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

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advancing urban health

# The Case for Diversity

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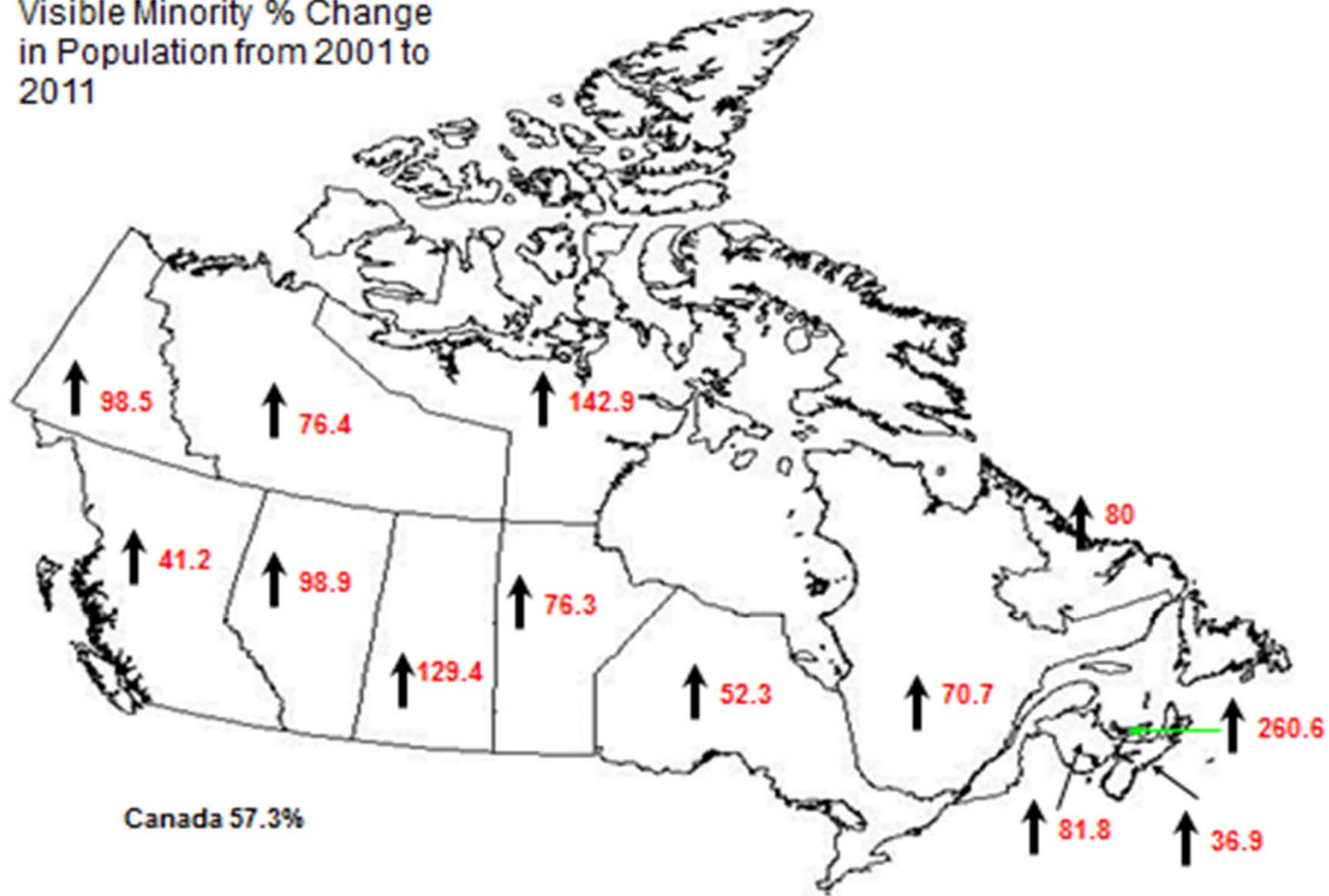
# Outline

