BRITISH COLUMBIA | Ministry of Mental Health and Addictions

What we heard

Dialogue with South Asian Canadian Community

Surrey, July 17, 2018

On July 17, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, met with 16 individuals who are members of and/or work with South Asian Canadian communities across the Lower Mainland.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include engagement with a broad spectrum of individuals, communities, and Indigenous people from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the BC Government Engage website. What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of people living and working in South Asian Canadian communities in B.C.— so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experiences or observations—has worked or is currently working in the mental health and addictions system, what the key challenges are and what changes would make a difference. To close off the breakout discussion, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.[1] The list below includes changes and improvements identified as priorities in at least two participant worksheets.

The recommended changes that were expressed most frequently centered around committing more resources and expertise to communities where South Asian Canadians live, to ensure the supports and services available match the scale and uniqueness of need. This includes

[1] The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

focusing on how to effectively engage with community members to decrease stigma and how to raise mental health literacy, while encouraging members of the South Asian Canadian community to seek help when needed. Participants raised a point about improving education and training around substance use for the public. At the same time, people working in community-based professions (e.g. doctors, teachers and support staff) also need to have the training and resources to deliver services with competency, cultural-sensitivity and compassion. Particularly in South Asian communities, mental health and addictions services need to embed cultural practices and include South Asian languages. For these recommendations to be implemented properly, partcipants emphasized the role of government in providing the oversight and support to ensure high quality care and collaboration amongst service providers.

The full list of priorities for change includes:

- Increased education, promotion of mental health literacy and awareness of services
- Improved access to a full continuum of low-cost services with particular focus on outreach, prevention, early intervention and supported transitions
- Long-term, sustainable funding model to increase availability and sustainability of services
- Increased focus on substance use services
- Supporting and learning from community champions and grassroots efforts
- Embedding cultural practices and South Asian languages into services
- Affordable, accessible, mandatory mental health training for all B.C. public and private school teachers and other school-based staff
- Improved oversight of, and support for, community-based mental health and addictions services

This report summarizes participants' input on what has been or is working in the system and what changes they suggest in more detail. Ideas and suggestions are grouped by themes, illustrated with selected individual responses recorded in participants' own words.

1. What is working

- **Low-cost, low-barrier, rapid access services**
  - Integrated, mobile and street outreach models of service delivery with rapid access
  - Self-referral for counselling
  - Crisis response
  - Substance use access team through Fraser Health that works with crisis teams in a hub model

"There's help for acute situations, not so much for chronic."

"Working as a harm reduction worker at a safe [supervised] consumption site, I'm not a housing specialist, but I know that we have others on-site who can help with that. What can we do to bring this integrated model to other communities?"

- **Harm reduction approach**
  - Services are becoming more trauma and harm reduction-informed
  - Increased availability of harm reduction services
  - Supervised consumption services are saving lives

"We can't be policing people's addictions. People are the expert in their addictions."

- **Strength of relationships, trust and people**
  - Relationship-based approach to outreach and service delivery

"Relationships/trust—this is regardless of culture/race/ethnicity."

- **Grassroots community outreach**
  - Culturally specific education programs that create better awareness of what mental illness and addiction looks like and the support services that are available

"The resources are there—but how do we reach the resources? We need people who can convince this community that it is not a shame to reach out for help."

The main issue is to convince (persuade) the person he/she has a problem and admit and agree to get help; to accept to take action."

- **Upstream education, health promotion, outreach and intervention**
  - Being able to visit clients and families out in the community
  - Therapeutic support groups run by Ministry of Children and Families (MCFD) clinicians to support people while they're on a waitlist

"Having forums set up for people with lived experience to talk about it."

- **Respecting views and experiences of people with lived experience**

"Families need to be involved. That is the environment youth

- People with lived experience being included in program design
- Empowering youth voices

- **Culturally-diverse services, where available**
  - An intergenerational, family systems approach
  - Culturally safe counselling offered in various languages
  - Translation services attached to mental health and addictions service delivery

- **Community education to support increased mental health literacy**
  - Service providers and programs that focus on building relationships with families and ensuring they receive the support they need
  - Community-based mental health services can help account for the many different South Asian groups

and children live with the majority of the time."

