

Backgrounder for Roundtable Discussion
April 15th, 8:30am to 12:30pm
Metro-Central YMCA, 20 Grosvenor St. W. Toronto

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