Mental Health Commission of Canada
Commission de la santé mentale du Canada

Action Table Report:

Improving Mental Health Service Planning for Immigrant, Refugee, Ethno-cultural and Racialized Populations

Executive Summary

Knowledge Exchange Centre
March 28-29, 2017
Lord Elgin Hotel
Ottawa

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Executive Summary

Canada's social and economic prosperity is tied to its diverse population. Yet immigrant, refugee, ethno-cultural and racialized (IRER) populations in Canada face a number of unique challenges that put their mental health at risk — and they may encounter significant barriers when they seek help for mental health problems and illnesses. Investing in the mental health of all people living in this country, regardless of background or culture, is critical.

To explore ways of improving the planning and delivery of mental health services to IRER communities, the Mental Health Commission of Canada (MHCC) hosted a two-day "action table" meeting in Ottawa on March 28–29, 2017. Policymakers, organizational leaders, direct service providers, representatives from regional health authorities and the education and justice sectors, people with lived experience and researchers from across Canada came together to discuss the current state of IRER mental health services across four main themes:

- The Canadian context
- Collaboration for improved outcomes
- Planning more equitable mental health services
- Promising practices

This two-day event built upon nine years of work by the MHCC to create an evidence base on the issues facing IRER populations: from the 2008 creation of the Diversity Task Group and its subsequent report, *Issues and Options for Service Improvement*, to the October 2016 publication of *The Case for Diversity*, which makes the economic and social case for investing in culturally and linguistically appropriate mental health services. The MHCC called this gathering an "action table" because it wanted it to be more than just a presentation of ideas: it sought to articulate tangible solutions and lay the foundation for a robust plan for addressing the gaps in the provision of mental health services to IRER populations in Canada.

Day one

Following brief opening remarks from Elder Claudette Commanda and MHCC President and CEO Louise Bradley, the first morning examined the Canadian context: what is working and what is not when it comes to the planning and delivery of mental health services for IRER populations across Canada. The day started with an important first-hand story about the challenges faced in Canada's health care system by a newcomer family, while Dr. Kwame McKenzie provided insight into how the MHCC developed its landmark report, *The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations*. Steve Lurie, discussed why health equity matters in the Canadian context and Sheeba Narikuzhy, emphasized the importance of addressing the issues faced by the ever-growing numbers of IRER youth who call Canada home. The morning ended with Dr. David Ponka and Stephanie Priest elaborating on the roles played by Immigration, Refugees and Citizenship Canada and the Public Health Agency of Canada, respectively.

The afternoon focused on how collaboration can lead to improved outcomes for IRER populations. Dr. Kevin Pottie offered an overview of the global mental health perspective as well as the benefits of approaches like shared care and home care, while the panel session that followed featured Dr. Sepali Guruge, Hannah Evans and Dr. Soma Ganesan speaking to the importance of cross-sectoral collaboration and empowering IRER communities.

The first day concluded with breakout discussions in which participants split off into small groups to talk about what their specific regions are currently doing to support IRER mental health — and the recommendations and actions that could be implemented moving forward. Some examples of possible initiatives include:

- Conduct a survey to assess levels of access to services for IRER populations.
- Work with colleges to make courses on IRER mental health part of the curriculum.
- Bring people with lived experience to the table so they can inform policy, planning and evaluation.
- Collect socio-demographic data consistently by learning from organizations and health authorities who have already done it.
- Issue a shared statement about the information learned at the action table.

Day two

The second day began with inspirational remarks from Senator Kim Pate, followed by a series of presentations on the importance of striving for *equity* rather than *equality* when planning mental health services. Dr. Cory Neudorf provided a detailed review of how the Saskatoon Health Region embedded a health equity approach into its quality improvement initiatives, while Dr. Branka Agic explained the value of the Health Equity Impact Assessment tool in promoting more equitable programs and policies. The personal stories shared by Tony Smith and Justice Donald McLeod provided participants with much-needed insights into the interplay between race, experiences of racism and mental health — discussing the challenges faced by Black communities in particular — and called on decision makers to involve those communities as partners in systemic change.

