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

Dr Kwame McKenzie

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Centre de toxicomanie et de santé mentale

- 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

Sources: Statistics Canada Census Release Dec 4, 2007: Canadian cities – Statistics Canada, 2006 Census. United States cities – US Census Bureau, 2005 American Community Survey; Australian cities, 2006 Census

Issues and options for improving mental health services for IRER groups

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- Demographic imperative

- Common problem for services

- Despite need, poorer service use and outcomes

- To improve access and outcomes:
  - improve services
  - harness expertise from community

- Co-ordination of policy, knowledge and accountability

- The involvement of communities, families and consumers

- More appropriate improved services

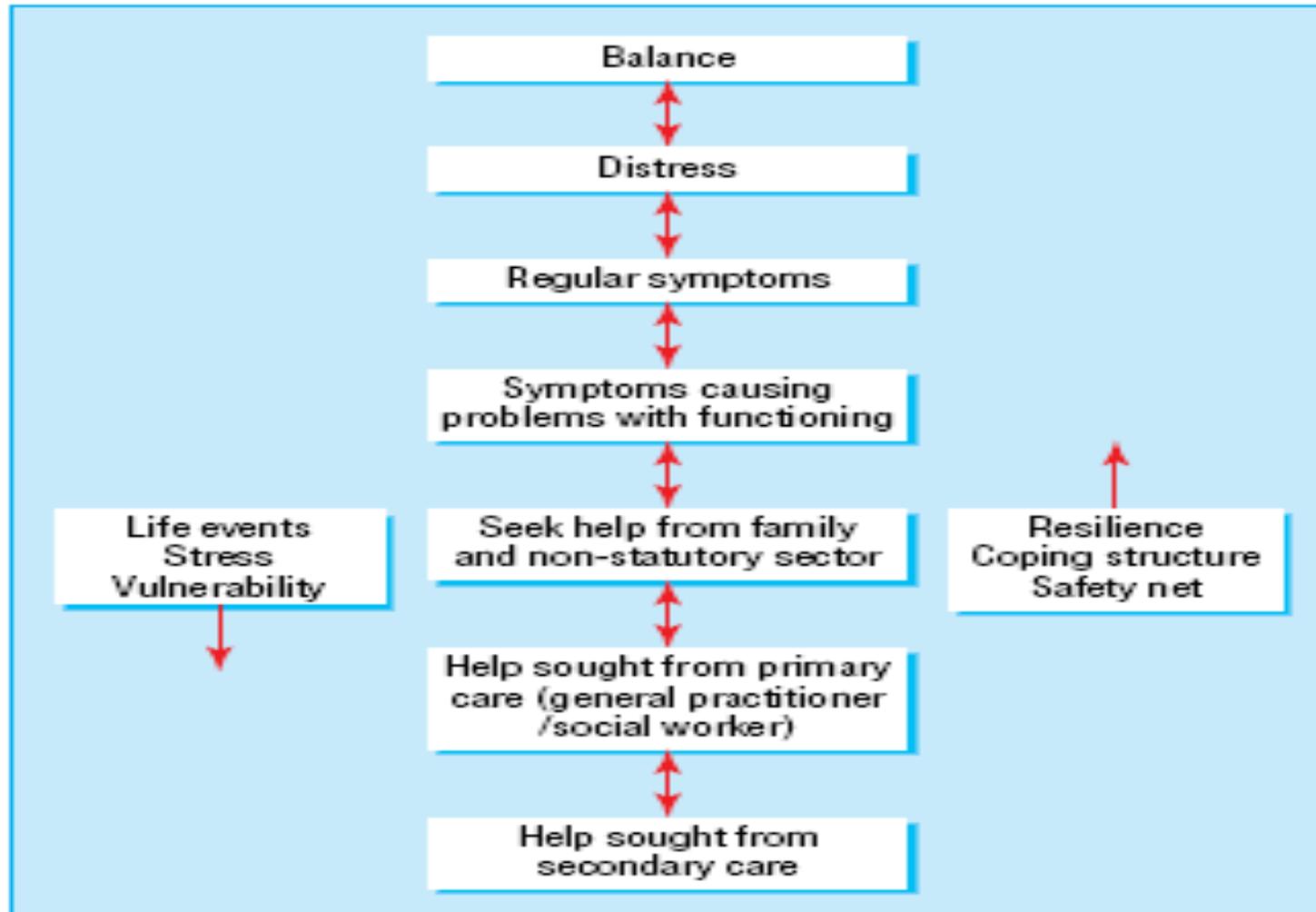# Across Boundaries research manages to do all of this

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- *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

- 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

- Ted Lo

- Kwame McKenzie

- Martha Ocampo

- Aseefa Sarang

Pathway through care for someone in psychological distress

Mental Health Impact
Discrimination, torture, migration

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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

- 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

- **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**

- 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

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- **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

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- **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.