Mental Health Challenges & Services for Racialized People

A discussion of lessons learned, service gaps and recommendations for bridging the gap
What is East Metro Youth Services?

- An adolescent **mental** health and addictions centre based in Scarborough and accredited by the Canadian Centre of Accreditation

- Providing young people and their families with a full continuum of services in Toronto since 1974

- Named the Toronto lead agency by the Ministry of Children and Youth Services as part of the province’s mental health strategy
What is Mental Health?

- Balance between all aspects of life (Social, Physical, Spiritual & Emotional)
- Influences the ways individuals look at themselves, their lives & others.
Myths or Facts?

1) People with mental illness lack intelligence
2) Addiction is a life style choice and shows a lack of willpower
3) Depression is a character flaw and people should just snap out of it
4) All people with Schizophrenia are violent

Adapted from Mindthemind.ca
Economic Cost of Mental Illness

• Economic cost of Mental Illness in Canada is $50 billion/year (MHCC report)

• In any given week, 500,000 employees in Canada are unable to work due to mental health problems = 19.8% of Canada’s total population (Stats Canada, MHCC report)
Mental Health Stats

- In Canada, 1 in 5 kids have mental health problems and only 1 out of 5 children who need mental health services receives them.

- Approximately 4,000 youth die prematurely each year by suicide.

Stats Canada, 2006
Mental Health Stats cont’d....

- Mental health problems account for **half** of all disability among young people between the ages of 10-24.

- 45% of youth disability is related to depression, bipolar disorder, schizophrenia and substance abuse

  [Study by WHO - Health.com June 6, 2011]

  - PTSD in Tamil community 12% higher than 1% prevalence in general population

  [Beiser, 2003]
Stats on Suicide in Canada

- **Suicide** is the leading cause of non-accidental death among 10-24 year olds in Canada (Stats Canada, 2010).

- On average, about **ten young lives** are recorded as lost through suicide weekly across the country, including three per week in Ontario. (Health Canada report, 2003)

- For each completed suicide, there are **20-40 attempts** (Stats Canada).

- **Over 23000 Canadians** are hospitalized/year for suicidal attempts (Canada safety council, 2006).

- Suicide rate is reportedly high in diverse communities i.e. LGBTQ, ethno-racial communities.
Perfectionism - huge risk factor

- Self criticism
- Familial/cultural pressure on achievements
- Feelings of hopelessness/worthlessness
- Fear of shame and rejection

"I'm learning how to relax, doctor — but I want to relax better and faster! I want to be on the cutting edge of relaxation!"
Ethnocultural Diversity in Canada—Projections for 2031

- Approximately three Canadians in ten (between 29% and 32%) could be a member of a visible minority group in 2031 (between 11.4 million and 14.4 million visible minority persons).

- The visible minority population would be over-represented in the younger age groups - 36% of the population under 15 years of age in 2031.

- In 2031, among all the visible minority groups, South Asians and Chinese should still be the largest visible minority groups in Canada.

- More than 71% of all visible minority persons would live in Canada’s three largest cities: Toronto, Vancouver and Montréal.

- Approximately 55% of persons living in CMAs in 2031 would be either immigrants or the Canadian-born children of immigrants. In Toronto and Vancouver, these proportions would reach 78% and 70%, respectively.

  Census Canada Report- projections 2006-2031
## Linguistic Diversity in Canada

### Percentage of Population with Non-official Language Mother Tongue, 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>45</td>
</tr>
<tr>
<td>Vancouver</td>
<td>43</td>
</tr>
<tr>
<td>Abbotsford - Mission</td>
<td>29</td>
</tr>
<tr>
<td>Calgary</td>
<td>27</td>
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<tr>
<td>Montréal</td>
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<td>Kitchener - Cambridge - Waterloo</td>
<td>24</td>
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<td>Winnipeg</td>
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<tr>
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<td>Edmonton</td>
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<td>Hamilton</td>
<td>22</td>
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<tr>
<td>Ottawa - Gatineau</td>
<td>18</td>
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<td>Guelph</td>
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</tr>
<tr>
<td>London</td>
<td>18</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>16</td>
</tr>
<tr>
<td>St. Catharines - Niagara</td>
<td>15</td>
</tr>
</tbody>
</table>

### Census Metropolitan Area Counts (1000s)

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toronto</td>
<td>2,498</td>
</tr>
<tr>
<td>Vancouver</td>
<td>986</td>
</tr>
<tr>
<td>Abbotsford - Mission</td>
<td>49</td>
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<tr>
<td>Calgary</td>
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<td>Montréal</td>
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<td>Kitchener - Cambridge - Waterloo</td>
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<td>Edmonton</td>
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<td>Hamilton</td>
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<td>Ottawa - Gatineau</td>
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<td>London</td>
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<td>Saskatoon</td>
<td>41</td>
</tr>
<tr>
<td>St. Catharines - Niagara</td>
<td>58</td>
</tr>
</tbody>
</table>

**Note:** Includes both single and multiple responses  
**Source:** Statistics Canada, 2011 Census
Ethnic Diversity in Toronto: stats

- Toronto has the largest share of immigrants (37.4%) in Canada
- Immigrants & refugees account for 46% of Toronto’s population
- Recent Immigrants are relatively younger: 58.6% between the ages of 25-54 & 19.2% under 14 years of age
- South Asian & Chinese - the top visible minorities in Toronto

National Household Survey (NHS) - 2011
Toronto Immigrants’ Access to Mental Health Services

- Immigrants:
  - use fewer mental health services
  - less likely to take medications for mental health problems
  - Less likely to consult with a psychiatrist/psychologist, compared to non immigrants

Report by Centre for Research on Inner City Health-2012
Mental Health of Toronto’s Tamil Community- Dr. Beiser’s study

- 51.2% of the respondents reported suicidal thoughts,
- 62.7% reported feeling sad most of the time
- 66.7% experienced fear without any reason
- yet they reported that it is unlikely that they would seek help for these problems
- PTSD in Tamil community is 12% higher than general population

Dr. Beiser (2003)
Why focus on racialized youth mental health?