In the afternoon of the second day, participants heard about promising practices across the country to improve mental health outcomes for IRER populations. Linda Kongnetiman and Marva Caldwell touched on some of the innovative practices used by Alberta Health Services, Spyridoula Xenocostas and Janique Johnson-Lafleur spoke to the work being done in Quebec by the SHERPA research centre, and Aseefa Sarang detailed the service framework used by Toronto's Across Boundaries organization.

Key takeaways

After hearing from all the presenters, the MHCC prepared a consolidated list of 11 overarching recommendations to be considered by action table participants:

- Improve data collection and ensure that race-based data is collected.
- Provide training in population health, health equity and cultural competence.
- Explore alternative and more equitable funding models.
- Develop a research agenda for IRER populations with a dedicated funding stream.

- Invest in evaluation and implementation of promising practices.
- Embed equity and cultural competence into quality improvement models.
- Respectfully engage and involve IRER populations in planning, monitoring and evaluation.
- Increase knowledge and application of health equity approaches.
- Improve information and knowledge sharing between federal departments and service delivery partners.
- Increase funding, training and use of interpretation services in health and social services.
- Increase capacity to deliver integrated and shared care models for IRER populations — especially youth.

This led to a second round of breakout discussions, with participants voting to prioritize recommendations based on two scenarios: a) what to prioritize if no new funds were available b) what to prioritize if there were an influx of new funding. In either situation, participants wanted to see more training provided in population health, health equity and cultural competence. Without funding, they identified the involvement of IRER populations in planning and evaluation, as well as data collection, as priorities. With an influx of funding, they identified investing in integrated care models targeting IRER youth along with a greater focus on scaling up promising practices as priorities.

The meeting concluded with closing remarks from Ed Mantler, MHCC's Vice President of Programs and Priorities, who confirmed to participants that the decisions and recommendations emerging from their discussions would play a critical role in how the MHCC prioritizes its resources and initiatives in this area going forward. The Knowledge Exchange Centre will continue to lead this work as MHCC builds a multi-year plan for action and engagement.

If you would like more information about this Action Table or MHCC's ongoing work in IRER mental health, please contact Bonita Varga, Knowledge Broker at bvarga@mentalhealthcommission.ca.

Appendix A: Presenter bios

Facilitator

Karima Kara
Karima is the CEO of iexpressions. She is a bilingual facilitator, mediator and leadership coach and works extensively in the public and private sectors. She specializes in leadership diversity and inclusion, unconscious bias, emotional intelligence and mediation.

Karima facilitates training for mentors and internationally educated professionals for the Federal Internship Program (FIN) for the Ottawa Community Immigration Services Ottawa (OCISO) and World Skills. She is on the Advisory Committee for OCISO and Status of Women's initiative on advancing immigrant women in the workplace. Karima has also contributed to programs with the Mental Health Commission of Canada (MHCC), the Aga Khan Development Network and Global Affairs Canada in Asia and Africa.

Karima has received training in Mental Health First Aid (MHFA) and she is a qualified administrator for Multi-Health System (MHS)'s Emotional Intelligence tools. She also received training from Google's Search Inside Yourself Leadership Institutes' Mindfulness and Emotional Intelligence program. Karima holds a Master of Educational Leadership from McGill University.

Presenters

Dr. Kwame McKenzie
Dr. Kwame McKenzie is CEO of the Wellesley Institute. He is an international expert on the social causes of mental illness, suicide and the development of effective, equitable health systems. As a physician, psychiatrist, researcher and policy advisor, Dr. McKenzie has worked to identify the causes of mental illness and in cross-cultural health for over two decades. He is an active, funded researcher of social, community, clinical and policy issues. Dr. McKenzie is Clinical Director of Health Equity at CAMH and a full Professor and the Co-Director of the Division of Equity Gender and Population in the Department of Psychiatry, University of Toronto. He is the President of the Toronto Branch of the Canadian Mental Health Association, and sits on the Board of the United Way Toronto.

Dr. McKenzie is a member of the Ontario Government's Mental Health and Addictions Leadership Advisory Council, and in 2016 was named a Commissioner of Ontario's Human Rights Commission.