- Introductions
- Aims of today
- Issues and options
- Findings from case for diversity
- Discussion – what would move implementation forwards for you



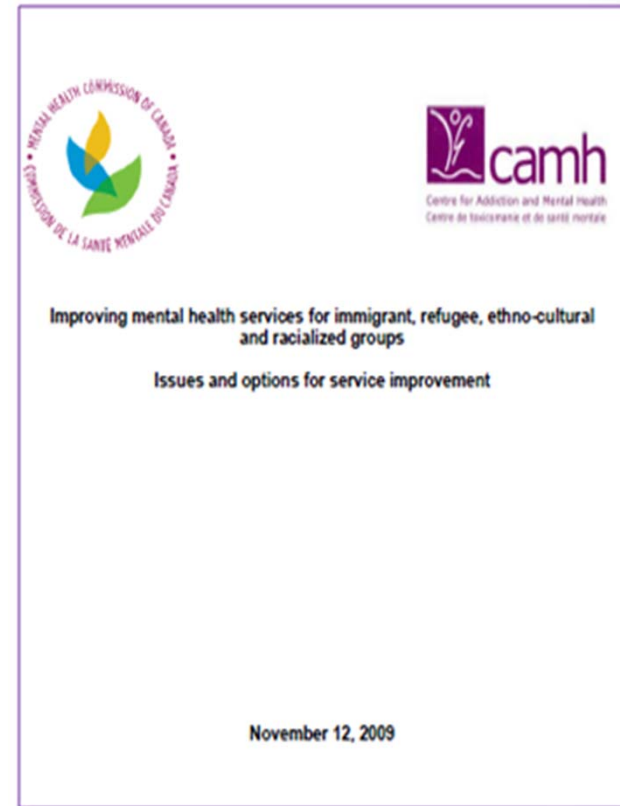
# Issues and Options

# Visible Minority % Change in Population from 2001 to 2011



# Canadian situation: Issues and Options

- IREER groups are more exposed social factors that promote mental health problems and illnesses
- IREER groups have poorer access to care, poorer treatment and poorer outcomes
- Key barriers: few health equity plans or accountability, poor data, barriers to care and quality of care



# Multi-level needs: multi-level solutions

## Issues and Options

- Culturally competent healthcare systems may have the potential to reduce disparities for IREER groups
- One way of achieving this is by population-based, flexible services that use the involvement of IREER communities to understand and meet their needs.
- By using local data and knowledge provinces, territories and regions tailor service development to their demographic imperatives.

# RESULTS OF ISSUES AND OPTIONS? NOT AS MUCH CHANGE AS EXPECTED



# The Mental Health Strategy for Canada (2012)



CHANGING DIRECTIONS  
CHANGING LIVES

The Mental Health Strategy for Canada



## STRATEGIC DIRECTION 4

Reduce disparities in risk factors and access to mental health services, and strengthen the response to the needs of diverse communities and Northerners.

Everyone in Canada should have the opportunity to achieve the best possible mental health and well-being. Currently, that opportunity does not come equally.

Simply put, people with—among other things—better incomes, more education, and stronger social networks tend to be healthier. In Canada and around the world, the importance of addressing such disparities in order to improve health and social outcomes, including mental health outcomes, is increasingly recognized.<sup>96,97</sup> Canada's Ministers of Health and Health Promotion have acknowledged that disparities in health exist and promised that, "where they can be changed, we will work together with our partners in and outside governments to try to reduce or remove such differences."<sup>98</sup>

This Strategic Direction focuses on what can be done to better address mental health needs that arise for people who are at greater risk of developing mental health problems and illnesses, or who experience disparities in access to appropriate mental health programs and services because of socio-economic status; ethno-cultural background, experience of racism and other forms of discrimination, and reasons for emigrating; living in a northern or remote community; being part of an official language (Francophone or Anglophone) minority community; and gender and sexual orientation. The next Strategic Direction focuses on First Nations, Inuit, and Métis mental health, and the impact of intergenerational trauma.

