Dr Kwame McKenzie MD

MHCC Diversity Task Group

A note about the sponsors

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

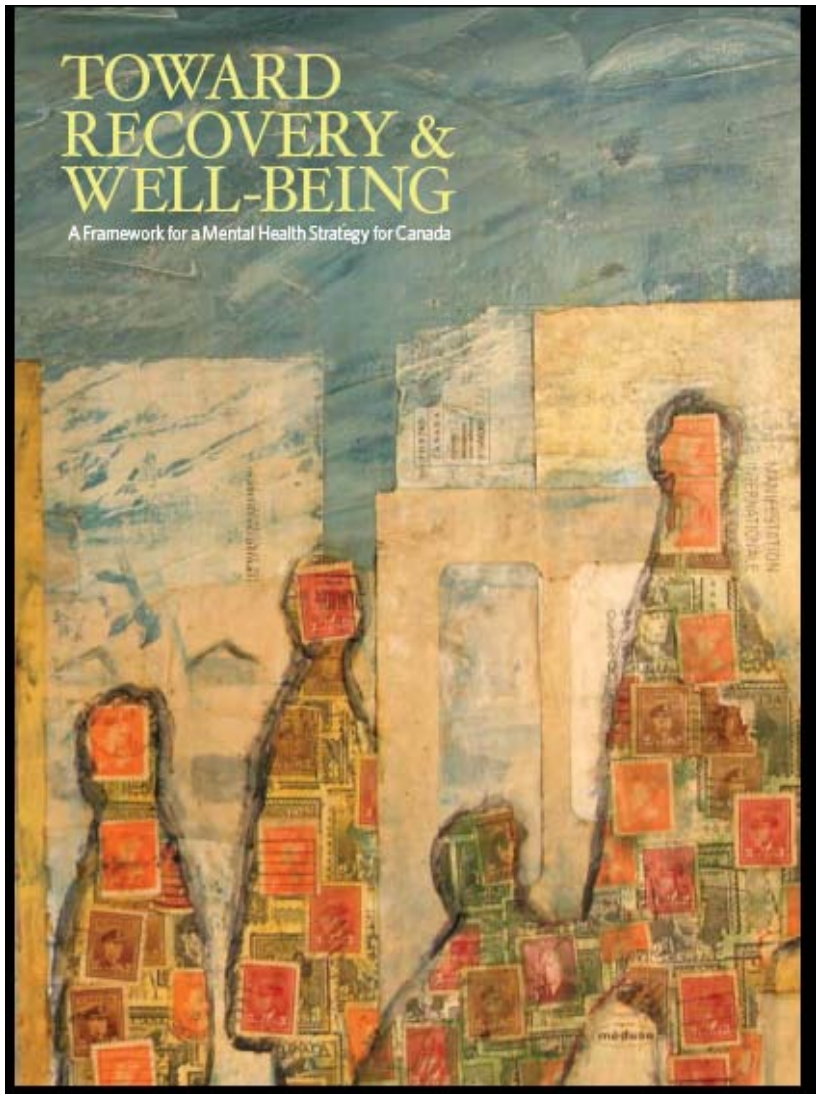
Centre for Addiction and Mental Health (picture new buildings in development)

- Canada's largest mental health and addiction teaching hospital.
- Combines clinical care, research, education, policy development and health promotion.
- Aims to help transform the lives of people affected by mental health and addiction issues.

Mental Health Commission of Canada (MHCC)

- Non-profit organization created to focus national attention on mental health issues and to improve the lives of people living with mental illness.
- It is a national body, funded by the Health Canada, endorsed by all levels of government but operates at arm's length.
- The Commission is working on five key initiatives:
  - **Mental health strategy**
  - **Opening Minds (Anti-stigma/anti-discrimination) initiative**
  - **At Home/Chez Soi demonstration project**
  - **A knowledge exchange centre**
  - **Partners for mental health program**

Mental Health Strategy: Step 1
What is a transformed system = 7 Goals



- Actively engaged and supported in their journey of recovery and well-being.
- Mental health promotion and prevention.
- System responds to the diverse needs of all people.
- Families and care circle included and supported.
- Equitable, timely, effective and integrated around client needs.
- Built on best evidence and multiple sources of knowledge, outcomes are measured, and research is advanced.
- Social inclusion

Mental Health Strategy Step 2: How to achieve a transformed systems

- A series of Roundtables March and September 2010.
- 25 people reflecting a cross-section of stakeholders
- One round table on diverse needs and strengths
- This paper one document that informs round table:
- **http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Key_Documents/en/2010/Issues_Options_FINAL_English%2012Nov09.pdf**.

The presentation

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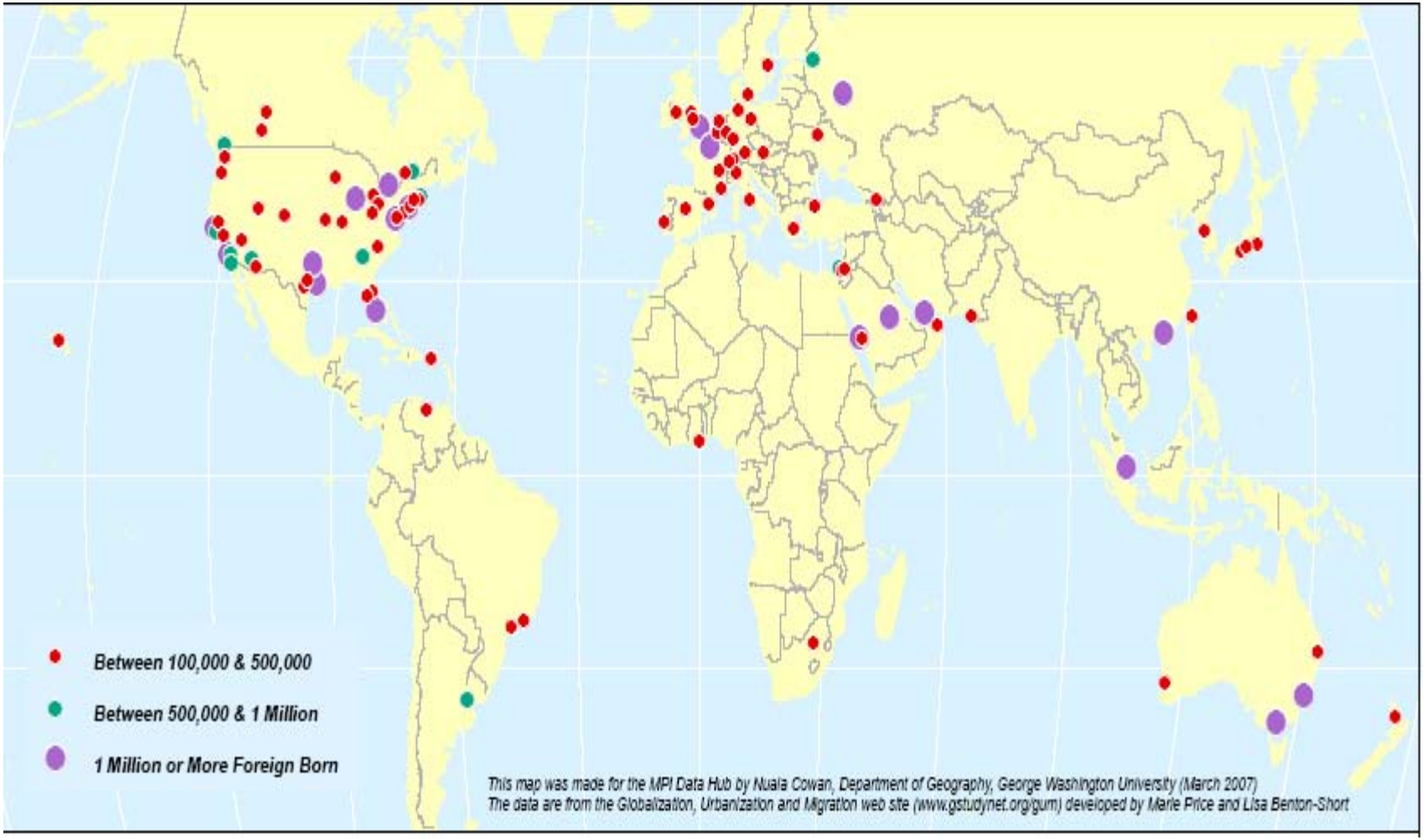
Outline: three parts