Steve Lurie
Steve Lurie is the Executive Director of the Toronto Branch of the Canadian Mental Health Association, a position he has held since 1979. He is the principal author on the Graham report, *Building Community Support for People*, and conducted the 1998 *Minimum Data Set Pilot Project* which established a common data set for the reporting of client outcomes in community and hospital based mental health services. In 2005, he provided technical assistance to Michael Kirby on the development of the $5.3 billion mental health transition fund recommended in *Out of the Shadows at Last.* He was the Chair of the Mental Health Commission of Canada Service Systems Advisory Committee from 2007-2012, leading initiatives on diversity, housing, and peer support, among others, and currently sits on the MHCC

Advisory Council. Steve is an adjunct professor in health and mental health policy at University of Toronto's Factor Inwentash Faculty of Social Work. Steve was recently named to the Order of Canada for his work as an advocate, administrator and scholar.

Sheeba Narikuzhy
Sheeba Narikuzhy currently works as a clinical manager at East Metro Youth Services (EMYS) in Scarborough, Ontario. She has worked extensively with adolescents and has a special interest in teen suicide prevention and the incorporation of technology into mental health services and knowledge exchange. Sheeba is currently a member of the Constituency Council of the Centre for Addiction and Mental Health and was formerly a member of the Children's Mental Health Ontario Teen Suicide Prevention committee and advisory council member of the Ontario Centre of Excellence for Child and Youth Mental Health. She currently chairs the Knowledge Exchange Committee and is the former chair of the Diversity Committee at EMYS. She has a Master of Psychology as well as extensive training in dialectical behavioral therapy. She is a member of the College of Registered Psychotherapists of Ontario.

Dr. David Ponka
Dr. David Ponka is a family doctor and Associate Professor at the Faculty of Medicine at the University of Ottawa. He is also Medical Advisor (Acting), Migration Health Policy and Partnership Division within Migration Health Branch of Immigration, Refugees and Citizenship Canada. Although he pursues various clinical, teaching and scholarly interests, the common thread is work with vulnerable populations. Dr. Ponka has worked in many parts of the world including in Chad with Médecins Sans Frontières, in Haiti with Médecins du Monde, and currently on a project to build capacity in family medicine in Guyana. He is proud to be supported by Academics Without Borders in delivering this work. He advises the newly created Besrour Global Health Centre of the College of Family Physicians of Canada on disseminating evidence for task shifting towards primary care in emerging health systems.

Stephanie Priest
Stephanie Priest is the Director of the Population Health Promotion and Innovation Division in the Centre for Health Promotion at the Public Health Agency of Canada (the Agency), which focuses on mental health promotion, suicide prevention and family violence prevention.

As the lead for mental health promotion at the Agency, her team works with provincial and territorial governments as well as stakeholders across Canada to help foster environments that support mental health and prevent mental illness, including programs focused on reducing health inequalities by promoting the mental health and well-being of children, youth and families.

Dr. Kevin Pottie
Dr. Kevin Pottie began working with refugees in 1994. He served with Médecins Sans Frontières, WHO, the Canadian Task Force for Preventative Health Care, the GRADE Working Group and the Cochrane Equity Methods Group. He led the development of Canadian and European Refugee Health Guidelines. He has also held various positions in the field, notably, Republic of Georgia 1995, Bolivia 2001, Republic of Congo 2007-08, Panama 2012 and Nepal 2014. He is an associate professor and researcher at the Bruyère Research Institute, University of Ottawa and has published over 120 peer review papers.

Dr. Sepali Guruge
Dr. Sepali Guruge is Professor and Research Chair in Urban Health in the Daphne Cockwell School of Nursing at Ryerson University. She is also Director of the Centre for Global Health and Health Equity, and CoLead of the Nursing Centre for Research and Education on Violence against Women and Children at Ryerson. She has over 20 years of experience as a scholar in the areas of mental health and psychiatry, immigrant and refugee women's health, gender-based violence, and trauma-informed care. Some of her work (funded by the Canadian Institute for Health Research, the Social Sciences and Humanities Council and the International Development Research Centre and other agencies) has focused on integration trajectories of immigrant families; mental health of refugee youth; pathways to care and services for immigrant women who have experienced violence; and building partnerships to promote health care equity for older immigrants. She is currently Nominated Principal Investigator of a multi-site study focusing on the effectiveness of two innovative interventions to address stigma of mental illness among boys and men in South, East, and South East Asian communities in Vancouver, Alberta, and Toronto. She was chosen (in 2014) as part of the Royal Society of Canada's inaugural cohort of College of New Scholars, Artists and Scientists.