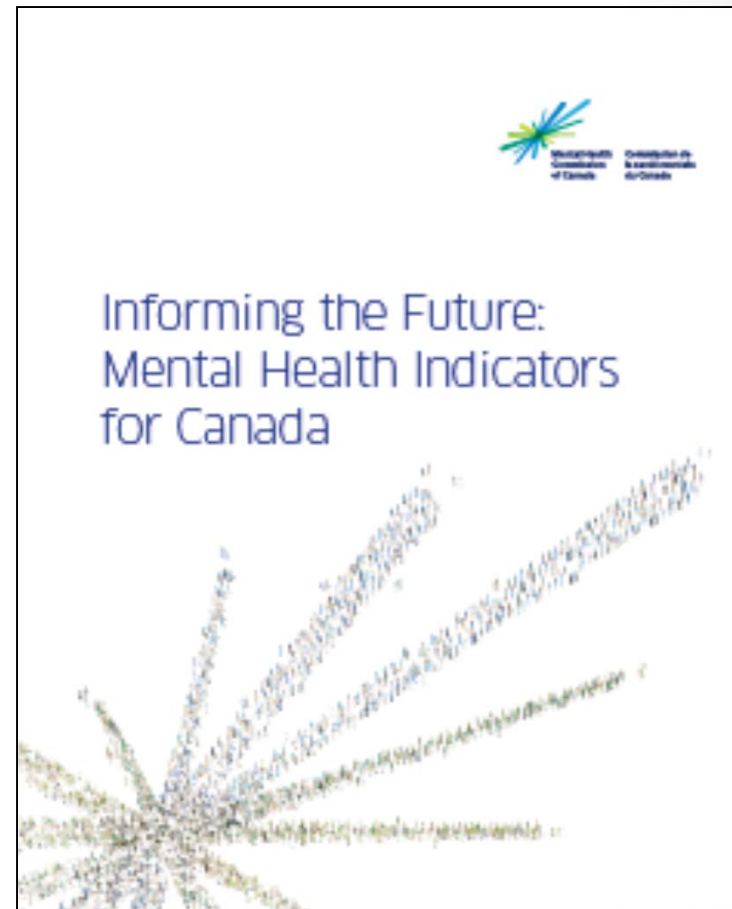
Whenever we examine factors that are common among groups of people, we also have to bear in mind that everyone's mental health and well-being are shaped by the many intersecting dimensions of their lives. We are all multi-faceted individuals. For example, the mental health needs of everyone who is part of the immigrant population are not identical. They can differ because of other factors like gender, age, income, and because of their reasons for having emigrated. Similarly, women's needs and issues vary depending on age, background and income. Physical and other disabilities, stage of life, and spiritual and religious beliefs are other important dimensions that can have an important influence on our mental health and well-being.





# Canada mental health report card

- 55 indicators covering mental health in Canada
- Traffic light system
- 5 areas refer to immigrant communities
- In 4 out of 5 we are yellow... meaning some concern or no improvement



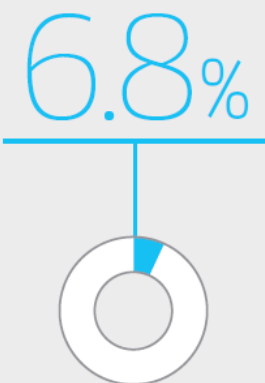
# Depression in immigrants

Focus: Diversity

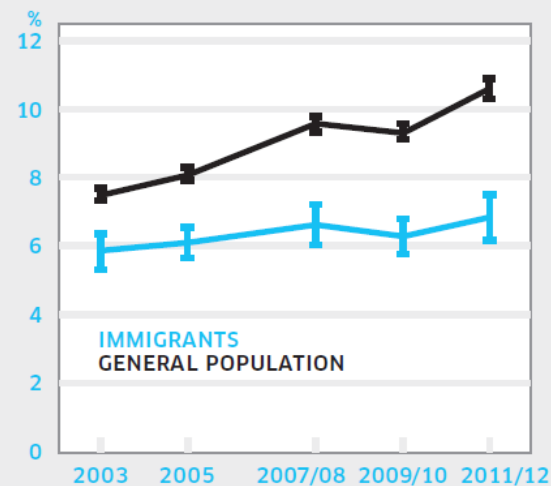
Strategic Direction: Disparities and Diversity