- How the report came into being
- Issues
  - (census, literature review, focus groups)
- Options
  - (model, recommendations)

How the report came into being

Kwame McKenzie

Stage set by international demographics immigration common to big cities



Personal testimony

Language and culture play an important role in mental health service delivery. For example, if I go to a service provider who doesn't know my language and is not familiar with my culture, first of all I will not be able to explain my problem to him/her as I want to say it, secondly, even if he/she gets me, will still not be able to provide me with culturally appropriate treatment which is very important. – *Focus Group Participant*

Senate Policy analysis 5 countries (for Kirby Commission)

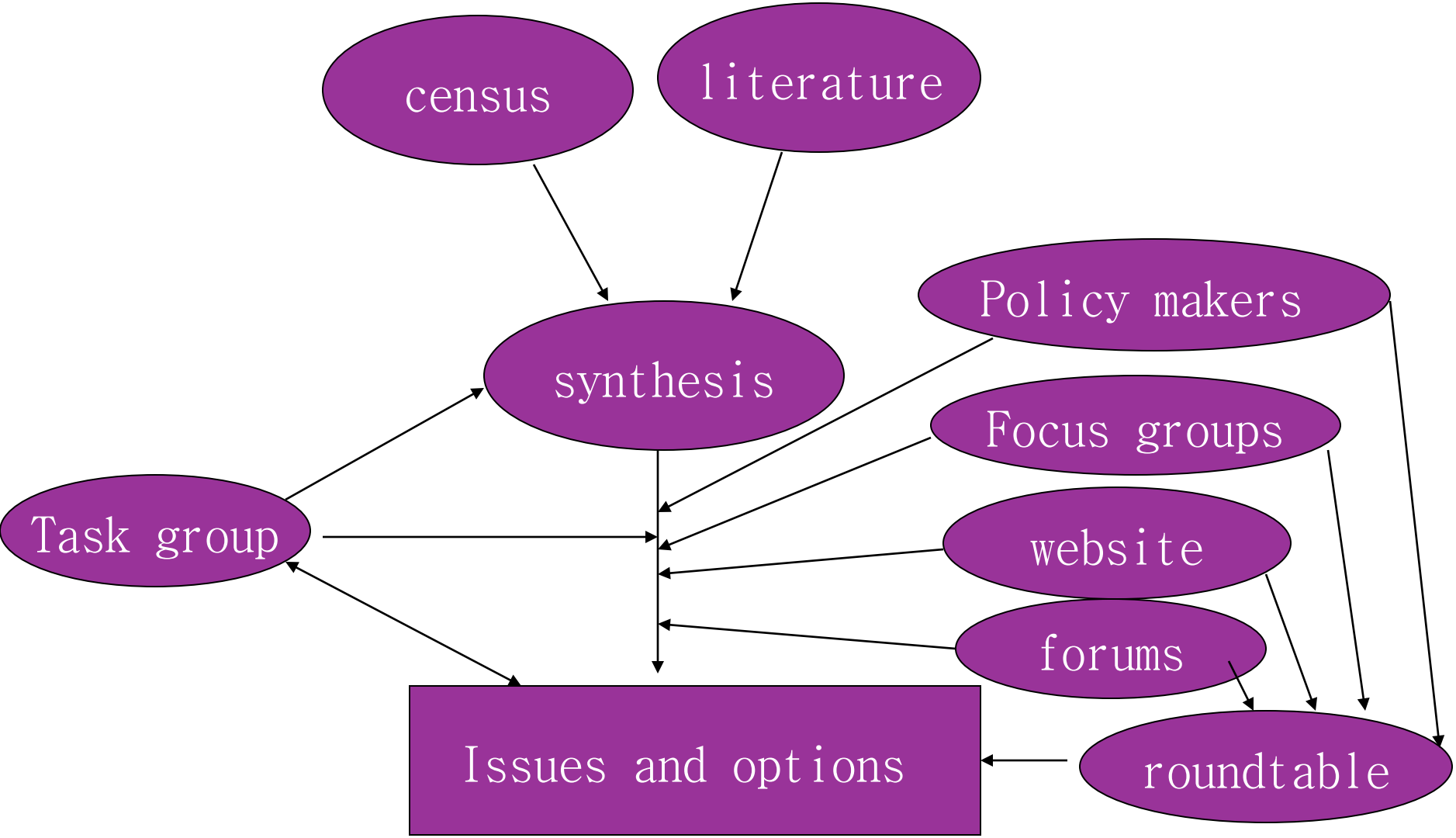
- "Developing mental health care for multi-cultural society common challenge"
- Inattention to mental health needs of ethnic minorities leads to:
  - Poorer access to care
  - Increased use of crisis and emergency care
  - Increased use of police and prison justice system
  - Increased hospitalisation (involuntary)
  - Poorer outcomes
  - Increased community burden of mental illness
  - Increased deaths due to suicide

Policy **attempts**

- Attempts at policy in Canada but not clearly led to service improvement

- After the door has been opened - *National Mental Health Task Force 1988*
  - *27 recommendations – 6 taken up*

This issues and options paper for MHCC = academic synthesis & lots of consultation



Issues:

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Data for issues from 3 sources

