Responding to Diversity in Community Mental Health
Towards Cultural Empowerment

March 2, 2007

Metropolis National Conference
Rich Janzen, Panel Chair
Panel overview

• Reporting on the work-to-date of the “Taking Culture Seriously in Community Mental Health” research and community mobilization project

• Part of a larger agenda of shaping mental health policy and practice in Ontario and beyond

• Presenting the emerging cultural empowerment framework to guide future policy and practice

• Series of 8 linked presentations
Presentations

- Need for “Taking Culture Seriously”
- Overview of “Taking Culture Seriously”
- Literature review
- Key informant interviews
  Q & A

- BREAK -

- Organization web-survey
- Community focus groups
- Theory-building
- Policy implications
  Q & A

Background

Methods

Synthesis

Relevance
Presentations made possible by the funding of...
Why a rethink of community mental health is needed within multicultural Canada

March 2, 2007

Rich Janzen
Centre for Research and Education In Human Services
What do we mean by mental health?

Similar to the World Health Organization and Health Canada....

“Mental health is not simply the absence of mental illness, but a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”
What do we mean by community mental health?

Three interrelated endeavours...

1) community-based services and supports aimed at assisting persons with serious mental illness to establish and maintain satisfying and productive lives

2) targeted programs for the prevention of mental health problems in high risk populations

3) mental health promotion activities by and for entire communities.
A rethink that considers issues of both culture and power
Why think culture?

Because of the Canadian immigration context:

- A historical immigrant nation
- Policy of immigration growth since 1980’s
- Since 1960’s immigrants have come from around the world
- Immigration has transformed the face of Canada
- Toronto: over 100,000 immigrants each year; 43% visible minority; schools serve students from over 170 countries
- Mainstream is diversity
Why think culture?

Because of the Canadian policy context:

- First country with official multiculturalism policy (1971)
- Four areas of reform: 1) anti-racism, 2) institutional change, 3) shared citizenship, and 4) cross cultural understanding and acceptance
- Stresses inclusiveness and inter-connectedness (“different but equal”)
- Acknowledges mutual obligations for both new immigrants and Canadian society
Why think culture?

Because of the Canadian mental health context:

- Field of community mental health has not responded well to cultural diversity.
- Attempts to make culturally effective changes have been fragmented, largely ineffective or not evaluated.
- Lack of a vision for culturally effective mental health services.
- Impacts: Many cultural groups lack access to services, dissatisfaction with inadequate services, misdiagnoses, ineffectiveness.
Why think power?

Because power has the potential to harm as well as heal:

- There is a history of unequal relations in mental health practice between professionals and consumer/survivors

- Personal and social power are indicators of health and well-being

- Many people may not have the power to effect change
Why think power?

Because progressive community mental health practice is beginning to:

• This discussion is based on two emerging concepts:
  – Growing evidence that recovery from mental illness is possible and the need for recovery-oriented services.
  – Shifting model of practice towards the empowerment and community integration paradigm.
In other human service sectors...

**POWER-ORIENTED MODELS**
- Anti-racist model
- Anti-oppressive model

**CULTURE-ORIENTED MODELS**
- Universalism
- Culture-blind model
- Cultural competence model
- Cultural sensitivity model
- Experiential-phenomenological model
- Cultural literacy model

**PROPOSED CULTURAL EMPOWERMENT MODEL**
Cultural diversity brings new realities and new opportunities for the mental health system and for cultural-linguistic communities.
Collaborating to shape mental health practice

Overview of a Community University Research Alliance

March 2, 2007

Joanna Ochocka
Centre for Research and Education In Human Services
Debbie Douglas
Ontario Council of Agencies Serving Immigrants
Taking culture seriously in community mental health

- 5-year research initiative bringing together university and community partners in Toronto and Waterloo Region
- to explore, develop, pilot and evaluate mental health services and supports that are culturally effective for the multicultural Canada
- funded by Social Sciences and Humanities Research Council of Canada (SSHRC) and Ontario Trillium Foundation (OTF)
Components of CURA

- Research
- Education and Training
- Knowledge Mobilization
- Evaluation
Knowledge mobilization ensures that research is useful