"Programs & counsellors that focus on building relationships with families who are then more likely to access support (parenting skills to support their child with mental health and addictions)."

"If we work with children and youth to change their language [in expressing issues related to mental health and addictions] — if we invest at that level, it filters up into the families and into the communities. We give them a language and an openness. Invest the time and energy into the children and the youth, I think we will really see a change. We're doing well with this."

Specific programs and services:

"Canadian Mental Health Association (CMHA) 'Bounce back' in Punjabi"

"Roshni Clinic"

"Moving Forward Family Services Society" (mentioned four times)

"Creekside Detox Centre"

"Quibble Creek Sobering and Assessment Centre"

"Eating disorder clinics, supervised injection, etc."

"Plan G PharmaCare program"

"SAMHA [South Asian Mental Health Alliance]; Sahaara Wellness Society; Wake Up Surrey; SAFA [South Asian Family Association]"

"APEX – Alternative School in Langley is really good at helping people get back to school."

2. Themes for suggested changes and improvements

- **Increase education, promotion of mental health literacy and awareness of services**
    - Focus on mental health interventions that address stigma, including open and honest conversations around cultural histories, race, gender norms and trauma
    - Education on the signs and symptoms of mental illness and addiction (including on social media)
    - Enhance focus on prevention and education in schools; anchor outreach programs within schools and offer support groups for parents
    - Make Mental Health First Aid (MHFA) training readily available to the public across the province
    - Engage South Asian role models and celebrities as mental health advocates
    - Create video resources (e.g. Narcan tutorial video in Punjabi and 30 second clips of celebrities and community champions speaking about their experiences with mental health and addictions)
    - Develop a strategic communications campaign and attend community events, concerts, etc.

- **Improve access to a full continuum of low-cost services with particular focus on outreach, prevention, early intervention and supported transitions**

    Improving Access

    - Offer regular mental health screening for every person (similar to annual check-up with a doctor) and ensure doctors are trained to administer the Adverse Childhood Experiences (ACEs) screening to identify physical and mental health risk factors, as well as what local resources are available to help address them
    - Non-traditional hours of services, including evenings and weekends
    - Mental health workers who can work with clients one-on-one to walk them through the system

"Acceptance of mental health issues as a real issue [in the community]."

"I was suicidal as a young person but my parents would not go there. They lived in Canada for 35 years, but there was such a barrier for them. The services that would have helped me had to go through my parents but they were the barrier because they couldn't talk about it. That culture is so ingrained."

"More public education - e.g. what is depression in South Asian languages?"

"Awareness is key to reduce stigma and understand risk/consequences."

"Communicate early and often."

"Mainstream service providers don't know about the RCMP's Car 67 [Car 67 is a partnership between the Surrey RCMP and the Fraser Health Authority - Mental Health and Addiction Services]"

"Quick intervention when people are ready."

"I went through MCFD to see if I could get counseling—I was already suicidal, I was already self-harming—and they put me on a 9-month waitlist with no bridging support in between."

"Youth need to have a relationship with their counsellor. They don't want to go to a group with 30/40/50-year-olds."

- Bridge between the services and systems with better management of transitions; continued access to coverage after age 19
- Better coordination between mental health and substance use services, especially for people experiencing psychosis
- More information and referral services available in-person or by phone, not just online
- Create a directory of South Asian competent services available and ensure informational resources are very accessible (i.e. for a grade 3 reading level)

Offering a holistic continuum of care

- Bring in bronfenbrenner biopsychosocial model in order to provide holistic support from housing, treatment, family supports, education, etc.
- Improve trauma services
- Improve outreach services: Create collaborative groups where service providers are hired specifically to work with key partners like parents, youth, teachers, counsellors, psychiatrists, nurses, etc.

"Less bouncing youth back and forth between services."

"Help people learn by doing."