- Census
- Literature review
- Focus groups

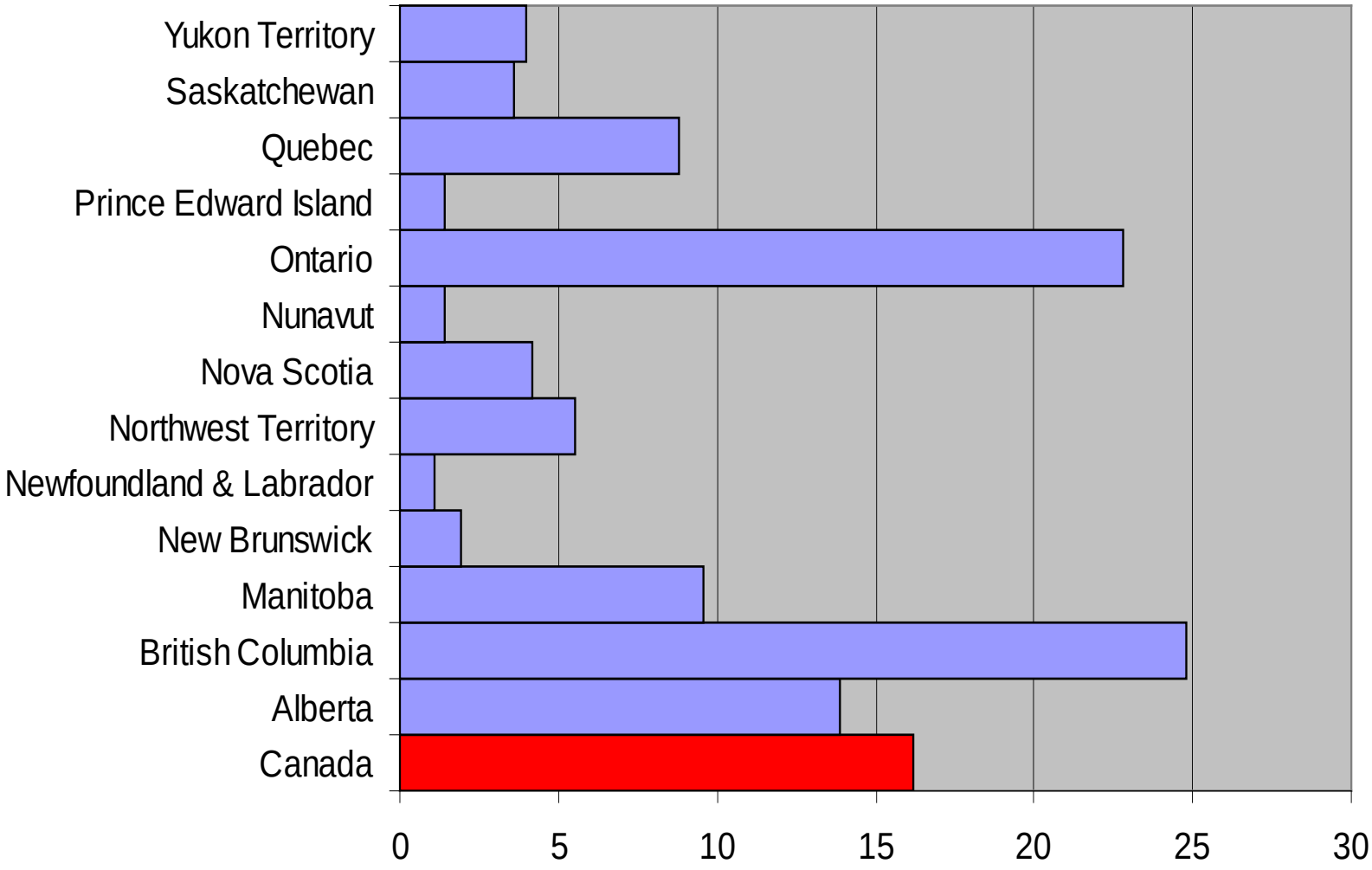
Census 2006

- 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

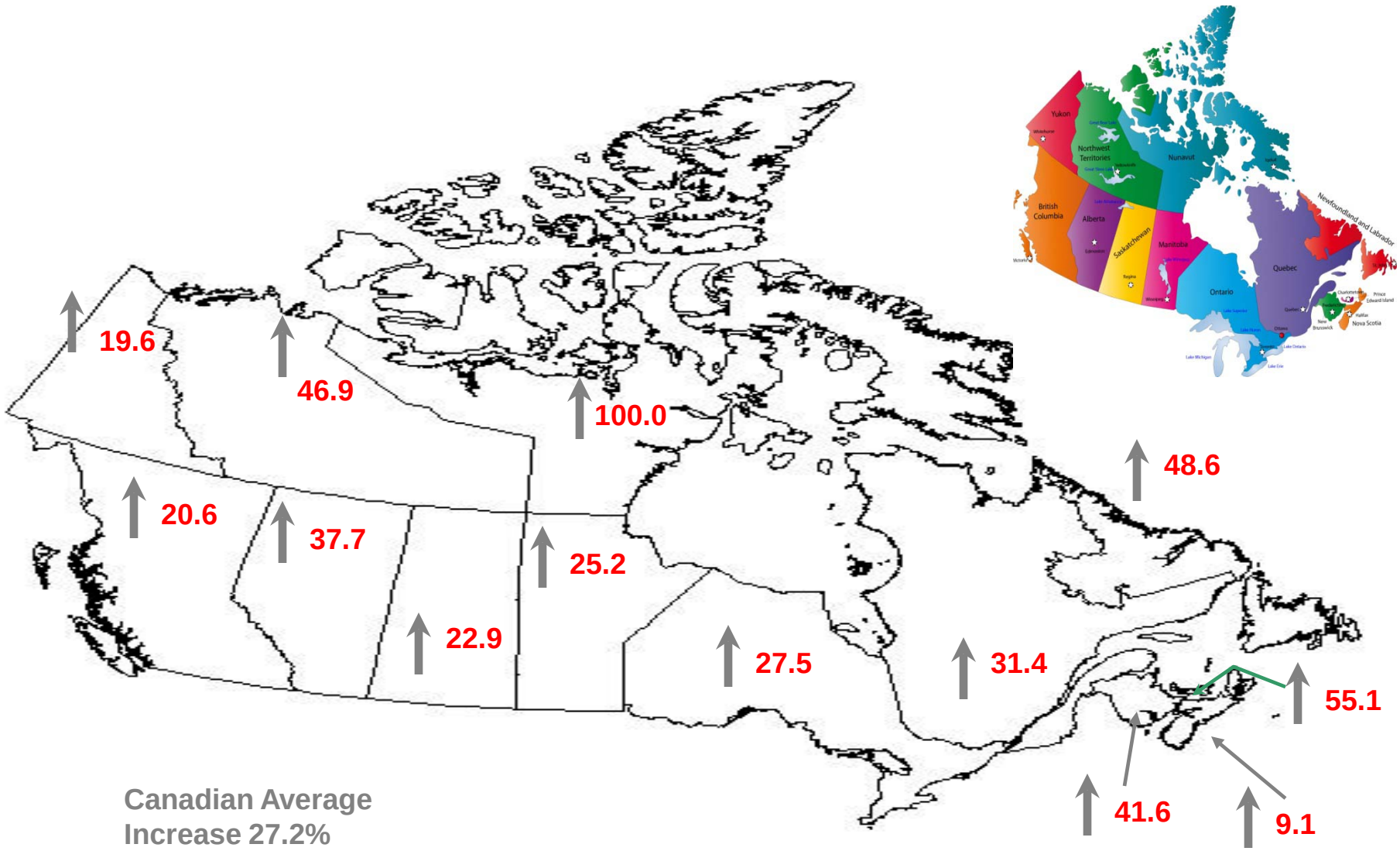
Immigrant, refugee, ethno-cultural and racialised groups (IRER)