INDICATOR: ANXIETY AND/OR MOOD DISORDERS - IMMIGRANTS

STATUS



ANXIETY AND/OR MOOD DISORDER



# Discrimination

Focus: Diversity

Strategic Direction: Disparities and Diversity

INDICATOR: DISCRIMINATION - GENERAL POPULATION

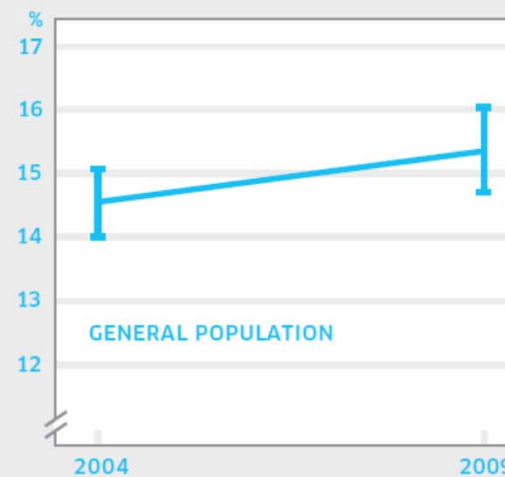
STATUS



15.4%



DISCRIMINATION



# Level of stress in immigrants

Focus: Diversity

Strategic Direction: Disparities and Diversity

INDICATOR: STRESS - IMMIGRANTS

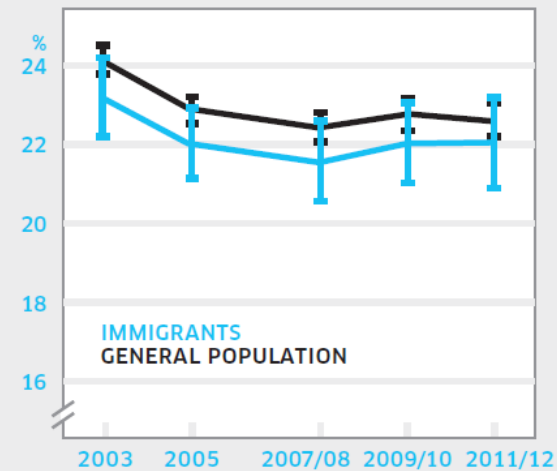
STATUS



22.0%



STRESS: QUITE A BIT STRESSFUL OR EXTREMELY STRESSFUL



# Good self rated mental health

Focus: Diversity

Strategic Direction: Disparities and Diversity

INDICATOR: SELF-RATED MENTAL HEALTH - IMMIGRANTS

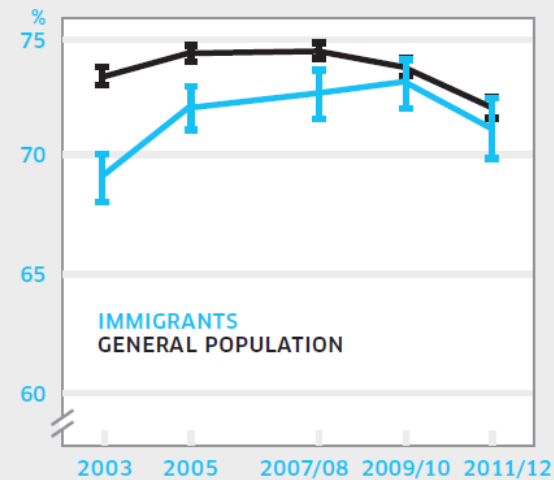
STATUS



71.2%



SELF-RATED MENTAL HEALTH:  
VERY GOOD OR EXCELLENT



# Case for Diversity

- CAMH. Wellesley, MHCC
- Build case for more appropriate services
- Literature reviews
- Economic analysis
- Promising practices
- Consultation