"Design for engagement—the South Asian population is not homogeneous."

"We know there are activators in our community who are doing this grassroots work of promotion and prevention, but how do we support these people so they're not just doing it off of the side of their desks?"

- **Long-term funding model to increase availability and sustainability of services**
    - Increase consistent, long-term funding to meet the scale of needs
    - Analysis of funding currently provided to Vancouver vs. to Surrey as a means to understand the significant gaps in Surrey
    - Develop a funding structure that eliminates unproductive competition (for grants, etc.) within the system
    - Funding and government approval of innovative medication therapies (e.g. injectable Naltrexone).
    - Reinstate and bolster the funding for Local Action Teams across the province

"There are a lot of non-profits who are competing, they're working against each other and working towards the next granting cycle. They're just trying to fulfill the contract requirements, so they can get more funding coming in. This is not serving the community."

"Organizations with waitlists get grants—so are we incentivizing waitlists?"

- **Increase focus on substance use services**
    - Provide multiple ways that people can come to recovery, not just 12-step programs
    - Improve access to methadone and suboxone
    - More harm reduction centres and accredited treatment programs
    - Implement licensing for addictions workers
    - More psychiatrists, counsellors, trauma therapists, etc. in treatment centres, including therapists specializing in sexual abuse trauma and post-traumatic stress disorder (PTSD) in licensed, government-funded centres
    - Bring mental health workers and other service providers to safe consumption sites in order to offer wrap-around support

"The collaboration and communication that happened between the service providers through the Local Action Teams was incredible. It has reduced the duplication of services and we all know what the others' strengths are and we can draw on those strengths. Allows us to identify and address the local gaps—to develop projects that are needed to provide true wrap-around support."

- **Supporting and learning from community champions and grassroots efforts**
    - Make use of youth and user-designed research in designing engagement activities and participatory learning activities
    - Understand client behaviours, needs and motivations before designing services through use of ethnography, experience mapping, story analysis and interviews
    - Support community activists and media producers (e.g., Sabido Method for media production, short films like "Haneri" and Kiran Rai's work)

- **Embedding cultural practices and language into services**
    - Ensure that language is no longer a barrier to service access
    - Family-centred and intergenerational approach to service delivery with awareness that families can perpetuate harms
    - Use of different cultural practices in diagnostics and treatment
    - Offer services that are targeted towards both first and second-generation Canadians (knowing that their issues are different)

"South Asian families have absorbed western and eastern problems and challenges and not the assets."

"Connection and belonging are key to family, people, place and culture."

- **Affordable, accessible, mandatory mental health training for all B.C. public and private school teachers and other school-based staff**
    - Free mental health training and resources for educators and support staff
    - Mandatory evaluation of educators' implementation of mental health curriculum

"Mental health literacy is not in the curriculum. In physical health education (PHE), we talk about everything under the sun except for the brain. If it was part of the learning standards in the curriculum for teachers they would help children build resiliency. We could nip a lot of things in the bud rather than dealing with them later on."

- **Improve oversight of, and support for, community-based mental health and addictions services**
    - Better oversight of mental health, addictions, gang violence and other prevention initiatives, including checking deliverables thoroughly
    - Revisit how we look at mental health, acknowledging that it's very difficult to have quantitative outcomes.
    - Improve digital tools available to non-profits (e.g. support with search engine optimization to ensure their websites are easily located by people looking for help online)

"We have a social-emotional curriculum, but we don't even know what it's supposed to look like."

Other comments and suggestions

- Increased collaboration between service providers
- Mandatory mental health and substance use training for doctors; often they contribute to stigmatization
- Hire people who reflect the diversity of our communities, especially in key leadership positions (*"I am the only person of colour at leadership tables"*)

3. What gives you hope? And what more needs to change?

"I'm very hopeful about the dialogue that's happened here—people have been given space to talk about their ideas, I wanted to mention that racialized people don't get space—to share their voices and their opinions. It's very important that people who facilitate should also be people of colour so people can be comfortable. People who take this back to the Minister should be from the community so they know what is going on. So, they don't feel they have to sanitize their language."

