Improving services for Toronto’s ethno-racial population
Across Boundaries Research

Dr Kwame McKenzie
Vanity Google Search

- CAMH scientific profile
- Guardian UK newspaper columnist profile
- BBC Radio 4 – All in the Mind presenter
- Understanding Depression - book
- Social Capital and Mental Health - book
- Society and Psychosis - book
- Times Online (King Kong and Dr Who)
- …and some research
- Population of Canada
  - 31,241,030
- Immigrant population
  - 5,420,540
- Visible minority population
  - 5,068,090
- Population with non official mother tongue
  - 6,138,395
Toronto at the forefront

Foreign-born as a Proportion of Metropolitan Population, 2006

- Toronto: 46%
- Vancouver: 40%
- Miami: 37%
- Los Angeles: 35%
- Sydney: 32%
- Melbourne: 29%
- New York City: 28%
- Montreal: 21%
- Washington: 20%

Issues and options for improving mental health services for IRER groups
Issues

- Demographic imperative
- Common problem for services
- Despite need, poorer service use and outcomes
- To improve access and outcomes:
  - improve services
  - harness expertise from community
Options: three intertwined groups of actions

- Co-ordination of policy, knowledge and accountability
- The involvement of communities, families and consumers
- More appropriate improved services
Across Boundaries research manages to do all of this
Three projects

- **Examining Mental Health Impact of Discrimination, torture, migration for racialized groups in Toronto**
  - Ingrid Waldron

- **Addressing the mental health needs of people from racialised groups with concurrent disorders**
  - Kwame McKenzie

- **Investigating the mental health service needs of seniors from racialized groups in Toronto**
  - Kwame McKenzie
Research teams

- Adetilewa Akin-Aina - U of T
- Sasha Henry-James – York University (SW)
- Ingrid Waldron – Dalhousie (OT)

- Fatima Jackson – York (Anthropology)
- Farah N. Mawani – U of T (Public Health)
- Kwame McKenzie – CAMH U of T Psychiatry
- Dianne Patychuck – Steps to Equity
Steering group

- Ted Lo
- Kwame McKenzie
- Martha Ocampo
- Aseefa Sarang
Aetiological model

Pathway through care for someone in psychological distress
Mental Health Impact
Discrimination, torture, migration
Aims:
- Impact of violence, discrimination and migration on health
- Investigate the medicalisation of distress
- Identify ways that mental health professionals can respond to these complex issues

Methods:
- Literature review
- Focus Groups
- Interviews
Focus groups 32 people with mental health problems,
  - Muslim women
  - Mixed female group
  - Tamil group
  - Mixed group of racialised clients

Individual interviews
  - 7 mental health providers
  - 7 Across Boundaries workers
Some of the results

**Discrimination, torture, migration**

- Mental health of asylum seekers, refugees, immigrants and Canadian-born racialized groups linked to social exclusion, social inequality and discrimination.
- Discrimination interacts with other social determinants and is experienced as trauma.
- Major coping supports missing and new pressures—
  - a) lack of support systems;
  - b) misplaced family members due to war;
  - c) family conflict and breakdown;
  - d) peer pressure from other disenfranchised youth; and
  - e) systemic and structural discrimination.
  - f) problems with immigration status.
Some of the results

*Discrimination, torture, migration*

- Diverse coping mechanisms
  - religion and spirituality,
  - herbal medicine, yoga, home remedies, acupuncture and various forms of complementary medicine
- Racialized and LGBT clients may be “harmed” by mainstream mental health services that operate out of heterosexist norms and do not understand racism
Recommendations

- Mental health providers who deal with racialized groups should understand the impact of racism on health
- Staff need to be culturally competent
- Education and training of health and settlement agencies
- Psychological treatments and instrumental help in dealing with discrimination primary focus
- Settlement agencies need to acknowledge health and mental health issues are central
- There needs to be more links between services
mental health needs of people with concurrent disorders
Aims
• To investigate models of care for people with mental health and addictions problems
• Estimate need for services
• Ask the community what an appropriate service response would look like

Methods
• literature review
• data scan
• focus groups
Focus groups – nearly 50 people took part
- Tamil service workers
- Mixed client group
- Youth group
- South Asian women
likely to be a higher need for concurrent disorders services because of the social determinants of health.

over 32,000 people from racialized groups in Central LHIN will suffer from a concurrent disorder and 23,000 of those will not have English or French as their mother tongue.

However data are not good
The challenge to services - work from the determinants of health
produce community based / informed flexible models
Services better advertised and more knowledge translation
service users found community based and non-profit groups a less complex, more approachable and more appropriate choice.
mental health service needs of seniors


• **Aims**
  - undertake a grey literature review and environmental scan in Toronto of specific services for seniors from racialized groups with mental health problems
  - build a picture of local need from an analysis of available data
  - listen to local voices and present their impression of needs and appropriate service responses.
1 in every 4 older adults in the Central LHIN area is from a racialized group.
1 in 6 older adults require a service in their own language and approximately
1 in every 12 older adults is a recent immigrant.
little comprehensive data on the needs of older people from ethno-racial groups
Focus groups
- Filipino seniors
- southeast Asian seniors
- service-providers
- families
likely to be significant unmet needs for mental health care because of social risk factors, physical illness and barriers to care.

- when people get care lack of linguistic and cultural competency may decrease the quality of treatment that is received.

- Services not meeting the needs of ethno-racial groups

- no concerted effort to target these issues.
• five structural problems which may need to be addressed:
  • a lack of good data;
  • service development does not seem to be based on population needs;
  • communities and stakeholders do not seem to be properly engaged in development of services; and,
  • there is no clear model of what quality of services from a cultural competence standpoint should look like.
  • no accountability for improving services for older adults with mental health problems.
The clear messages from the research

- ethno-specific services,
- some language specific services,
- better health promotion and illness prevention,
- the need for better transportation or mobile services and the need for collaboration between mental and physical health providers.
Impact of discrimination has not made its way into service models
There are no specific services for concurrent disorders
Older adults are poorly served by current services

This work offers new ways of thinking through this taking into account the world literature, available data and the views of clients, the community and service providers.
Across Boundaries well placed to:

- guide the development of community-specific, community-led prevention, referral and support programs;
- improve the cultural and linguistic appropriateness of mainstream services;
- define the role and place of ethno-specific services in a comprehensive concurrent disorders system;
- advocate with and for marginalized groups;
- bring the experiences of specific groups that are underrepresented in the data to the planning table;
- bring an anti-racist/anti-oppression framework to mental health service planning.