- Diverse groups with different realities and needs
- Does not include Aboriginal, first Nations or Inuit groups
- Diversity between and within provinces and communities
- All provinces have changing demographics
- 64% belong to three Statistics Canada groupings: “South Asian”, “Chinese”, and “Black”

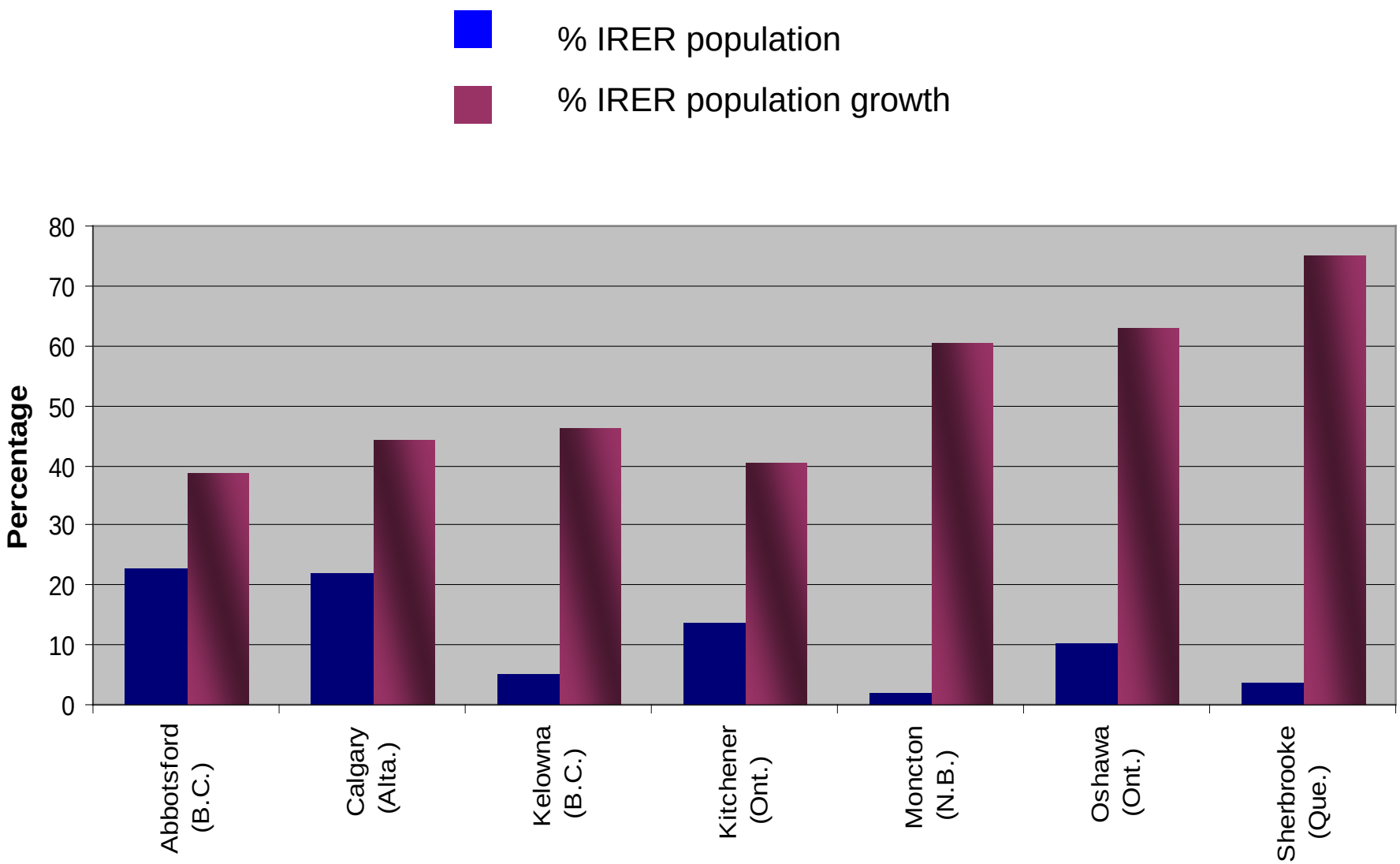
Percentage of population that IRER in provinces and territories



Percentage change in IRER 2001 to 2006



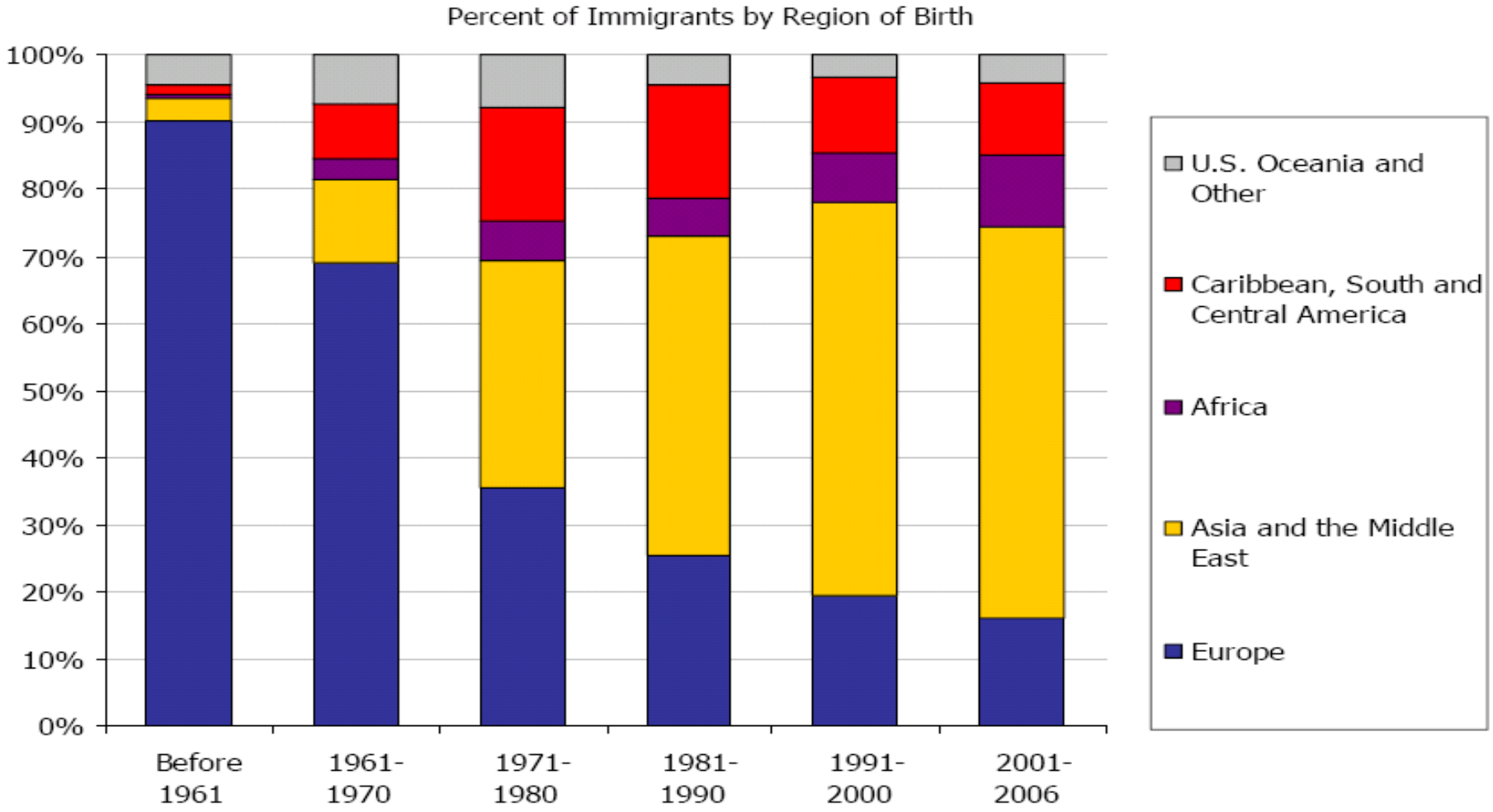
Highest change in IRER populations in some central metropolitan areas