- Strengthen & expand our existing models of care
- Early Intervention & Treatment
  - Economic cost of mental illness in Canada: $7.3 billion in 1993 & $57 billion in 2010 (CAMH study 2010)
- Growing newcomer youth population in Canada
What are the social determinants of mental health?
- the social gradient
- stress
- early life
- social exclusion
- work
- unemployment
- social support
- addiction
- food
- transportation

- The Solid Facts: WHO report
Case Example: Client Y, 15 years old, female

- Family came to Toronto as refugees
- Language barrier & financial problems
- Referral to EMYS from hospital for individual & family work, had multiple admissions for psychotic episodes; symptoms stabilized with medication
- Parents deeply concerned & reaching out for support
Parents believed someone “casted eye” on Y

Family took Y to faith healer who suggested a sugar free diet and special prayers & to stop taking medication

Y stopped taking medication & had a relapse

Treatment outcomes:

- Y was placed at residential program
- Parents agreed with treatment plan after many sessions of intensive family therapy/psycho education sessions
Impact of immigration on youth health

- Nearly 1 million immigrant children and youth living in Canada - 10% of Canada’s children and youth.
- Immigrant youth smoke less, drink less, have fewer suicidal behaviours and are less likely to be obese than those born and raised in Canada.
- Yet, 10% have been diagnosed with a mood disorder and 25% report not having a strong sense of belonging to their community.

The Canadian Institute of Child Health report - 2015
Immigrant kids who arrive late more likely to drop out of high school

- 15% boys & 11% girls who come to Canada after the age of 9 ultimately dropped out of high school compared to Canadian average 10.3 & 6.6% respectively.

- 21.6% (more than 1 in 5) kids who come to Canada at age 15 dropped out of school.

*Corak’s study, based on Census Canada 2006*
Stats from an Adolescent M.H agency located in a multicultural community: 2004-2016

Top 5 M.H Diagnoses

- ADHD
- Anxiety
- Depression
- L.D
- ODD
- Others

Country of origin (parents)

- Canada
- Jamaica
- China
- India
- Philippines
- Sri Lanka
- Afghanistan
- Others
Mental Health Impact of Intersectional Identities

- Significant homophobia amongst IRER population
  - Challenges related to intersections of oppression (race, ethnicity, education, poverty, etc.) can increase vulnerability (Rainbow Health Ontario Report)
  - Less research and data on racialized LGBTQ
- Racial & Cultural Identities
  - Poor adaptation & Mental Health related to structural racism, social & economic inequities and discrimination (Viruel- Fuentes et.al 2012 (social science & medicine))
Major themes identified from working with newcomer youth

- Stigma
- Undiagnosed/unidentified mental health problems
- Lack of knowledge about mental health problems/available services
- Post traumatic symptoms related to violence/war trauma
- Non proactive approach to mental health
- Difficulty related to reconstructing social networks
- Cluster suicide amongst 2nd generation Tamil Youth (anecdotal report)
  - Familial/cultural pressure for high academic achievements
  - Feelings of hopelessness/worthlessness related to inability to meet parental expectations
  - Perfectionism
Identified Service Gaps

- Inadequate Cross Sectoral Collaboration
- Limited capacity of mainstream children and youth mental health organization to provide culturally & linguistically competent services
- Lack of accessible and affordable Mental Health Services such as E-mental Health Services (e.g. internet based CBT)
- Inequity in mandated translation/interpreter services
- Lack of targeted prevention/treatment programs
- Inadequate population based research programs
- Lack of formal practice parameters for professionals working with racialized population
Equity vs Equality

Equality = Sameness
GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place

Equity = Fairness
ACCESS TO THE SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

Equity image credit: Please note, this image was adapted from an image © 2014, Saskatoon Health Region
Available Resources

- EMYS  What’s Up Walk in Clinic
- Child & Youth Mental Health Agencies
- Canadian Mental Health Association
- Family Services Association of Toronto
- Centre for Addiction & Mental Health (CAMH)
Available resources cont’d..

- University/ College based Mental Health Support Programs
- Mobile crisis units and psychiatric units at various hospitals
- Resources such as Autism Ontario, Mood Disorders Association
Resources cont’d..

- Mental Health Apps:
  - e CBT mood (depression & anxiety)
  - Letpanicgo (anxiety, stress)
  - Mindshift (depression)
  - Thinkfull (stress management - free on apple)
Recommendations

- Enhance the capacity of mainstream organizations to provide culturally sensitive and linguistically appropriate services to racialized population through an **integrated care approach** (cross sectoral collaboration between service providers (e.g. GPs, hospitals and community M.H organizations) and funders.

- **Equitable access** to mental health services for all communities (e.g. allocate funds for translation/interpretation services for major non official languages)
  - Culturally Adapted Treatment Interventions

- **Population based research**

Marmot, Michael, “Social Determinants of Health Inequalities”; Lancet, 2005


Beiser et.al, “Community in Distress; mental Health Needs of Tamil Community in Toronto”, International Migration, 2003


Questions or Comments?

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