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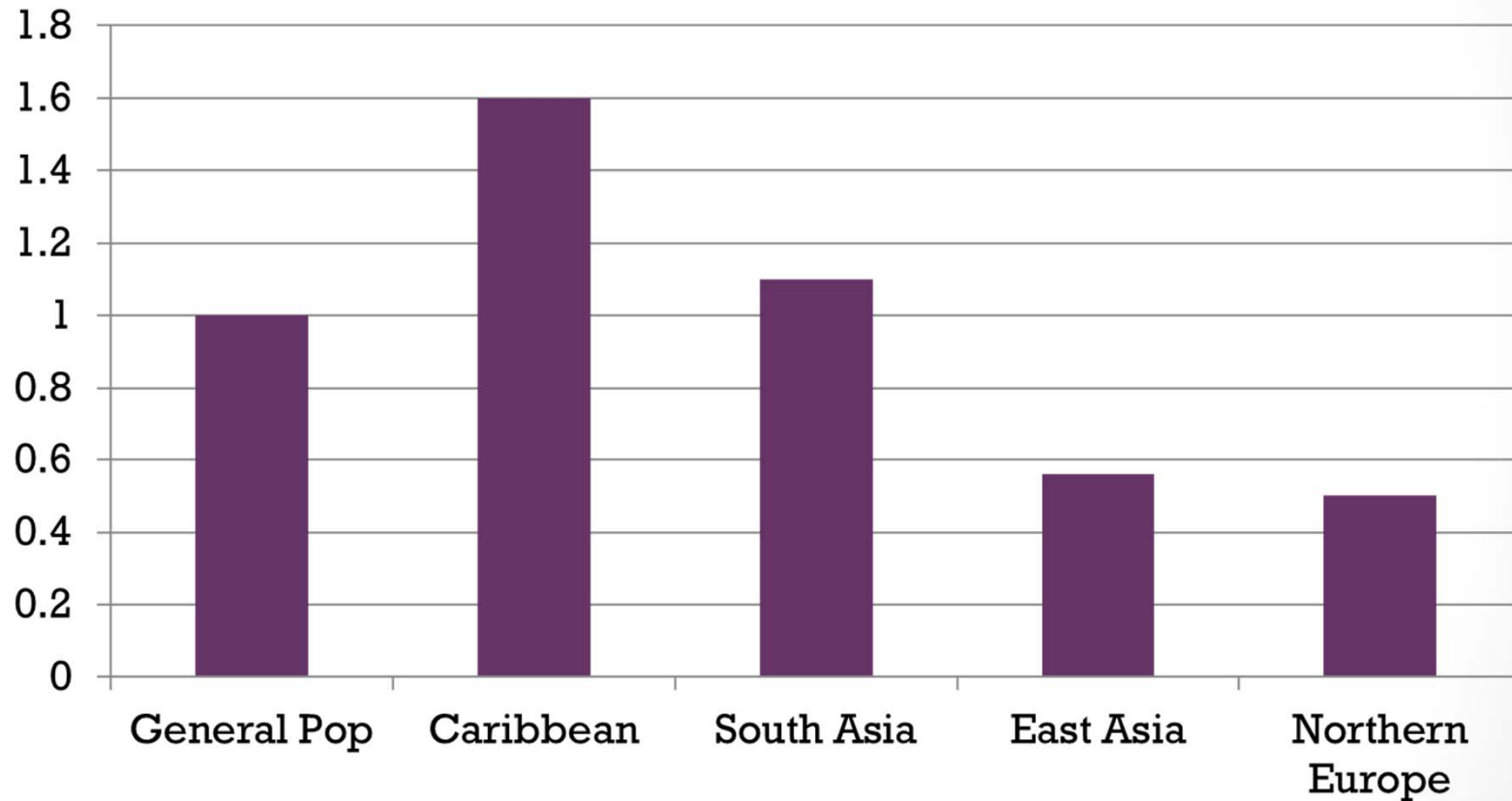
# Rate of mental illness