"I feel really hopeful for the fact that we've been heard. Where you [Minister] didn't understand, you asked for clarity—that has been huge for me."

"I definitely was very intrigued by all the great work and all the stories. We need to continue to have these types of dialogues in our communities—need to bring in people with lived experience—they're the ones who need to be impacted."

"That you [Minister] have an activist background and are coming to this work with a lot of passion. Tackling stigma which is like the Mount Everest in our community. We need to address isolation."

"I'm thankful for the space to have these conversations and that I had the chance to hear all of you. Conversations like this are really important. To make these kinds of systemic changes we need big groups of people working together—not people working alone. We need more sessions like this to plan action and implementation."

"The most important thing I heard about today is Suboxone injections (in USA)—I think that can be implemented quickly."

"I think because Canada is built on immigration, each immigrant brings their own [baggage] and it can be good and bad."

"If the people who can actually make that change are going out and see what we're doing on the frontline—that means more than anything. We can chat with the Minister about these things, we can let her know what's working and what's not. Also acknowledging what we have done is always very important—we're all working for the same things."

"What more needs to be done is improving how we take care of ourselves as frontline workers—make that a bigger conversation. Compassion fatigue is real."

"Did I ever think when I was a kid that I'd be able to have this conversation out in the open? No, I did not. We need more opportunities to work together and to do this type of cross-collaboration. The passion that you felt in this room is very real. Within Fraser Health, we are looking at the South Asian community—there's a sign-up sheet to engage further in this conversation."

"What I'm hopeful about is to see all these dedicated and passionate people. That is very comforting for me. What I need to see is more money. More services in culturally appropriate and multiple languages in the community, at community centres, not just schools and clinics.

"It's the first time I've heard of many of the services here. We should have a directory of South Asian

services."

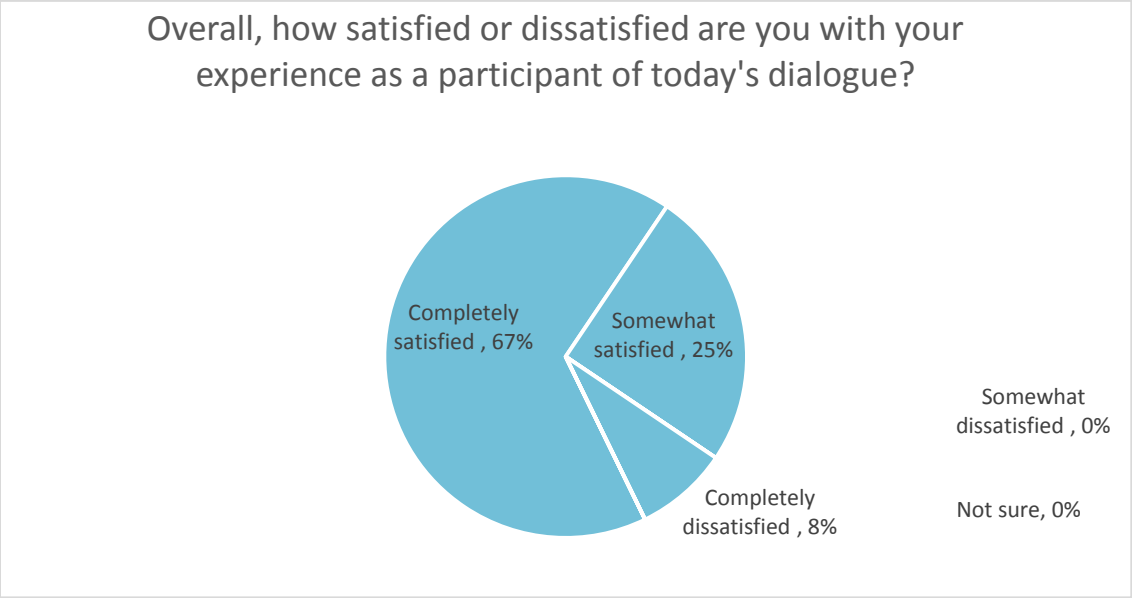
"It's not easy, it's very very tough. Inside the South Asian community, we have a lot of people who are not educated, they are illiterate. Somebody has to come forward on their same level—we have to start somewhere. People have to understand what we are offering."