Hannah Evans
Hannah Evans has been the Director of the Syrian Refugee Resettlement Secretariat in the Ontario government since its inception in November 2015. In this role she has helped to coordinate service delivery to support Syrian refugee newcomers across provincial ministries, with the federal government and with a wide range of stakeholders across Ontario. She has served in a number of leadership roles in the Ontario Public Service since 2002, primarily in community planning and community sustainability portfolios. She has also worked extensively in the field of international development, including in the Middle East and Eastern Europe. She likes learning languages and is a long-time member of the Huron Street Community Garden, Toronto's first community garden on public land.

Dr. Soma Ganesan
Dr. Soma Ganesan was born in Vietnam, where he lived through the war before leaving in 1976. He came to Vancouver as a refugee in 1981 and trained at the University of British Columbia from 1984 to 1988.

Soma is the Founder and Director of the Vancouver General Hospital Cross-Cultural Clinic, and a founding member of the Vancouver Association for the Survivors of Torture (VAST), a non-profit group dedicated to serving and treating refugees and immigrants who suffer from psychological and physical injuries as a result of political violence and torture.

He is currently a Clinical Professor of Psychiatry at the University of British Columbia and Head Medical Director, Department of Psychiatry, Vancouver Acute & Vancouver Community Mental Health and Addictions.

Senator Kim Pate
Kim Pate was appointed to the Senate of Canada on November 10, 2016. She is a nationally renowned advocate who has spent the last 35 years working in and around the legal and penal systems of Canada, with and on behalf of some of the most marginalized, victimized, criminalized and institutionalized — particularly imprisoned youth, men and women.

Senator Pate graduated from Dalhousie Law School in 1984 with honours in the Clinical Law Programme and has completed post graduate work in the area of forensic mental health. She was the Executive

Director of the Canadian Association of Elizabeth Fry Societies from January 1992 until her appointment to the Senate in November 2016. Senator Pate strongly believes that the contributions of women who have experienced marginalization, discrimination and oppression should be recognized and respected and she continues to make significant contributions to public education around the issues of women's inequality and discriminatory treatment within social, economic and criminal justice spheres.

Dr. Cordell Neudorf
Dr. Neudorf is the Chief Medical Health Officer for the Saskatoon Health Region and Associate Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan, College of Medicine. He received his medical degree from the University of Saskatchewan and has a Master of Health Science in community health and epidemiology from the University of Toronto, and is a fellow of the Royal College of Physicians and Surgeons of Canada with certification in the specialty of public health and preventive medicine.

Dr. Neudorf has held various leadership roles in Public Health at the national level in Canada. Currently, he is serving on the Canadian Council on the Social Determinants of Health, the Technical Advisory Committee for the Pan Canadian Health Inequalities reporting, the Strategic Analysis Advisory Committee of the Canadian Institutes for Health Information and is coordinator of the Urban Public Health Network of Canada. He is a liaison member with the Regions for Health Network (WHO Europe).

Leonard Anthony (Tony) Smith
Tony Smith has spent most of his adult life helping people who are marginalized—those in the child welfare system or the criminal justice system, and those who struggle with mental illness and addictions. He is best known for his work advocating for those who suffered abuse and neglect at the Nova Scotia Home for Colored Children (NSHCC).

In 2012, Tony and other former NSHCC residents co-founded the Victims of Institutional Child Exploitation Society (VOICES). Tony and the VOICES executive led the call for a public inquiry into the NSHCC, which the province initiated in 2014. They also helped secure class-action settlements with the NSHCC and the provincial government, both of whom offered public apologies to the former residents.