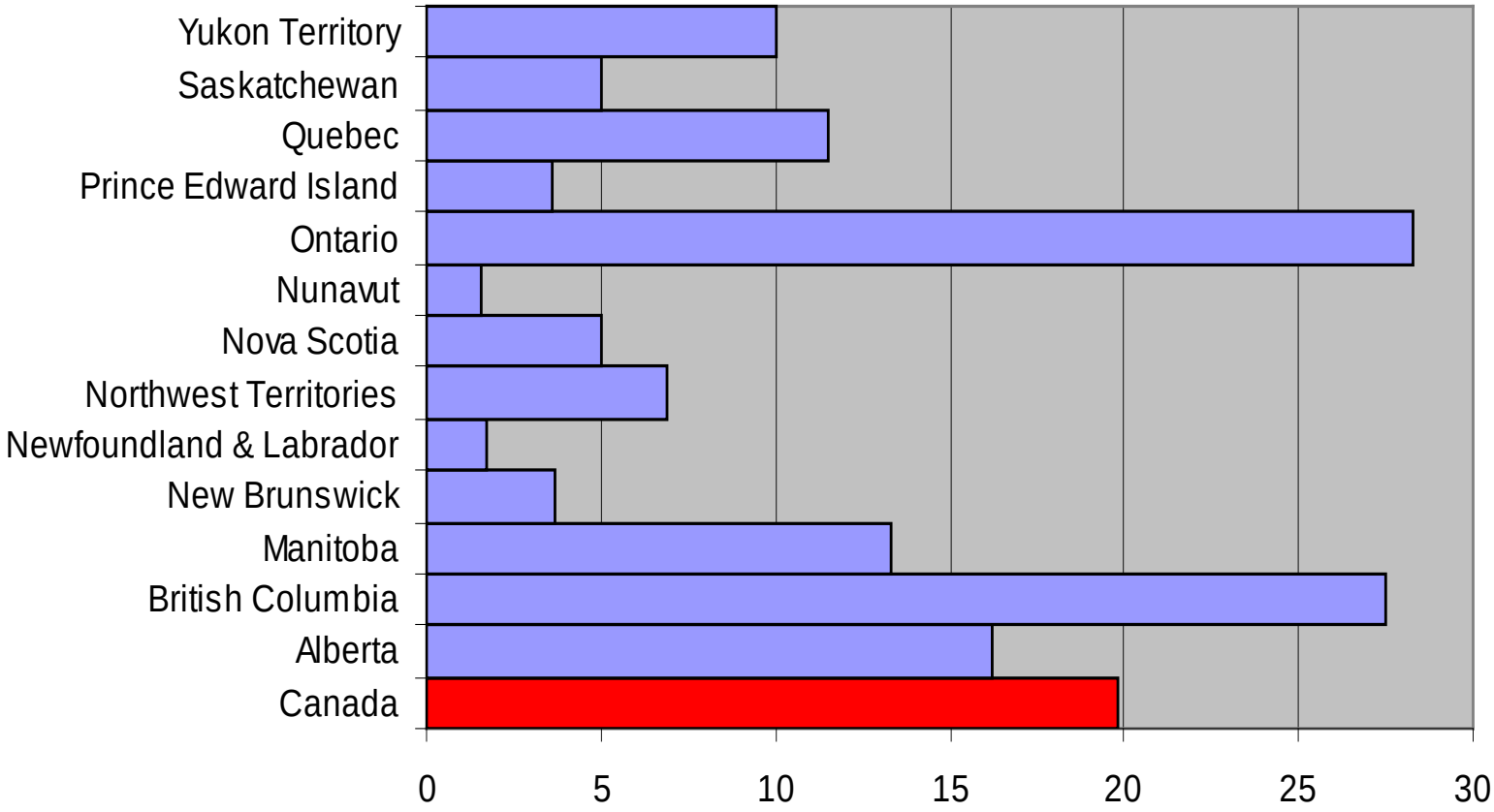
Immigration

- Main driver of population growth
  - Responsible for more than two-thirds of growth between 2001 and 2006
- Nearly 20% of Canadian population foreign-born

Region of birth of people who have immigrated to Canada in last 5 years



Immigrant population as percentage of provincial population



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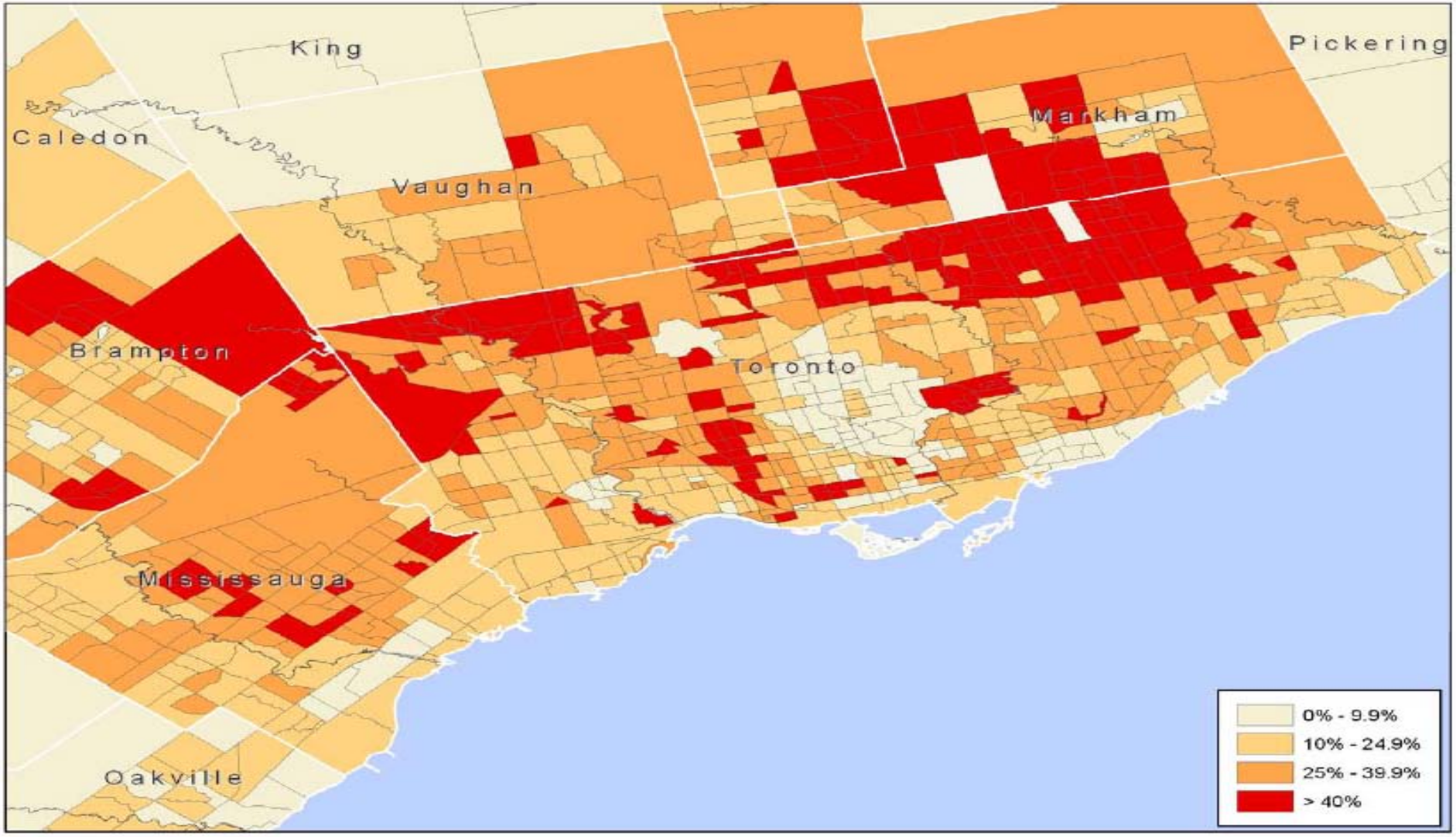
% immigrant population by electoral ward In Toronto and Vancouver moving from city centre to suburbs