# Mental illness rates more complex

- Different for: immigrant, refugee, racialised, born in Canada, where you live, age group
- Different for different country of origin groups
- Examples:
  - Psychosis (Anderson et al 2015)
  - CMD (Hansson et al 2010)
  - Suicidal ideation (Hansson et al 2010)
  - Substance misuse (Agic et al)

# Rates of psychosis for immigrants in Ontario (Anderson et al 2015)



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More complex  
understanding of socio  
demographic problems

# Canadian literature on risk and protective factors

- Issues and Options: 15 key social determinants – 3 specific to IRR: pre- and post-migration factors, perceived discrimination and language
- New issues:
  - Violence/Victimization
  - Parents' mental health or addictions issues
  - Food security
  - Caregiver burden/Health of a family member

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# New information on pathways to care

# Knowledge of and pathways into service

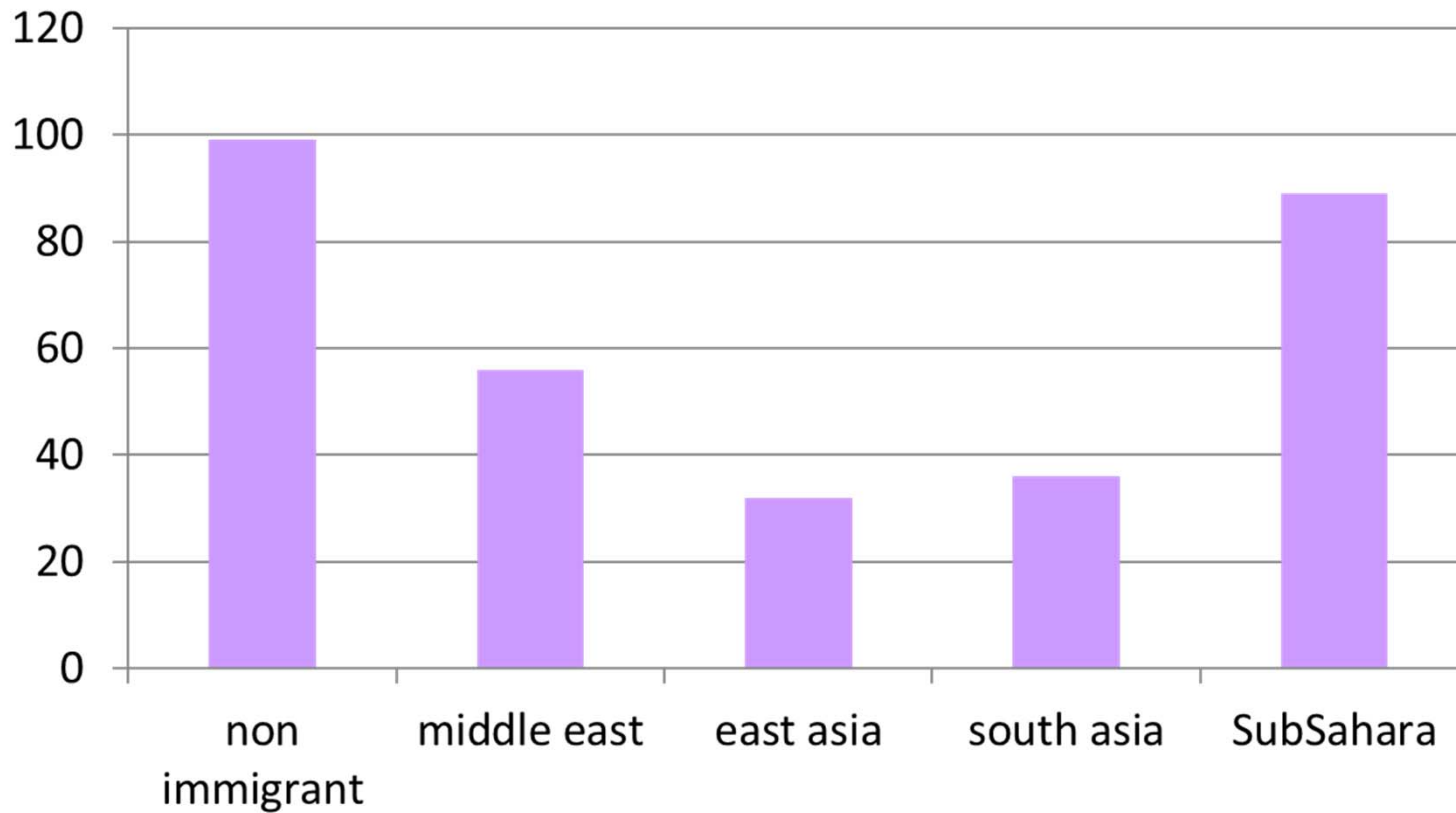
- IREER groups seek help less often than the general Canadian population
- Primary source for information or referral: family physician
- Emergency services is the common pathway into care for IREER experiencing severe mental health problems
- Barriers to care: language, fear, shame, service accessibility, patient- provider interaction, circumstantial challenges (cost, transportation, competing priorities)