Branka Agic
Dr. Branka Agic is the Manager of Health Equity at the Centre for Addiction and Mental Health (CAMH) and an Assistant Professor at the University of Toronto Dalla Lana School of Public Health. Branka holds a PhD in Health and Behavioral Sciences and a MHSc from the University of Toronto, along with a Medical Degree from the University of Sarajevo, Bosnia and Herzegovina.

She is currently the lead on the Immigration, Refugees and Citizenship Canada-funded Refugee Mental Health Project and a Co-Investigator on the Syrian Refugee Health Needs and Service-Use Project funded by the Toronto Central Local Health Integration Network. Branka serves on the Board of Directors of the Canadian Centre for Victims of Torture and is a member of the UNHCR Regional Beyond Detention Strategy Working Group and the Health Working Group of the Special Advisory Table on Syrian Refugee Resettlement.

The Honourable Justice Donald F. McLeod
The Honourable Justice Donald F. McLeod was the Founding Partner of The McLeod Group, Barristers and Solicitors. For over a decade Justice McLeod was an accomplished litigator with a keen interest in community and social justice issues. He has argued cases such as *R v. Golden* successfully in the Supreme Court of Canada in 1999 intervening for the African Legal Clinic. In 2009, the case of *R v. Douse* was a landmark case, which revolutionized the traditionally used racial vetting process to now take into consideration non-conscious racism.

Justice Donald McLeod, has been the worthy recipient of several notable awards over the years including The Lincoln Alexander Award from Osgoode Hall Law School, The President's Award from the Harry Jerome Awards (sponsored by the Black Business and Professional Association), Community Recognition Award from the Jamaican Canadian Association, The Excellence in Litigation Award from the Canadian Association of Black Lawyers, as well as being recognized for his Excellence in Legal Practice by the Association of Black Law Students Caucus.

On September 18, 2013 Justice Donald McLeod was appointed to the Ontario Court of Justice, and with that became the first Black Judge to graduate from Queens University since the Law School's inception in 1957.

Linda Kongnetiman
Linda is currently a Provincial Manager for Addiction and Mental Health, Child Youth and Family Initiatives in AHS. Linda is a subject matter expert in cultural diversity, has a solid background in research, public speaking, clinical consultation, supervision, professional practice improvement standards, structural & transformational change management and community development. Linda has a strong understanding addressing the intersectionality of race, class, and gender to inform project development and research, written extensively on cultural competency and currently pursuing her PhD in Social Work.

Marva Caldwell
Marva Caldwell is the Acting Manager of the Mental Health Capacity and Schools Initiative and supports the Trauma Informed Care project under the Child, Youth and Family Initiative, Addictions and Mental Health with Alberta Health Services. Marva has 20 years of direct clinical practice experience as a mental health therapist and clinical educator and has specialized skill and expertise in mental health intervention with children and families.

Spyridoula Xenocostas
Spyridoula Xenocostas is Associate Director of Research for the Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-d-l'Île-de-Montréal (CIUSSS West-Central Montreal). Spyridoula is a collaborator with the ComSanté research centre at the Université du Québec à Montréal, and Associate Researcher in their Department of Social and Public Communications. Prior to her CIUSSS West-Central Montreal appointment, since 2001, she has held the positions of Director of Research Activities at the Institut Universitaire au regard des communautés culturelles, and co-director of SHERPA, its research centre. She is also a regular team member with the Fonds de recherche du Québec – Société et culture's (FRQSC) METISS research team and with the SHERPA FRQSC University Institute research program.

Janique Johnson-Lafleur
Janique Johnson-Lafleur, MSc, is a research coordinator at the SHERPA research center, and a doctoral student at McGill University's Division of Social and Transcultural Psychiatry in Montreal, Quebec. Her research interests include cultural safety in mental health services, cultural formulation training, collaborative youth mental health care, critical medical anthropology and social suffering.

Aseefa Sarang
Aseefa Sarang is the Executive Director of Across Boundaries: An Ethnoracial Mental Health Centre, a unique organization that provides mental health and addictions services for racialized communities in Toronto.