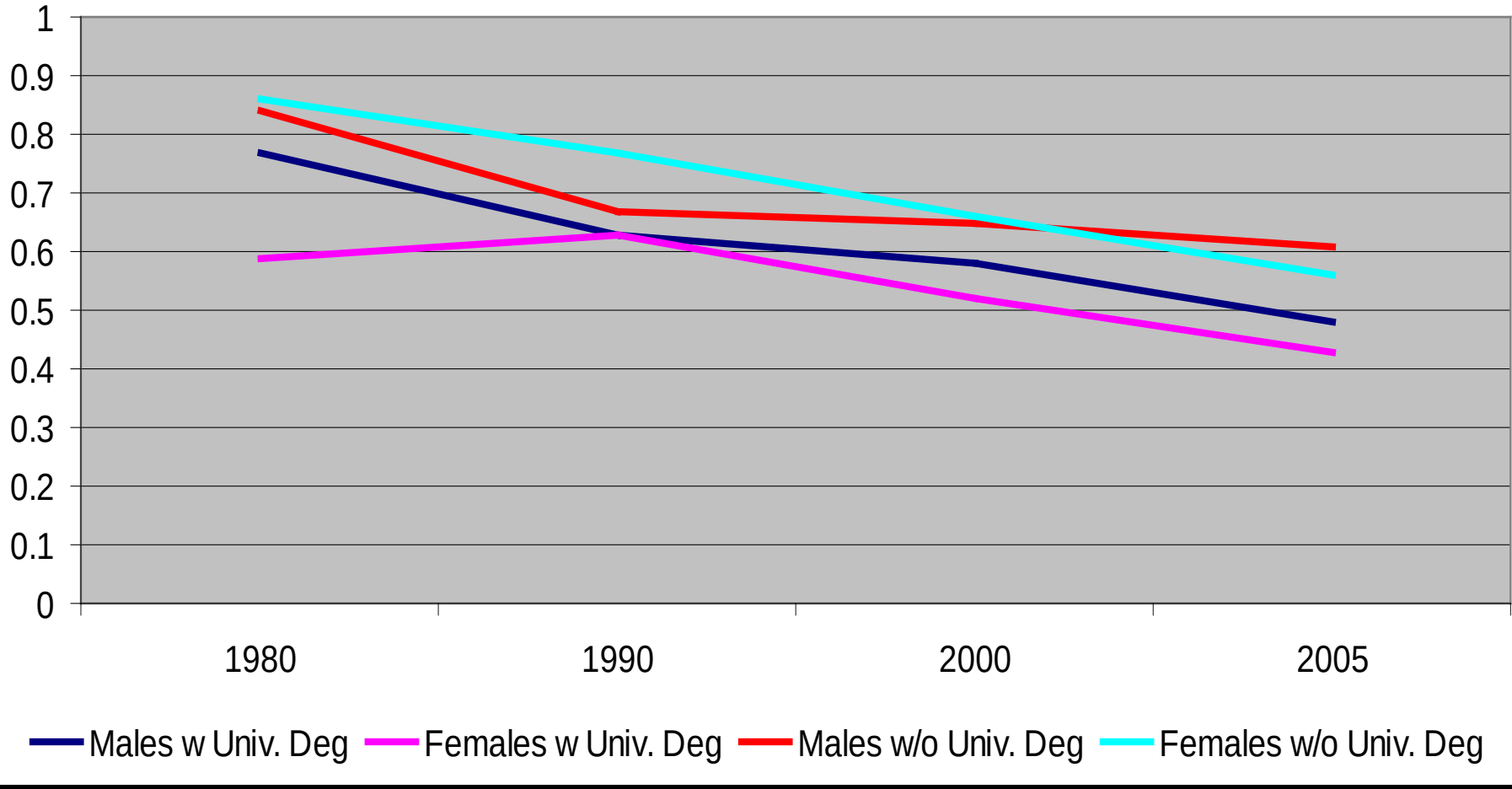
Social determinants of mental health

- Not much data in census to date
- Main information on education and literacy and employment

Education and Income

- Highly educated immigrant populations in Canada
  - Education becoming more important
- Underemployment a problem for some groups

Ratio of earnings of recent immigrants to Canadian people is decreasing over time



Main messages

- Growing and changing population in all provinces
- Most populous cities Toronto, Montreal, Vancouver
- Greatest percentage changes in smaller CMAs
- Links between IRER groups and social determinants of health

Literature review

Emily Hansson

Canadian literature 3 main issues

- social determinants of health
- rates of mental illness
- barriers and facilitators to care,

Social determinants

- Social factors linked to mental health problems for all
- IRER groups more exposed to social determinants
- IRER groups also exposed to novel social determinants
  - migration, discrimination and language difficulties.
- Impacts of social determinants complex
- Social forces that increase risk increased in some IRER populations
- Social forces that decrease risk in some IRER groups because of their social status in Canada

Rates of mental illness

- IRER often considered as single population which can create inaccurate picture
- Low rates of mental illness in immigrant groups when they arrive in Canada but these may increase over time
- Local studies in Canada report high rates of mental health problems and illnesses in some IRER groups
- Rates vary in IRER groups in Canada

Literature results: Barriers to care

- Less likely to get care and poorer care received
- Numerous barriers eg:
  - Awareness and stigma
  - Pathways unclear
  - Models of care and personnel not acceptable
  - Lack of cultural competence and sensitivity
  - Financial barriers
  - Language

Literature results: Facilitators of care

- length of stay in Canada / acculturation
- knowledge and education
- ethno-specific health promotion
- trust in the system
- cultural competency
- co-operation between service providers
- diversity of services including alternative approaches

Focus groups

Kwame McKenzie

- “I would like to receive long term mental health services. I do not wish to be discharged if you think I am feeling better. I want to decide when it is time for me to go. I like receiving the additional support, it helps me to live a fulfilling life.”