# Immigrant Service Use Costs

- Immigrants and refugees use less mental health services in Ontario than non-immigrants and hence have lower system costs
  - Immigrants and refugees significantly less likely to incur any mental health costs than non-immigrants
    - Immigrants \$99.3 million (average adj. cost \$56.48 per person)
    - Refugees \$33.2 million (average adj. cost \$104.99)
    - Non-immigrants \$1.55 billion (average adj. cost \$128.71)



# MH services costs 2008 Ontario per person means



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# What we know for sure about interventions

# Review of reviews

- Best, Promising or Emerging Practices for supporting, treating and/or developing programs for IRER populations with mental health or addictions problems.
- years 2000 - end 2014
- Canada, Australia, New Zealand, UK and USA.
- Scopus, Medline and PsycINFO
- 2,631 articles for which the abstracts were scanned
- 107 of those articles were read full text

# Levels of evidence



# RoR results:



# Case for Diversity

## Cultural competence

- Cultural competence 3 levels needed
- organizational culturally competent interventions
  - Better diversity of services and service links
- structural culturally competent interventions
  - New therapies or pathways to care
- clinical culturally competent interventions
  - training

# Case for Diversity

## Adapted care pathways

- Specific stepped care or integrated care pathways adapted for an ethnic group improve outcomes.



# Case for Diversity

## Culturally adapted therapy: general

- Culturally adapted psychotherapies improve outcomes.
- 8 systematic reviews and meta-analyses have concluded that cultural adaptation of psychotherapy improves outcomes.
- 408 studies with 41,920 patients

# When should therapies be adapted?

- Determine if existing research is applicable to specific group;
- Evidence of ineffective clinical engagement with group exists;
- There are unique risk or resilience factors in a target group;
- Unique symbols of disorder;
- Evidence of limited effectiveness with group; or
- Evidence suggests generic intervention is harmful.

# Culturally adapted therapy: detail

- Groups with same race participants were 4 times more effective
- Matched therapists evaluated better, but little difference in treatment outcomes
- Adaptation for a specific cultural group are more likely to be effective than generic
- Modification to take account of illness models most effective
- Impact of adaptation on outcomes greater in adults than youth
- Impacts of adaptation strongest in:
  - Asian Americans:
  - African Americans:
  - Hispanic/Latino(a) Americans

# Case for Diversity

## Children and youth

- Culturally adapted treatments for ethnic minority youth may be effective.
- Evidence for some efficacy for many adaptations, mostly in the USA

# Case for Diversity

## Substance misuse

- Cultural adaptation improves outcomes of substance misuse treatment.

