

Sharing What We're Learning

In March 2005, CURA partners launched a five-year study designed to explore, develop, implement and evaluate ways of providing effective community-based mental health services and supports for people from culturally diverse backgrounds. This issue focuses on the preliminary findings from the key informant interviews, one of a series of research methods that are being used to gather data this year.

Key informant interviews

The purpose of the key informant interviews was to gain an overview of diverse perspectives of mental health practice and cultural diversity in Canada. The main research questions focused on what is working, what is not working (and why), as well as what ought to happen to create more effective mental health services and supports for multicultural Canada.

Prior to starting the interviews, the draft criteria, questions, and consent forms were shared with the Toronto and Waterloo Steering Committees for review and comment. Once an ethics review was completed, CURA researchers proceeded with the interviews. Twenty-two interviews were conducted between January and March 2006 with policymakers/researchers, consumer/survivors and family members, members of umbrella organizations (consumer/survivor and multicultural organizations), and multicultural community leaders. Many of the interviewees were also mental health professionals.

Preliminary findings

The first fourteen interviews were analyzed, resulting in an interim report of preliminary findings presented to the key informant sub-committee (see box at right). Analysis of the remaining eight interviews will be completed by the end of June. The interim report divided participant responses into four categories: general challenges in the mental health system; challenge of integrating diversity into the culture of the mental health system; current responses to these challenges; and suggested responses. Highlights are given below.

General challenges in mental health system

Some of the overarching themes identified by participants included the individualistic and narrow focus on psychiatric diagnosis and treatment, the fragmented nature of the mental health system, the lack of consideration given to social determinants of mental health/illness, the focus on a crisis-oriented system that lacks services in promotion and prevention, and, overarching all of this, an almost exclusive reliance on the medical model.

This emphasis on crisis response means there are few resources available for people who need support but are not in crisis. As one key informant said,

"I see people who are potentially well and potentially can be functioning and are kind of slipping...and there are not too much resources out there until they become really sick."

CURA Research Methods

- international literature review
- key informant interviews
- service provider web survey
- focus groups with cultural-linguistic communities
- individual interviews/case studies
- popular theatre

Findings will be shared at

- **CURA conference**
- **December 7, 2006**
- **Wilfrid Laurier University
Waterloo, Ontario**

Plan to attend!

CURA key informant team

- Nora Jacobson (Centre for Addiction and Mental Health/University of Toronto);
- Rich Janzen (Centre for Research and Education in Human Services);
- Joanna Ochocka (CREHS);
- Julie Wise (CREHS)
- Jill Grant (PhD. student, Wilfrid Laurier University, Social Work);
- Elin Moorlag (PhD. student, University of Waterloo, Sociology);
- Adele Gawley (M.A. student, University of Waterloo, Sociology)

Special thanks to Jill Grant for preparation of the interim report on preliminary findings.

The mental health system was described as having a distinct culture that is not welcoming to those seeking services. One interviewee described the loss of individuality that people experience once they are labeled and part of the mental health system.

"People are not seen in the totality...they are seen as a mental health problem, and not taken into account their race or gender or sexual orientation or any of those things that make up who we are.. "

Such challenges become more intense when the culture of the mainstream mental health system clashes with the cultures of Canadians from diverse backgrounds.

Challenges of integrating diversity into mental health system

Key informants spoke of the struggle of trying to integrate people from diverse cultures into the Western-based approach of the mental health system. As one interviewee said,

"Well, the assessment is white, the language is white, the person is white....It doesn't take into awareness that families are raised with different norms and practices outside of Canada..."

Another issue raised was the lack of funding for alternative health services, which people from other cultures may find more familiar and effective.

Some interviewees spoke of the structural factors that have a serious impact on the mental health of newcomers to Canada: issues of employment, isolation, language, housing, education, trauma, acculturation stress, racism, poverty. Temporary mental health difficulties are normal reactions to these challenges.

"If we are going to get it right we need to make these things normalized. Being depressed is a normal outcome of immigration."

The lack of trained mental health workers and social workers from diverse cultural backgrounds leads to inaccessibility in the structure, language, and approach of services. This gap is also noted at the decision-making level.

"...in Toronto, for example, there is over 50% of the population now who are people of colour. And yet the decision makers of most of the agencies are still...from the dominant group."

While service providers spoke of feeling overstretched, some interviewees suggested that the system itself is stretched, where different sectors compete for limited funding, and cultural issues are not given a priority as a result. Other interviewees, however, felt this was an example of systemic racism within the system.

"We block out the diversity and we block out the need to change. We say crazy things like we don't have the money. Do you know how many times that is said?"

Repercussions of racism may also affect the mental health of members of diverse communities, as well as the appropriateness of the diagnosis and the interventions. Interviewees spoke of the way stereotypes and lack of information have led to misdiagnoses. They suggested that immigrants may be choosing to avoid mental health services as a result.

Current responses to challenges

Although key informants identified the national Multiculturalism Policy and the provincial Anti-Racism policy as examples of progress at the policy level, they pointed out that neither of these policies were focused specifically on mental health.

Positive changes within the mental health system included deinstitutionalization, the recovery model, and the creation of Assertive Community Treatment teams. Some interviewees also mentioned the potential for community health centres to provide mental health services accessible to diverse communities. Several noted the increasing involvement of consumer/survivors and families is helping to create a more accessible mental health system.

Key informants also mentioned growing awareness among agencies of diversity among clients, attempts to adapt, and a growing acceptance of alternative approaches. However, these changes are not broadly implemented.

Suggestions for response

Interviewees suggested a multi-level response, with policymakers, organizations and service providers collaborating with multicultural communities to create a more holistic mental health system that can respond to cultural diversity in a coordinated and comprehensive way.

A broader definition of what constitutes mental health problems is needed, as is a wider range of supports that include traditional medicine and holistic services. Policy and funding changes are needed to support organizations and service providers in providing more inclusive services.

Partnerships are needed to help multicultural communities develop and draw upon their own resources, including having outreach workers who understand the particular languages and cultures.

Finally, normalizing mental health problems and services is key to helping people from diverse cultures draw on that support. As one key informant suggested,

"decentralize it, decode it, make it community friendly. Make it to be as normal as food."