- “I have the ability to speak with an individual in Tamil and English, which is nice. I definitely think the language barrier is a key component in many people in our community not being able to take advantage of the services that are offered. I had switched from having a doctor at (Hospital A) to (a Tamil doctor at Hospital B) because I felt there was a spiritual/cultural component/link to understanding my health problems.
I did not receive this respect for culture in using the services at (Hospital A).”

- “If youth are not targeted, there is a big risk of addiction to drugs and joining the gangs …”
- “…if our children are healthy and fine, we are happy and relieved, but if they are suffering from mental health problems then the whole family are affected and our symptoms are worsened.”
- “Youths are suffering from the cultural conflict, from one side they are forced by parents to stick to their culture and traditions while from the other side, they are exposed to different cultural norms, therefore it is important focus on youth and adolescents groups.”

Focus groups: main messages
General agreement with literature

- Work on social determinants including pre-migration stress
- Anti-stigma work needed
- Better awareness and information about services
- Better access to services
- IRER specific services could help
- More diverse services would help – one stop shops services at places of worship
- Value services but think they could be improved
- Target intersections (eg young, old, new comers)

Options

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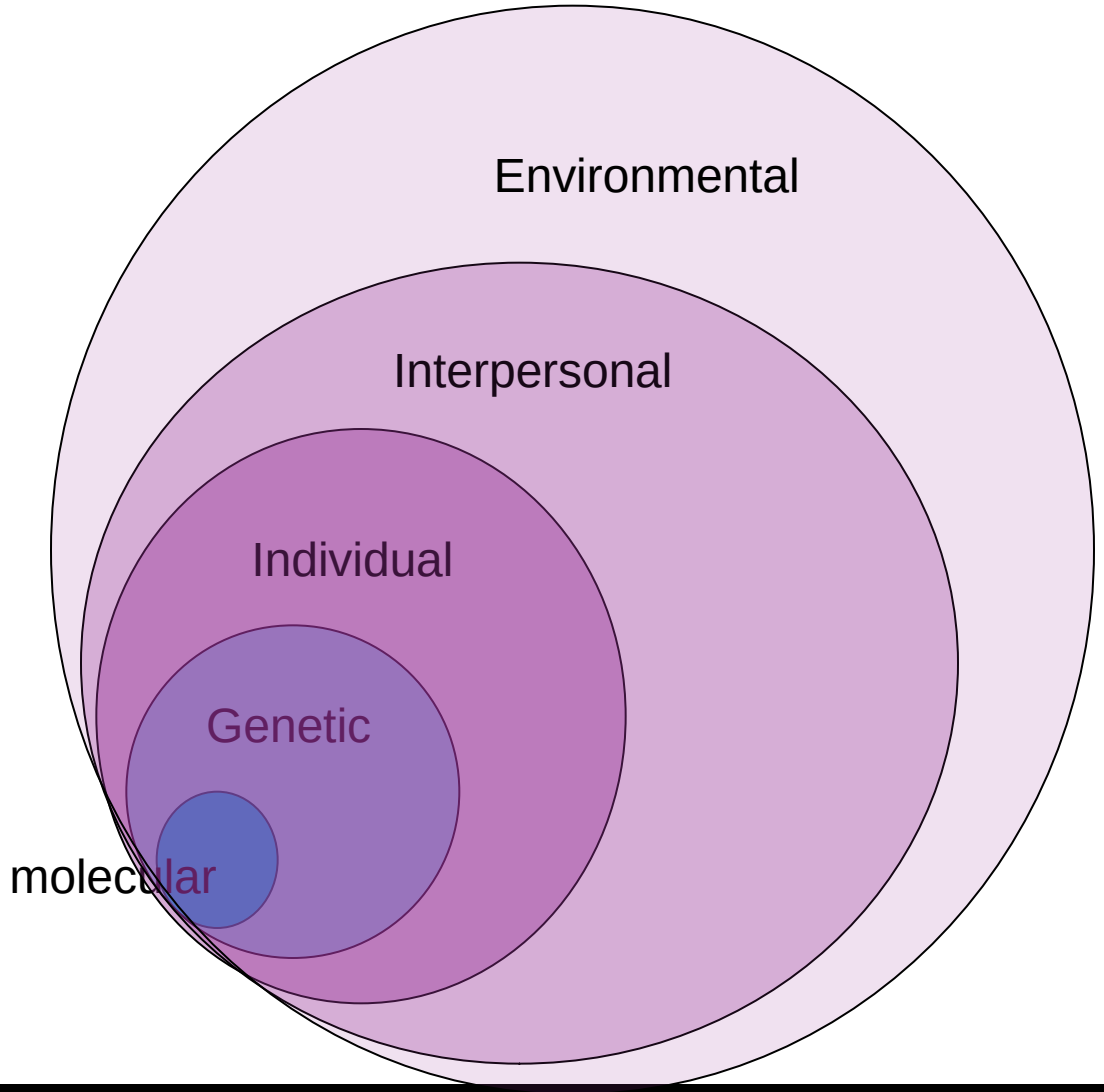
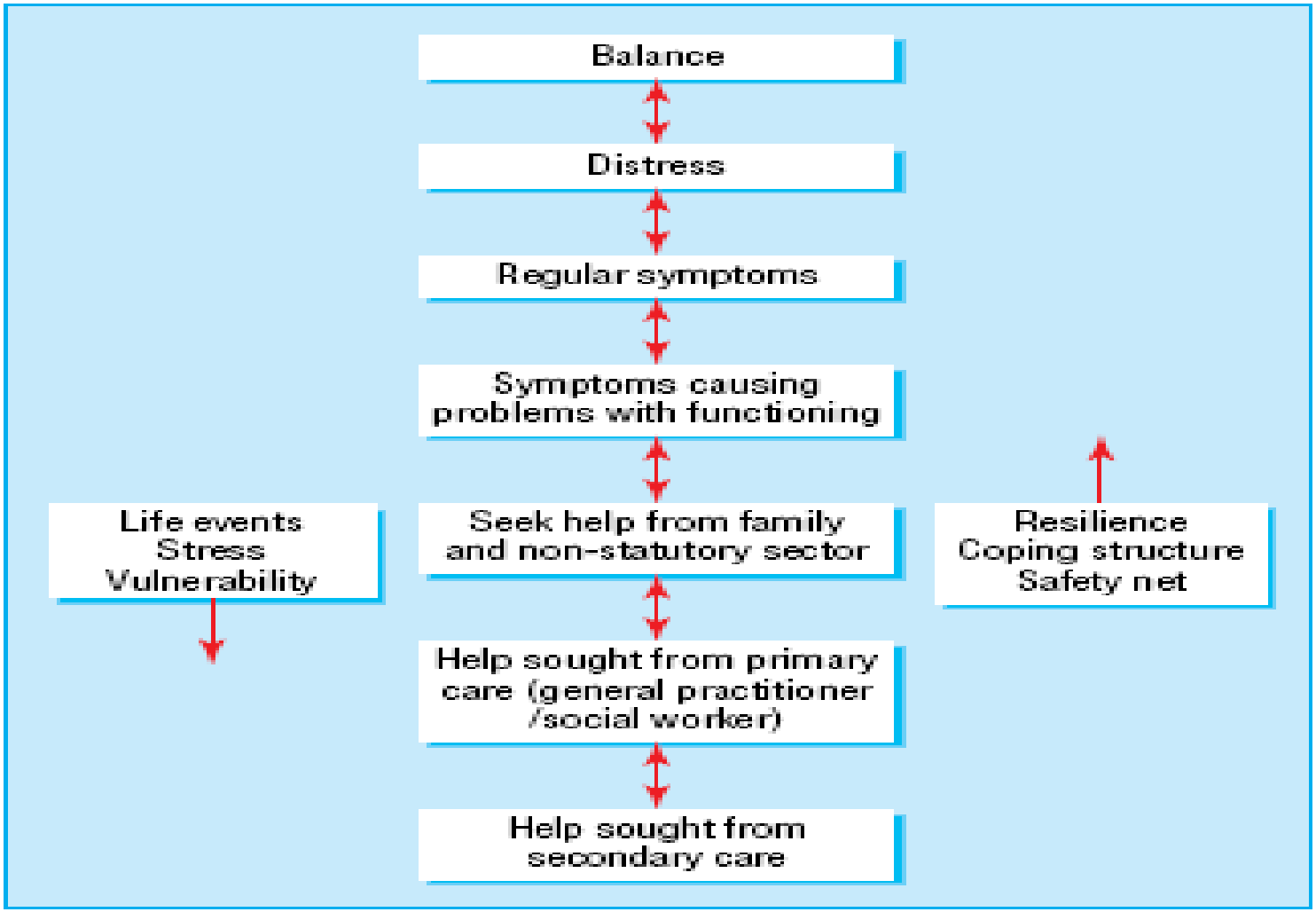
Back to basics: Multilevel aetiology of mental health problems