# Case for Diversity

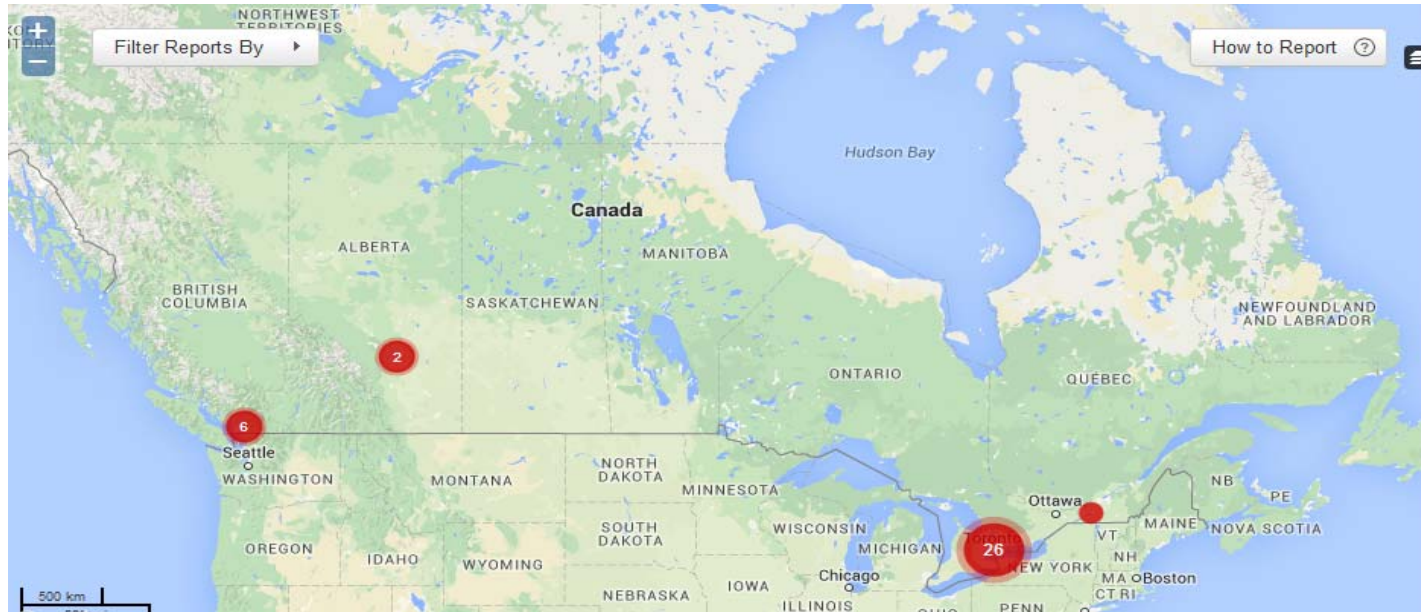
## Refugee mental health

- Good evidence that specific interventions improve the mental health of refugees.
- Good evidence for:
  - Narrative exposure therapy (NET),
  - CBT separately and in combination with medication,
  - eye movement desensitization and exposure therapy.
  - Equivocal on medication by itself

# Case for Diversity Technology

- E-health may be a useful way of offering quality care to rural or remote diverse
- 2 reviews of telepsychiatry and e-health
- Participants were consistently satisfied with telecounselling.
- Programs effective with moderate to large improvements across measures of depression and anxiety in the short term. Longer term effects are uncertain.

# Case for Diversity: Promising practices



- 21 user-submitted practices of interest
- 14 team identified practices of interest
- Practices across 4 provinces and 16 cities



# Case for Diversity:

## Conclusions

- Canada diverse and becoming more diverse
- No jurisdiction has specific strategy for improving
- We have specific evidence on rates of illness, causes, sub-populations effected
- We have solutions in SDoH as well as on how to structure services and how to adapt interventions
- One size does not fit all so we need local knowledge
- But we know what to do now we need to get people motivated to do it

# Case for Diversity

Mental Health Commission of Canada (MHCC)

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Michael Antwi

## Thank you

# Questions

- What struck you about the information
- What stops service improvement moving forwards in your area?
- Is there anywhere where more information is needed?
- What is the most compelling case for change you have heard?
- What is the most useful information you have heard?
- What information will you use to move forwards?

Thank you