Knowledge production

Knowledge mobilization

Community mobilization
CURA partners

Partnership growing from 17 to 43 individuals:
- 5 cultural linguistic communities:
  - India (Sikh Punjabi),
  - Somalia (Somali),
  - Latin America (Spanish),
  - China (Mandarin-speaking), and
  - Poland (Polish)
- Practitioners/Service providers from mental health organizations (hospitals, CMHAs, CHC, Counseling Services, etc.) and from 2 provincial umbrella organizations (OCASI, OPDI)
- Multidisciplinary academics from universities/research centres (WLU, UoW, UoT, CAMH, CREHS)
How we structure ourselves

- Partnership Group
  - Partners to oversee the study

- Community Researchers
  - 10 researchers/facilitators representing ethno-linguistic communities

- Steering Committees
  - Cross-stakeholders including ethno-linguistic communities to guide this research study
How we structure ourselves

CURA PARTNERSHIP GROUP

Research Sub-committees
- Literature review
- Web survey
- Case Studies
- Focus Groups

Training Working Group
- Key Informant interviews

Knowledge Mobilization Working Group

Evaluation Working Group

Research Team
- Project researchers, student researchers, community researchers

Toronto Steering Committee
- Service providers, academics, cultural-linguistic community representatives
  - Toronto Somali community
  - Toronto Sikh Punjabi community
  - Toronto Latin American community

Waterloo Steering Committee
- Service providers, academics, cultural-linguistic community representatives
  - Waterloo Polish community
  - Waterloo Somali community
  - Waterloo Singh Punjabi community
  - Waterloo Latin American community
  - Waterloo Mandarin community

Waterloo Polish community

Taking Culture Seriously in Community Mental Health - www.crehscura.com
Three phases

**Phase I: Exploring Conceptualizations of Mental Health Problems and Practice (2005-2007)**
Product: A framework and strategies for community mental practice that can guide formal services and informal supports to be culturally empowering.

**Phase II: Developing Culturally Effective Practice (2007)**
Product: Funding proposals

**Phase III: Researching Demonstration Projects (2008-2009)**
Product: Evaluation results and final conference
Research methodology

- Participatory action research approach
  PAR is a research approach that involves active participation of stakeholders, those whose lives are affected by the issue being studied, in all phases of research for the purpose of producing useful results to make positive changes (Nelson, Ochocka, Griffin & Lord, 1998, p.12)

- Mixed method (literature review, key informant interviews, focus groups, web-based survey, case studies) multi-perspectival, and multidisciplinary researchers (sociology, community psychology, social work, cultural anthropology)

- Collaborative inquiry (committees and subcommittees)

- Being sensitive to and respectful of cultural differences
“Developing theory from complexity”

1. Research team to gather data (professional and community researchers)

2. Three levels of analysis
   • Content analysis (inductive)
   • Common template (deductive)
   • Synthesis analysis

3. Emerging Cultural Empowerment Framework
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1st Level of Analysis

- Literature Review
  - Key Informants
  - Web Survey
  - Focus Groups
  - Case Studies

Data from each method

2nd Level of Analysis

- Analysis & verification by common template (deductive)

3rd Level of Analysis

- Synthesis analysis and verification

Emerging Cultural Empowerment Framework

Key Informants

Web Survey

Focus Groups

Case Studies

Synthesis analysis and verification

Analysis & verification by common template (deductive)

Content analysis by individual method (inductive)
Theorizing cultural empowerment through the lens of existing literature

Joanna Ochocka
Centre for Research and Education In Human Services

Literature Review Sub-Committee
Augie Fleras  Nora Jacobson  Anne Westhues  Laura Simich
Rich Janzen  Joanna Ochocka  Julie Wise  Jill Grant
Elin Moorlag  Rachel Fayter  Marcie McKay  Adele Gawley
What was the scope?

- Literature linking mental health and cultural diversity around 3 broad themes:
  - Theory
  - Practice (knowledge, skills and practice)
  - Policy
- Data bases: Medline, PsychINFO, sociological and social services abstracts, cultural anthropology) and grey literature
- Particular preference was for literature on the 5 specific cultural-linguistic groups
- Roughly 230 articles (dated 2000 and forward) were compiled from international sources, in English
- Summary into annotated bibliography, and thematic data analysis ending in analytical framework (problem analysis, proposed solutions, methods, transformational process, proposed outcomes)
How was the problem framed?