- Each level different scientific rules
- Each level may contain sub-levels
- Impact at any level confined by higher level
- An intervention may have impact at more than one level
- Studying interaction vitally important

Need interacts with community to change service needs and effectiveness



Pathway through care for someone in psychological distress

Options based on theory of health equity

- Different groups may have different needs.
- The issue not just different needs but service response.
- Health inequities = differences in access, use or outcome because of an interaction between community need and service response

Who can offer interventions for what type of need

	Differential need	Inequitable service response	Context in which need & service response occur
Clinicians and teams		X	
Organisation		X	X
Service system	Xx	X	X
Societal / legislative	Xx	X	X

Depending on the level of the problem different interventions will work best

- Rules for successful interventions:
  - need to be purposeful and targeted at a specific level
  - need to understand the science and rules at that level for their impact to be predictable
  - may have impacts at different levels but this will not be efficient unless they are purposeful

Options

- Options recognise MHCC position and the responsibility of Provinces, Territories and Regions.
- Shape of the response –
  - Issues and options paper
- Content of the response -
  - Defined locally

Multi-level needs - multi-level solutions

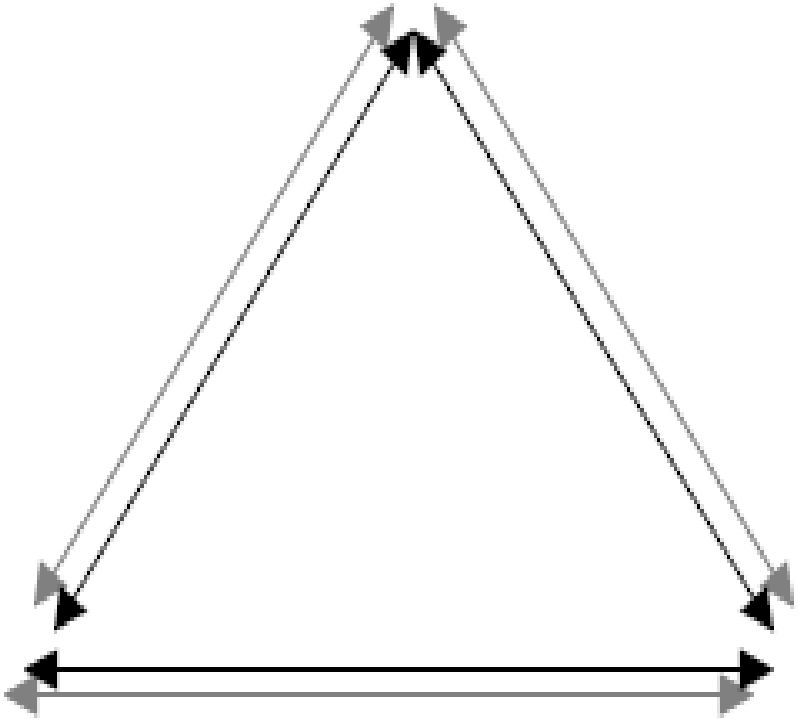
- Need to promote strong and healthy communities and build resiliency
- Need to improve services

So...

- Need
  - Traditional health services
  - Government
  - Public organisations
  - Private and voluntary sectors

- Population-based, flexible services that use the involvement of IRER communities to understand and meet their needs.
- Provinces, territories and regions tailor service development to their demographic imperatives.
- Experience of local communities and people with lived experience employed to help develop more appropriate services

Co-ordination of policy, knowledge and accountability



The involvement of communities, families and consumers

More appropriate and improved services

Co-ordination of policy, knowledge and accountability

- Policy and plans needed: coordinated and aligned at all levels
  - Promotion
  - Prevention
  - Improved services
- Plans built on local data with wide view of evidence
- Leadership

Involving communities useful as it helps to:

- Understand needs
- Understand resources
- Build partnerships
- Decrease duplication
- Improve awareness
- Build on multiple voices and strengths
- Build democracy

Better service response

- Changed focus towards prevention and promotion
- Improvement within services
- Improved diversity of treatment
- Linguistic competence
- Needs linked to expertise

MHCC Diversity Task Group

- Adriana Reina
- Robert Wright, Child Youth Strategy, Nova Scotia
- Dr. Miriam Stewart, University of Alberta
- Dr. Ted Lo, Centre for Addiction and Mental Health
- Dr. Laurence Kirmayer, McGill University
- Aseefa Sarang, Across Boundaries, Toronto
- Sri Pendakur, Vancouver Coastal Health
- Dr. Kwame McKenzie, Centre for Addiction and Mental Health
- Kwasi Kafele, Centre for Addiction and Mental Health
- Steve Lurie, Canadian Mental Health Association and Chair of the Service Systems Advisory Group to the Mental Health Commission of Canada
- Dr. Howard Chodos, Mental Health Commission of Canada
- Dr. Gillian Mulvale, Mental Health Commission of Canada
- Brenda Leung, Mental Health Commission of Canada
- Emily Hansson, Centre for Addiction and Mental Health
- Andrew Tuck, Centre for Addiction and Mental Health

thanks

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