

Sharing What We're Learning

During 2006, *Taking Culture Seriously* partners have been conducting a series of research methods as part of the first phase of a five-year study. This issue of CURA Findings highlights the preliminary analysis of data from focus groups with the five cultural-linguistic communities collaborating in this CURA study.

Focus Groups

Focus groups were held with people from the Somali, Polish, Latin American, Punjabi Sikh and Mandarin communities in Waterloo Region and in Toronto. CURA community facilitators/co-researchers from those communities recruited participants and co-facilitated the focus groups, which were held in the preferred language of the participants.

The purpose of the focus groups was to hear how mental health/mental illness is perceived in each community, what understandings and experiences people have with the Canadian mental health system, and to explore ways in which the community mental health system could respond more effectively to the needs of diverse communities.

In total, twenty-one focus groups were held with 193 participants. The criteria for recruitment were established by the focus group sub-committee and approved by the Toronto and Waterloo Steering Committees. Participants were born outside of Canada, had resided in Canada for at least five years, came from a range of educational and social backgrounds and had an interest in mental health issues.

All of the focus groups took place in May and June 2006, with each community facilitator/co-researcher conducting two focus groups within their community (along with one pilot focus group in the Waterloo Polish community). Community facilitators/co-researchers transcribed and translated the focus group recordings during July and August. The focus group sub-committee then read and did preliminary analysis of the data.

Preliminary Findings

Data analysis was organized around the three major research questions that were used by community facilitators/co-researchers when conducting the focus groups: understanding mental health/mental illness; understanding mental health supports; suggestions for support.

Understanding mental health

Focus group participants often spoke of good mental health in terms of being able to function. This includes the ability to manage the migration process, make decisions, negotiate cultural differences between Canada and the country of origin, cope with stress, find employment, maintain financial stability and family responsibilities.

"Mental health is when you are happy in your family and you can handle stress at your job too, and you can help in the community."

Another aspect of good mental health was the importance of maintaining a realistic perspective, keeping an open mind, being optimistic and flexible. Many focus group participants spoke of the difficulties involved in trying to

Taking Culture Seriously in Community Mental Health

Research Methods (2005/06)

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

Next Steps

In 2007, proposals for pilot projects will be developed based on the research findings and the cultural empowerment framework introduced at the CURA conference (December 7, 2006). Pilot projects will be implemented and evaluated in the next phases of the study.

CURA focus group sub-committee

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remain positive despite the multiple setbacks and challenges involved in the migration process.

"When we came to Canada...we dove to the bottom of society. We now have to do anything for survival. Maybe you were a manager in [country], but you are nothing here in Canada...This is a process of remolding your mental health. You have to learn to survive..."

Some communities emphasized the connection between their spiritual beliefs and mental health, others noted the importance of family and a sense of community, while others focused on individual inner strength and the ability to survive challenges.

Understanding mental illness

It was clear from the focus groups that not only is mental illness a difficult topic to discuss, it is also a subject that many people do not know how to discuss. While participants mentioned common mental health stressors such as loss of loved ones, loss of job, serious illness, the most frequent topics mentioned were the immigration process and the negotiation between two cultures.

Participants commented that negotiating cultural differences is a life-long struggle for immigrants that can lead to rifts in family relationships (particularly between generations), feelings of isolation, exclusion and confusion.

"When we were in [country], we used to ask family for help. But here in Canada, we often have family who came here at the same time that we came and are struggling with the same issues that we are...finding employment in the field of your occupation, support with understanding Canadian laws and procedures, everything from renting an apartment to dealing with landlords, teachers, doctors, even finding support for dealing with our children who may have struggles of their own."

"We are stuck in two cultures. We keep our old culture alive and the kids go into Canadian culture. When they need something, they adopt [our] culture. When they are not in need, then they adopt Canadian culture. So the result...is mental [health] problems."

Common struggles for all the focus groups regarding the immigration process were employment worries, unemployment, underemployment, lack of credential and educational recognition. Another issue mentioned is the loss of extended family and community which many participants indicated led to mental distress and isolation.

"Most of us are by ourselves...we do not have sisters or brothers and they are far away, cannot come to help us. And you kind of feel like this big city turns small, and as it turns it is collapsing over you..."

Some of the other triggers mentioned in relation to mental illness included financial worries, racial discrimination in the workplace, and discrimination based on language and culture when trying to find a job.

Reactions within the community

It was clear from the focus groups that mental illness is a difficult topic to discuss in every culture and that it is connected to stigma, shame, fear of being labeled and fear of consequences from Canadian authorities if acknowledged.

Some participants also suggested that the symptoms of mental illness are not easily recognized within their communities, so they may not be aware of a problem until it has progressed to a severe stage.

Understanding mental health supports

Most participants had little experience or knowledge of Canadian mental health supports, preferring to turn, instead, to informal supports within their own communities. There seemed to be fear around using the Canadian mental health system due to lack of trust and differences in cultural values.

Many participants said they would prefer to go to friends, family or religious leaders if they were struggling with a mental health problem. However, given that many do not have family or friends in this country, this leaves them feeling isolated and alone. They expressed doubt and suspicion that any help would come from consulting a doctor, psychologist or psychiatrist.

Barriers to accessing service

The most significant barrier to accessing services is this lack of information about services combined with a distrust of the system. Other barriers mentioned include language barriers, cultural barriers and reluctance to use services due to fear, stigma and shame.

"When someone is serious, the Canadian health care system does not fit properly for us. First the language barrier is the problem, then the long waiting period for an appointment, at least 3 months, and while waiting, the person might change his mind."

"I think it is very important if someone gets sick that they have somebody who speaks the same language and understands his culture....If the person has the same background and the same culture and religion, they can be trusted..."

Suggestions for support

Focus group participants had concrete suggestions for mental health support and services. These include help with the immigration process, awareness and education about mental health within communities, collaborative community building, and creating community mental health centres.

In terms of the immigration process, participants suggested providing information packages outlining all services available (including child care), courses or workshops on resume writing, apprenticeship programs, credential recognition, and introductions to business culture.

"Some assistance to new immigrants could be provided helping us understand the taboos and challenges in associating with western people. It would be best if it were provided in [our own language]."

Another important theme was the need for awareness within communities about mental health and mental illness. Suggestions included brochures in native languages, mental health promotion lectures, media campaign to bring the issue into the open. Other suggestions involved partnering with traditional community supports such as churches, temples and mosques to provide information on mental health.

"If the mental health institutions in Canada would go to the communities and empower them with knowledge, then these people can advocate, can go back to the community and bring awareness of the issues...The community would be behind the person. That would make a big difference."