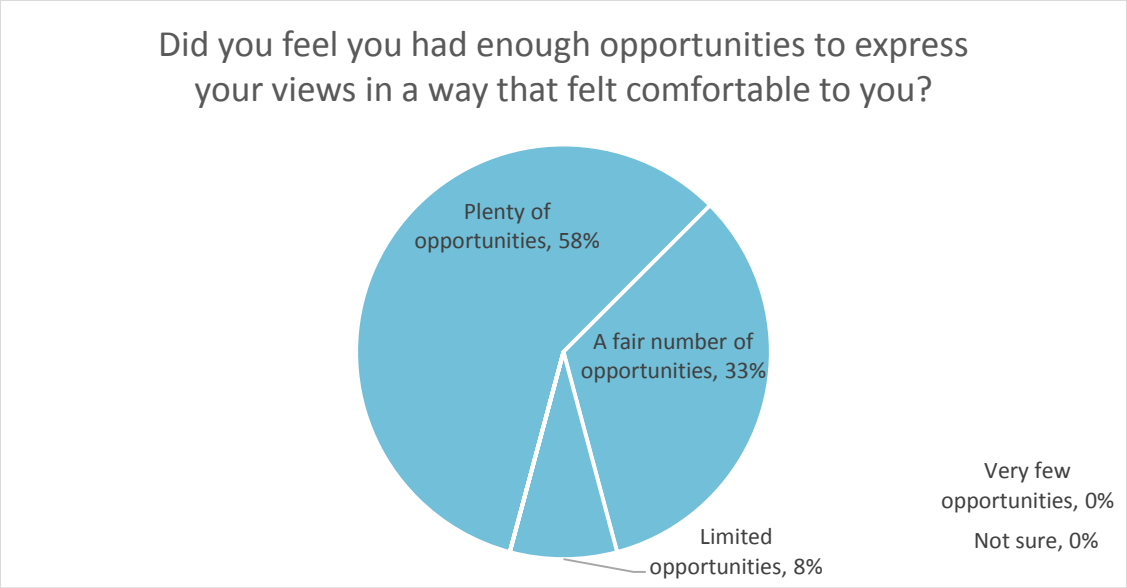
"I'm really grateful that we have a Minister for this. I'm glad that you're here. I think of the army model of how things are done and I don't want to be a general, I don't want to be a commander, I just want to be infantry, talking to people. I want to be one-on-one and help them however I can. What I want from you [Minister] is tools. Sometimes I feel like I'm a guy with a knife at a gun fight when it comes to Fentanyl, that I don't have the right tools."

"How do we define mental health? Is it obsessive compulsive disorder (OCD), is it sexual abuse, is it child trauma? On the addiction part, more needs to be done. It's policies and procedures. Most of my clients are mortgaging their homes to get their kids into treatment. If the treatment centre isn't qualified to deal with the trauma it's not going to work. We need to make sure we have services available to address the underlying issues. We have 12 addiction counsellors but no childhood trauma, PTSD counsellors. The percentage of people who actually stay clean is 4 or 5 percent. If you can, find somebody to be a voice, to participate in any event. Families are in crisis because they want somebody to save their kid's life so they're going to believe anything that somebody on the other end of the line says. At the end of the day, if you don't deal with the underlying issue, the kid's going to die. If you don't deal with their mental health, they're not going to deal with their addictions."

"The fact that there is dialogue. Increasing visibility for people who have lived experience. Letting South Asian people put a face to mental health—letting them know that there are other people who have this experience."

4. Participant feedback about the session






To what extent did you feel your needs as a participant were taken care of ?
To a great extent, 92%
To some extent, 8%
To a limited extent, 0%
Not at all, 0%