• 2 non-medical models emerge from the literature which inform cross-cultural intervention
  – A cultural model
  – A power model

• Criticisms of both deepen the issue

• Paradoxes prevail
What are proposed outcomes?

• Through commitment to ‘person-centred’ principles
  • Partnership
  • Power-sharing
  • Meaningful participation

• A focus on relations repair promises
  • Inclusive intervention services and supports where culture counts and power matters as part of the empowerment process
“...a reluctance to take culture seriously is shortsighted and naïve. Just as culture is mediated by and inextricably linked with power, so too is power informed by culture in shaping outcomes.”

Augie Fleras, 2006
“If outcomes in mental health intervention are unequal and the relationship between providers and clients is characterized by inequities of power because of inappropriate intervention models, we need to find out how these relationships of inequality are constructed, expressed, and sustained, in addition to how these inequities can be challenged and transformed by way of cultural empowerment.”

Augie Fleras, 2006
A critique of culture and power in Ontario’s mental health system

Key informant interview findings

March 2, 2007

Nora Jacobson
Centre for Addiction and Mental Health

Key Informant Sub-Committee
Nora Jacobson  Rich Janzen  Jill Grant  Joanna Ochocka
Elin Moorlag  Adele Gawley  Julie Wise
Who was involved?

22 participants

- Multicultural leaders
- Representatives of umbrella organizations of services providers
- Consumer/survivors
- Family members
- Researchers
- Policymakers

Semi-structured interviews

- Transcribed verbatim
- Analyzed iteratively by KI subcommittee
How was the problem framed?

- **Stigma**
  - “I think there has been the whole traditional stigma around mental health, which is still pervasive. It is not always safe for people to admit that they have had a mental health issue.”

- **Culture of the mental health system**
  - “People are not seen in the totality and they are seen as a mental health problem.”

- **A broken system**

- **Racism/ethnocentrism/”culturism”**
  - “Racism is a significant issue. Racial stereotyping, racist clinical practices, significantly impact what happens to people of colour and people from ethic communities.”
  - “Everything gets culturalized and pathologized. So people start saying, ‘Oh, you know, let’s just find out how Muslims want to be treated when they are having a mental health crisis and...everything will be hunky dory”
What are proposed solutions?

- Intersectoral policy response
  - Intersectoral collaboration
  - Flexible funding
  - National strategy on diversity and mental health
- Increase accessibility and acceptability of services
  - Train/hire a diverse workforce
  - Outreach to diverse communities
  - Broaden definitions of services/supports
  - Research
- Stigma reduction
  - “normalize” mental health problems and use of services
- Education
  - Curriculum development and training
- Challenge power/racism
- Focus on social determinants of health
How does change happen?

- Community enhancement
- System conscientization
- Linkage
What are proposed outcomes?

• A mental *health* system focused on social determinants of health and health promotion

• “spaces of intervention where culture and people’s identities become part and parcel of how they are seen by the medical establishment”

• A more equitable society
What did people say?

“I really think that we need more of a community development approach to mental health and diversity....communities themselves have incredible strengths and incredible resilience and know what works well...I really think that is sort of the long term way to go, building capacity within communities to figure out what they need, how they want to do this work.”
Q & A
Responding to Diversity in Community Mental Health

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Views of Ontario mental health practitioners

Web-based survey findings

March 2, 2007

Don Roth
Canadian Mental Health Association
Anne Westhues
Wilfrid Laurier University

Service Provider Survey Sub-Committee:
Anne Westhues  Don Roth  Rich Janzen  Jill Grant  Joanna Ochocka
George Tolomiczenko  Shaun Lauzon  Angela Hammond  Julie Wise
Overview of survey process

- Online survey, June 2006, two week follow-up
- Provincial networks assisted with distribution: Ontario Division of Canadian Mental Health Association, Ontario Federation of Community Mental Health and Addiction Programs, Ontario Peer Development Initiatives, Ontario Council of Agencies Serving Immigrants, Ministry of Health
- Completed by Executive Director/Senior management or mental health program lead
- 120 organizations responded: community mental health agencies, hospital-based services, health centres, self help, supportive housing
- Each of the 7 MOHLTC regions was represented
Survey questions