Aseefa has been working in the field of mental health for over 16 years and her experiences and interests are in programming for adults, youth, and families who intersect with various systems (criminal justice, homelessness, immigration, research etc). Aseefa is committed to systemic change through advocacy and has served on various boards and committees, including the Expert Advisory Panel on Homelessness for the Ministry of Municipal Affairs and Housing, and the Mental Health and Addictions Leadership Advisory Council of the Ontario Ministry of Health.

Appendix B: Recommendations for service improvement

The presenters made a total of 32 recommendations over the course of the two day-day event, which the MHCC then summarized into 11 overarching themes. Below are the themes participants voted on at the end of the second day.

1. **Improve data collection and ensure that race-based data is collected.**
    - Collect race-based data.
    - Expand federal priority on collecting sex and gender based data to include race-based data.
    - There is a need for better data sets and data collection for planning and evaluation to improve equity.

2. **Provide training in population health, health equity and cultural competence.**
    - Develop a virtual university or centre of excellence for training in equity and IRER mental health.
    - Provide intercultural training and tools.
    - Train organizational leadership to apply a population health lens.
    - Develop online, accredited health equity training programs.

3. **Explore alternative and more equitable funding models.**
    - Share power/resources/spaces through new and equitable models of funding.
    - To improve access to mental health services by scaling up evidence based interventions and promising practises, provide direct federal government funding to communities.
    - Improve collaboration and seek funding opportunities between public and private sectors.

4. **Develop a research agenda for IRER populations with a dedicated funding stream.**
    - Developing an agenda to conduct provincial, territorial and national research focusing on addiction and mental health of IRER populations with a focus on prevention.
    - There is a need for population-based research.
    - Provide dedicated research funding through the Social Sciences and Humanities Research Council and the Canadian Institutes of Health Research.

5. **Invest in evaluation and implementation of promising practices.**
    - Fund a multi-site demonstration project across Canada to develop evidence-informed policy and best practices in IRER mental health.
    - Evaluate and scale up promising practices, such as culturally-adapted psychotherapies.
    - Integrate global expertise with local knowledge.

6. **Embed equity and cultural competence into quality-improvement models.**
    - Embed equity and cultural competence into quality-improvement models

7. **Respectful engagement and involvement of IRER populations in planning, monitoring and evaluation.**
    - To understand the barriers and needs of those most affected by inequities they must be involved in evaluation and quality improvement of services.
    - Be an equal voice at service planning tables; be included in monitoring and evaluation of services planned *and* funded; provide healing practices and services as defined by IRER populations.
    - Include the pre-migration, migration and post-migration experiences of individuals in the care agreement.
    -
8. **Increase knowledge and application of health equity approaches.**
    - Use the social determinants of health to assess the addiction and mental health of IRER populations.
    - Use intersectionality between race, gender, class, age and other social differences in assessment.

9. **Improve information and knowledge sharing between federal departments and service delivery partners.**
    - Look for needs flagged on the Resettlement Needs Assessment Form. This will help determine which clients' needs to seek medical advice with more urgency.
    - Federal government has a key role in providing advance information on refugee arrivals to key service delivery partners (like settlement agencies, public health units, municipalities, school boards). Better information is critical to ensuring partners can plan to put appropriate supports in place to meet resettled refugees' needs.
    - Protect the privacy of individuals but also ensure service providers in local communities can plan ahead.

10. **Increase funding, training and use of interpretation services in health and social services.**
    - Invest in professional interpretation services in those communities where newcomers with low language comprehension are settling. Language supports are critical for people to receive appropriate treatment.
    - Ensure equitable access to mental health services for all communities (e.g. allocate funds for translation/ interpretation services for major non official languages).
    - Provide user-friendly information on how to navigate the health system — designed with newcomers in mind — this could support system planning and could help newcomer's access appropriate supports sooner.
    - Increase the use of interpreters in health and social services.

11. **Increase capacity to deliver integrated and shared care models for IRER populations, especially youth.**
    - Enhance the capacity of mainstream organizations to provide culturally sensitive and linguistically appropriate services to IRER populations through an integrated care approach, including cross sectoral collaboration between service providers (e.g. general practitioners, hospitals and community mental health organizations) and funders.
    - Home and community based care should be provided using collaborative/shared care models.
    - Apply collaborative care models of practice in (youth) mental health.

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