other forms of identity, including gender and socioeconomic class.

**Mental Health and Cultural Diversity**

The field of community mental health is still grappling with its response to cultural diversity. While there is a growing body of evidence about the many different ways that various social factors determine health (Dunn & Dyck, 2000; Weerasinghe & Williams, 2003), culture is often lacking in this discussion (Baker, 2002) and only very recently has been recognized as a determinant of health (Health Canada, 2004). Indeed, community mental health has identified cultural diversity as a neglected value that currently deserves greater attention (CMHA National, 1998; Prilleltensky & Nelson, 1997).

Western-trained service providers and program planners often do not understand the culturally-specific meanings and customs attached to mental health and mental illness (James & Prilleltensky, 2003; Kim, Brenner, Liang & Asay 2003; Miranda & Fraser, 2002; Pines, Zaidman, Wang, Chengbing & Ping, 2003). Additional barriers deter people from diverse cultural backgrounds from seeking mental health services, including costly services, discrimination, stereotypical attitudes, covert or subtle racism (Hines-Martin et. al., 2003; Kirmayer et.al, 2003; Kirmayer, et. al., 1996), and the pervasive stigma with regards to mental illness in North America (Health Canada 2002). As a consequence, many ethno-cultural groups lack access to appropriate community mental health services (Beiser, 1999; Canadian Task Force, 1988; Peters, 1993) or receive inadequate diagnosis and treatment (Allison, Echemendia, Crawford & Robinson, 1996).

**Cultural Empowerment Model**

A synthesis of power and culture is seldom attempted (see Fleras & Spoonley, 1999, whose concept of “cultural safety” is one notable exception outside of the mental health field). The notion of *cultural empowerment* emerged within the CURA partnership as a preliminary theoretical framework for practical strategies. This framework emphasizes knowledge of other cultures (cultural literacy model), practitioners’ awareness of their own cultural identities and the constantly changing cultural identities of others (experiential-phenomenological model), as well as practitioners’ power status (anti-oppressive model).

The proposed shift to a *cultural empowerment* model fits well with broader shifts in community mental health practice that are leading to an increased emphasis on empowerment, community participation and inclusion, and access to valued resources (Nelson, Lord & Ochocka, 2001a). Service alternatives such as self-help, peer support, empowerment-oriented support coordination, and supported housing and employment are practical examples of this emerging paradigm (Carling, 1995; Ochocka, Nelson & Lord, 1999). This new paradigm emphasizes the importance of the community context—the responsibility for recovery does not rest solely on the mental health system but also on external circumstances, including supportive communities (Ochocka, Nelson & Janzen, 2005; Jacobson & Greenley, 2001).

**Next Steps**

Developing mental health strategies that are effective for all Canadians, regardless of their cultural backgrounds, requires an analysis of both power and culture. While emerging community mental health practice in Canada is working to minimize power differentials between practitioners and consumers, an equally empowering analysis of culture has not emerged. In short, community mental health practice needs to take culture seriously.

**Evolving Philosophical Approaches of Human Services in Multicultural Contexts**