The survey included closed-ended self ratings about various practices:

- Gathering information on local cultural needs
- Human resource strategies
- Linguistic capacity
- Governance
- Inclusion/participation
- Program accountability/evaluation

The survey also included open-ended questions with respect to promising practices, perceived challenges, resource issues, and opportunities for change.
Philosophical statements were chosen representing cultural: blindness (treating all people the same), sensitivity, literacy, experiential, anti-racism, anti-oppression, empowerment (power and culture)
Philosophy and practice

• 23% selected a statement describing the philosophy guiding their organization as “We strive to deliver services in a way that considers and addresses issues of both power/privilege and culture” (Cultural Empowerment - CE)

• Quantitative analysis showed that those choosing the CE philosophy were significantly more likely to also report practicing in ways that demonstrated cultural responsiveness
Identifying challenges to effective service

Service providers identified several focal points of challenge/opportunity for constructive change:

• Mainstream services are currently inadequate to meet needs: lack of funding, and, lack of cultural competence among staff

• “No additional funding to meet the changing needs of diverse populations”
Identifying challenges to effective service

Service providers also suggested that cultural communities hold differing beliefs about mental health and illness, and, experience stigma associated with using formal mental health services

- “Ethno-specific groups that do not recognize mental illness as a construct, continue to need support in addressing complex issues”
- “Stigma is a great barrier to service, people do not want to identify themselves or their family members as having a mental illness”
Proposed solution pathways

- Social Justice: increase hiring of diverse staff, recognition of unique needs of communities including rural and Northern regions
- Capacity Building: provide “good” training for service staff, and public education within cultural communities
- Restructure Interventions: outreach to cultural communities and learn from each other regarding approaches that work; support partnerships among services. “Work together to set programs and outcomes. Or just plain work together”
- Accountable Social Investment: fund and monitor shifts in practice
What are proposed outcomes?

- Community mental health services are engaged in relationships to meet the needs of cultural-linguistic communities (relationships that create more innovative approaches)
- Mainstream staff are more responsive to the needs of cultural-linguistic groups
- Greater cultural diversity is reflected in backgrounds among staff in system
- More people from diverse cultural-linguistic communities access mental health services to effectively meet their defined needs
Promising beginnings

- Promising programs/initiatives promoting access and engaging cultural communities were reported by 46 respondents.

- Recognition among service providers about the need for informed and constructive change:
  - We “do need a sustained effort that can embed the necessary changes into our practice”
  - “There is a need to proactively set out to serve diverse communities...”
Privileging the perspectives of cultural linguistic community members

Focus group findings

March 2, 2007

Laura Simich
University of Toronto
Sarah Maiter
Wilfrid Laurier University

Laura Simich
Focus Group Sub-Committee
Sarah Maiter
Rich Janzen
Joanna Ochocka
Elin Moorlag
Julie Wise
Who was involved?

Facilitators

• 10 Community Researchers from 5 communities, trained for 5 months

Participants

• Adults interested in mental health issues
• Born outside Canada, living in Canada for at least 5 years;
• Balance of gender, age, education level, regional representation
Who was involved?

Sample composition

• 21 focus groups (193 participants)
• 4 focus groups for each community (2 each in Waterloo, 2 in Toronto)
• Many split by gender at communities’ request
• One youth focus group
How was the Problem Framed?

- Mental illness initially defined in terms of extreme behaviours
- Mental health defined as functioning well in new environment
- Ongoing mental distress associated with resettlement stress
- Fear and stigma surround mental health
- Lack of recourse to customary supports
- Constant cultural negotiation required
“It is a feeling of well-being in which the individual realizes all her aptitudes, as well as recognizes life’s normal pressures, and can work productively and be able to contribute to society.”

- Functioning
What did people say?

“...the ability to cope with stress, the ability to find help if there was such a need, would reflect that we are conscious of our situation, conscious of certain difficulties... then we can say that a person presents themselves in a relatively healthy way mentally or emotionally.”

- Coping with resettlement stress
What did people say?

