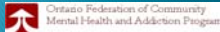


EMBRACING CULTURAL COMPETENCE IN THE MENTAL HEALTH AND ADDICTION SYSTEM

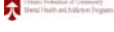
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Making Gains Conference
November 2009




Today's Workshop Objectives

- 1) Position Paper – background
- 2) Key Concepts/Values/Messages around Cultural Competence
- 3) Barriers to culturally appropriate care
- 4) Discussion on how to incorporate Cultural Competency in your work
- 5) Recommendations




HOW THE PAPER IS ORGANIZED

- ▶ Intended Users
- ▶ Background and Context
- ▶ Value of Providing Culturally Competent Services
- ▶ Barriers and Issues Posing Challenges for Cultural Competence
- ▶ Principles of Cultural Competence



HOW THE PAPER IS ORGANIZED


- ▶ Conceptual Framework
- ▶ Recommendations
- ▶ Building Cultural Competence into the Mental Health and Addiction System in Ontario
- ▶ Moving Forward



Changing Demographics

The Changing Face of Canada


- ▶ A recent study at the Department of Canadian Heritage projected the ethno-racial profile of Canada by the year 2017, **one out of every five people** or between 19%–23 % of the population could be a member of a visible minority group.
- ▶ Immigrants are expected to make up 22% of the population by 2017 and 75% of these newcomers will likely live in one of Canada's three largest metropolitan areas, Toronto, Montreal and Vancouver.



Demographics Continued

Ontario:


- ▶ Population more than 12 million, one in 3 Canadians live in Ontario
- ▶ Over 125,000 immigrants became permanent residents* in Ontario in 2006 (50% of Canada's total 251,600 new immigrants in 2006).
- ▶ Largest concentration in Golden Horseshoe area (western end of Lake Ontario)



Changing Demographics

Toronto:

- The United Nations has designated Toronto as the world's "most ethnically-diverse city" five times in a row.
- Over 170 languages and dialects spoken
- Toronto's visible minority population increased by 10.6 per cent since 2001, and by 31.8 per cent since 1996.
- Currently 52% of Toronto's population are "visible minorities" (given this figure these populations are in fact *minoritized*, since they are a majority locally and globally).




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Health Inequities

- Differences in health that are unfair because they result from social and health policies, conditions, and practices that can be changed.

Due to:

- Poverty, unequal distribution of resources, power, access to care, access to appropriate/relevant care, access to employment, environmental factors, discrimination etc.




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Social Determinants of health

"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries."

➢ http://www.who.int/social_determinants/en/.



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Social Determinants of Health

Public Health Agency of Canada:

- Income and Social Status, Social Support Networks, Education and Literacy, Employment/Working Conditions, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Health Services, Gender, Culture
- racial discrimination, migration and language difficulties (**Improving mental health services for immigrant, refugee, ethno-cultural and racialized groups, Issues and options for service improvement**) MHCC



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FIVE KEY CONCEPTS


1. Health Care is a human right. Cultural competence practice improves access to services and improves quality of care and quality of life for Ontarians
 - * *international standards and covenants*
 - * *demographics*



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FIVE KEY CONCEPTS

2. Cultural competence improves outcomes and effectiveness of Mental Health and Addiction Services for Ontarians
 - * *key principles*
 - * *benefits*
 - * *WHO Report*



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FIVE KEY CONCEPTS

3. Promote respect, equality, awareness and competency in all aspects of our work in Mental Health and Addiction services

- * *sporadic services*
- * *MOHLTC research initiative*

FIVE KEY CONCEPTS

4. Critically reviewing the way we provide services is a first step in ensuring Mental Health and Addictions organizations continue to move towards developing cultural competency

- * *biases and barriers, individual and systemic*

FIVE KEY CONCEPTS

5. Utilizing consultation, field leadership and community knowledge will help all MH and Addiction providers meet the goal of cultural competency.

- * *Further research*
- * *Trainings*
- * *collaborations with stakeholders*
- * *Advocacy*

Group Discussion

Within my role in the organization, how can I contribute toward an organizational culture that is inclusive, equitable and free of any form of discrimination, and is moving towards providing culturally competent services?

- ▶ Current opportunities?
- ▶ Current barriers?
- ▶ What do we need to do to move forward?

Group Discussion

What are some of the impacts of not having culturally competent care, who are the stakeholders that are impacted and what does it mean for our system of care?

Consider impacts at the following levels:

- ▶ Individual
- ▶ Organizational
- ▶ systemic


RECOMMENDATIONS AT THREE LEVELS

- ▶ **Direct Service Level**
- ▶ **Organization and Governance Level**
- ▶ **Health Systems Level**

RECOMMENDATIONS AT THREE LEVELS

Direct Service Level

- * Critically reflect on the assumptions governing your actions, locating and identifying the cultural and historical origins of these assumptions, questioning their meaning, and developing alternative ways of acting



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RECOMMENDATIONS

Direct Service Level

- * Collaborate with consumers and/or family members at all levels of decision making around mental health and addiction care, so that the most appropriate and needed services can be designed and implemented.
- * Review all forms and procedures (such as intake, case management, complaint process, provision of resources, etc.) to see if they act to prohibit or exclude certain populations.



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RECOMMENDATIONS

Organizations and Governance Level

- * Acknowledge the need for organizational cultural competence and incorporate it into the organization's strategic plan and vision and mission statements (Reynolds, 2004).
- * Engage communities of practice in critical reflection on their assumptions and current practices and on how to embrace and apply multiple and/or alternative knowledge and practices
- * Incorporate skills sets related to cultural competency into job descriptions and job performance measures




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RECOMMENDATIONS

Health Systems Level

- * Critically reflect on the systemic behaviours and ideas sustaining current disparities and inequitable practices (Cranton, 1996); this may involve challenging prevailing social, cultural, political, or professional ways of acting



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RECOMMENDATIONS

Health Systems Level

- * Establish leadership in the health care sector by officially committing to reduce health disparities in the system and developing/revising policies and procedures to better reflect this commitment
- * Develop benchmarks to hold organizations to their commitments on improved services for the diverse populations they serve



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RECOMMENDATIONS

Health Systems Level

- * Develop a framework for understanding the role of racism and discrimination in health and the health care system; this can include institutional racism, individually mediated racism, and internalized racism.



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Challenges

- ▶ a limited picture of service needs, service gaps
- ▶ Systematic data collection to support equitable service planning is lacking
- ▶ Lack of funding to document practice
- ▶ Lack of community based research to inform practice
- ▶

Challenges

- ▶ Ontario's health care system (including local health integration networks in the Toronto area) not equipped to respond to demographic shifts
- ▶ Education and training for relevant professionals is vital
- ▶ ConnexOntario 431:15
- ▶ No benchmarks, standards of best practices at a systemic level

NEXT STEPS

- ▶ Collaborating with all stakeholders to implement cultural competency in the sector
- ▶ Develop training strategy in the area of Cultural Competency
- ▶ Link with existing LHIN initiatives around cultural competence and diversity and/or supporting and aligning efforts to implement similar initiatives across all LHINs



Thank you for your
attention and
participation