“... people will do two part time jobs at night, and one more during the day if they get an offer, but that leaves them physically exhausted. And they are hoping ‘there will be light at the end of the tunnel’ but that does not happen. They get stuck in this vicious cycle and they lose hope for a better life.”

• The stress of under-employment a risk to mental health
What did people say?

“There is still so much shame in our countries about mental diseases, and that makes it impossible for people to seek help. It still is a difficult issue, people don’t talk about it, it is embarrassing, and everyone tries to cover it up.”

• Stigma
What did people say?

“In our countries poverty is not a synonym of mental illness. Here in Canada poverty is synonym of mental illness... I see mental health problems in my country, but it is not so obvious, they don’t let the person fall so low, there is more human support, emotional; here there is more economic support.”

• Loss of social support
What did people say?

“The most important factor is faith. For us believing in god is very important. Every community, whatever they believe in, they need to have faith. I believe that if the person has good faith [believer] that they will not be affected by mental illness”.

- Spirituality as a coping resource
What did people say?

“I am just saying growing up in a western world and practicing a religion that preaches the total opposite of what the western world practices can create mental health problems.”

- Cultural negotiation
What did people say?

“We didn’t talk about “mental health” in [home country]. Maybe we were high status in [home country]. When we came to Canada, the situation was changed. We dove to the bottom of society! We now have to do anything for survival...This is a process of remolding your mental health.”
What are proposed solutions?

• Start from the community to:
  
  – raise awareness and educate members about mental health and mental illness
  
  – discuss how to negotiate cultural differences
  
  – pursue self-help/peer support initiatives
What are proposed solutions?

• Improve and integrate immigration and settlement processes, which are linked

• Involve community intermediaries, including religious organizations

• Acknowledge and increase personal and cultural resilience
How does change happen?

- Overcoming fear, increasing trust through communication and collaboration

- Educating communities and educating service providers

- Encouraging and supporting active information and help-seeking

- Providing respectful, culturally sensitive services where relevant
Formal mental health supports

“In Canada, some doctors just rush you to medication...and that is what most people are afraid of.”

- Distrust of medicalization of mental health
What did people say?

“The majority of our community does not know [about mental health services] ... I have no idea what facilities are available for us. For that reason it is very important to educate people about what is available for us.”

• Need to increase awareness
What are proposed outcomes?

- Increased comfort in communities to engage in problem solving
- Better integrated health, settlement and support services
- Involvement of communities in culturally appropriate health promotion and illness prevention
- Greater understanding in health system of relationship of mental health and settlement experiences
What did people say?

“We should take mental health seriously but not be afraid of it. We should learn about mental health and pay more sympathy to those people who need help. ... We could organize a committee.... do something to build our own healthy community.”

Focus group participant
What did people say?

“It would be important to train mental health promoters. Among us, there are people with a great desire to help others, besides the knowledge, skills and motivation. Then why not train members of [our] community as mental health promoters?”

Focus group participant
Collective theory building

A framework of cultural empowerment

March 2, 2007

Anne Westhues
Wilfrid Laurier University

Theory Building Sub-Committee:
Augie Fleras  Nora Jacobson  Rich Janzen  Sarah Maiter
Joanna Ochocka  Laura Simich  Anne Westhues  Don Roth
Purpose

- To explore, develop, pilot and evaluate how best to provide community-based mental health services and supports that are effective for people from culturally diverse backgrounds
- Phase 1: Build conceptual framework of cultural empowerment
How we structure ourselves

CURA PARTNERSHIP GROUP

Research Sub-committees
- Literature review
- Web survey
- Key Informant interviews
- Case Studies
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Training Working Group

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Taking Culture Seriously in Community Mental Health - www.crehscura.com
Complexity in CURA project

- Multi-method, 4 subprojects
- Mixed method
- Multi-perspectival
- Multi-disciplinary team
- Community, university and hospital-based
- PAR
Questions asked

- How do we do analysis in a way that is collaborative?
- How do we synthesize data collected through multiple and mixed methods?
- How do we create a product (theory or framework) that lends itself to action?
Approach to analysis

• Level 1: Inductive summary of key categories and concepts to emerge from the respective data sources
• Level 2: Abductive fitting of these findings into an analytic framework developed through the literature review
• Level 3: Synthesis into cultural empowerment framework
Approach to synthesis

- Concepts of Culture, Power, Intersection
- System Levels: Communities, M.H. System, Intersection
- Organizing categories: Values, Actions, Outcomes
- Second level analyses from 4 subprojects drawn on to elaborate categories
Envisioning Cultural Empowerment

Values
- Individual and Community
  Self Determination
- Dynamic Inclusion
- Relations Repair

Outcomes
- Improved acceptability and accessibility of services
- Better mental health promotion and illness prevention

Actions
- Community Enhancement
- System Reconstruction and Conscientization
- Reciprocal Relationship Building

Reinforce
Guide
Produce

Mental health policy-makers/planners, mental health organizations/practitioners and cultural-linguistic communities working collaboratively
<table>
<thead>
<tr>
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<th>Values</th>
<th>Actions</th>
<th>Outcomes</th>
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<tr>
<td>Power</td>
<td><strong>Individual and Community Self Determination</strong>&lt;br&gt; Individual and community centred&lt;br&gt; Multiple perspectives&lt;br&gt; Empowerment&lt;br&gt; Resilience&lt;br&gt; Equity&lt;br&gt; Stigma free</td>
<td><strong>Community Enhancement</strong>&lt;br&gt; Education&lt;br&gt; Capacity building&lt;br&gt; Human resource development&lt;br&gt; Indigenize&lt;br&gt; System outreach&lt;br&gt; Monitoring</td>
<td>Cultural-linguistic community members are more open, better informed and equipped, and more effective in dealing with distress and seeking appropriate support.</td>
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<td><strong>System Reconstruction and Conscientization</strong>&lt;br&gt; Deconstructing power structures&lt;br&gt; Broad definitions of support&lt;br&gt; Workforce development&lt;br&gt; Cultural auditing&lt;br&gt; Normalizing services&lt;br&gt; Evidence-based practice&lt;br&gt; Community outreach&lt;br&gt; Sectoral partnerships</td>
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<td>Mental health policy/planning endorses the value of cultural diversity as a contributor to person-centred and recovery-oriented care. Better procedures are set, better standards are adopted and more adequate funding is provided to facilitate system/community collaboration and to ensure culturally responsive mental health services and supports.</td>
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Values: Power

1. Individual and community self determination

- Multiple perspectives
- Empowerment
- Resilience
- Equity
- Stigma free
2. Dynamic inclusion

- Evolving culture
- Cultural connectedness
- Active listening and learning
- Strength-based
- Balance the universal and the particular
Values: Intersection of power and culture

3. Relations repair

• Relationship building
• Positive orientation
• Respect
• Mutually-linked humanity
• Multiple levels
Actions: Within community

1. Community enhancement

- Human resource development
- Indigenize
- Capacity building
- System outreach
- Monitoring
- Education
Actions: Within MH system

2. System reconstruction and conscientization

- Deconstructing power structures
- Broad definitions of support
- Workforce development
- Cultural auditing
- Normalizing services
- Evidence-based practice
- Community outreach/Sectoral partnerships
- Flexible and equitable funding
Actions: Intersection of community and system

3. Reciprocal relationship building

- Reciprocal outreach
- Multicultural governance
- Knowledge exchange
- Workforce development
- Cultural brokers
- Collaborative research
- Accountability/Policy development
Outcomes: Cultural-linguistic communities

Cultural-linguistic community members are more open (attitudes), better informed and equipped (knowledge), and more effective (skills) in dealing with distress and seeking appropriate support.
Outcomes: Organizations & practitioners

Mental health organizations and practitioners are more open (attitudes), better informed and equipped (knowledge), and more effective (skills) in responding to the needs of diverse cultural-linguistic community members.
Outcomes: Policy & planning

• Mental health policy/planning endorses the value of cultural diversity as a contributor to person-centered and recovery-oriented care.

• Better procedures are set, better standards are adopted and more adequate funding is provided to facilitate system/community collaboration and to ensure culturally responsive mental health services and supports.
How did we get here?

- Collaborative project structure
- Partners commitment to PAR
- Strong leadership and project management
Implications of cultural empowerment for mental health public policy

A commentary

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Q & A
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