Planning Transformative Change for Mental Services for Cultural Linguistic Communities

Hsiào d’Ailly, Social Development Studies at Renison University College, UW
Rich Janzen, Center for Community Based Research, Kitchener, On, Canada

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Goals for this session

- to share the story of how diverse community and university partners attempted to implement a framework of reciprocal collaboration when planning innovative mental health programs
  - The story of CURA
  - The stories of the 12 demonstrated projects
- to discuss the context-specific challenges and benefits of adopting such a collaborative planning process
- to engage participants in reflecting on the values, actions and outcomes in mental health transformative change
mental health services for cultural linguistic communities: the need for transformative change

- Underutilization of mental health services from cultural linguistic communities
- Ignoring language and cultural factors in human service system
- Culturally responsive services still wanting
- Barriers in changing the status quo still exist
- “the involvement of communities, families and people with lived experience is key” (Report by Hansson, Tuck, Laurie & McKenzie for the Task Group of the Service System Advisory Committee, Mental Health Commission of Canada, 2012, p.6)

Desired changes

- Participation in planning:
  - Maximize the opportunities for cultural-linguistic communities to participate in the planning process
- Natural and automatic:
  - Policies, organizations, and services become fundamentally transformed so that culturally responsive approaches become deeply ingrained and automatic in the day-to-day practices of mental health systems
- Power shift:
  - cultural linguistic communities must gain more power in their partnerships with mental health organizations.
Taking Culture Seriously in Community Mental Health:  
A CURA project in Canada led by Center for Community Based Research

- 5-year (2005-10) research and community mobilization initiative funded by SSHRC and Trillium Foundation bringing together university and community partners in Toronto and Waterloo Region

- To explore, develop, pilot and evaluate mental health services and supports that are culturally effective for the multicultural Canada

- Modeling reciprocal collaboration among communities, academics, service providers and policymakers

Three Phases

Phase I: Exploring Conceptualizations of Mental Health Problems and Practice (2005-2007)

Phase II: Developing Culturally Effective Practice (2007)
   Product: Funding proposals for demonstration projects

   Product: Evaluation results and final conference
**How We Structure Ourselves**

**CURA PARTNERSHIP GROUP**

- Research Sub-committees
  - Literature review
  - Web survey
  - Key informant interviews
  - Case studies
  - Focus groups
  - Theory building

- Training Working Group

- Knowledge Mobilization Working Group

- Evaluation Working Group

**Research Team**
- Project researchers, student researchers, community researchers

**Toronto Steering Committee**
- Service providers, academics, cultural-linguistic community representatives

**Waterloo Steering Committee**
- Service providers, academics, cultural-linguistic community representatives

**Toronto Somali community**

**Toronto Latin American community**

**Toronto Sikh-Punjabi community**

**Toronto Mandarin community**

**Waterloo Somali community**

**Waterloo Sikh community**

**Waterloo Latin American community**

**Waterloo Mandarin community**

**CURA Partners**

- Partnership growing from 17 to 45 individuals:

  - 5 cultural linguistic **communities**
    - India (Sikh Punjabi),
    - Somalia (Somali),
    - Latin America (Spanish),
    - China (Mandarin-speaking), and
    - Poland (Polish)

  - Practitioners/Service providers from **mental health** organizations (hospitals, CHC, CMHAs, Counseling Services, etc.) and from 2 provincial umbrella organizations (OCASI, OPDI)

  - Multidisciplinary **academics** from universities/research centres (WLU, UoW, UoT, CAMH)
Theatre

http://www.communitybasedresearch.ca/takingcultureseriouslyCURA/

The Planning Framework:

- Values
  - Individual and community self-determination
  - Dynamic inclusion
  - Relational synergy

- Actions
  - Enhancing communities
  - Reconstructing the mental health system
  - Building reciprocal relationships

- Outcomes
  - Improved accessibility and acceptability of services
  - Better mental health promotion and illness prevention
  - Increased evidence that culture is taken seriously

- Reciprocal collaboration
  - Mental health policy-makers/planners
  - Mental health organizations/practitioners
  - Cultural-linguistic communities
Planning transformative change: 12 initiatives for CURA demonstration projects

Funded Demonstration projects

- A mental Health Case Management, Outreach, and Support Services Program for the Punjabi Community (Punjabi Community Health Services)
- Strengthening Mental Health in Cultural-Lingustic Community (Kitchener Downtown Community Health Centre)
- Newcomer Youth Theatre (K-W YMCA)
- CKW-YMCA Host Older Adult Conversation (K-W YMCA)
- Women’s and Men’s Support Groups (K-W Multicultural Centre)
- Leaders Mobilizing Change: province wide leadership development events (CCBR)
Vision and Values

- Action oriented values
- Collaboration
- Organizational change through responsive programming
- Empowering cultural-linguistic groups through education
- Community mobilization/community capacity-building
- Awareness and opportunities for participation
- Shifting the existing power imbalance
- Concrete action and change
- Developing a common vision

Story of the Newcomer Youth Theatre
Actions

• Developing a program theory

• Targeting potential funders

• Writing and submitting proposal

Story of the Punjabi Community Health Services
Outcomes

- Partnership-building outcomes
- Funding proposal outcomes

Story of Kitchener Downtown Community Health Centre: Strengthening Mental Health in Cultural-linguistic Communities
The overarching theme of the planning process: Collaboration

- Stakeholder participation
- The initiation of the process
- The role of the action researcher
- Leadership dynamics
- Reaching out to other partners
- Collaboration outcomes

Stakeholder Participation

- Stakeholder participation can be enhanced if greater emphasis is placed on the social change goals and strategies of the PAR project than on the research goals and strategy (Stoecker, 2009)

“It wasn’t just about listening to me or [the organization’s Executive Director] or those of us who are maybe more active in the CURA, it was about listening to the other perspectives and incorporating their view into it. I think bringing together people was an important mechanism and it was around shaping [the project], which was around shaping a common experience that we all have.”
Initiation of Process

- CURA-led
- Community partner led
- Balanced contribution

“You can see from all these seniors, [they] would be all lively and they would be talking; and they do not say that it is the [name of organization] project; they say ‘our’ [project]. So from their own perspective, they own it.”

Role of Researchers

in Participatory Action Research
(Stoecker, 1999, 2009)

- Researcher as an initiator
- Researcher as an educator
- Researcher as a collaborator
  - Planning
  - Organizing
  - Providing technical assistance
- Researcher as a consultant

“I think it was the two-way street. CURA had the expertise... And [service delivery organization] had the expertise and the different access to the community. So it was a great teamwork, and I think the support of CURA was excellent in making this project a success.”
Leadership Dynamics

- Importance of leadership and the move toward “shared leadership”

(+) “He is not the only decision-maker, but everyone looks up to him for leadership. He has trust. It took many, many years of being in community development to build your credibility in the community.”

(-) “The project didn’t get off the ground, isn’t off the ground and one of the key pieces that started the train to get off the track was when [agency representative] suddenly left [the organization]. So the person that took the primary, and she is a very strong individual, she suddenly left [organization]. So we were in the position of having a proposal and losing the best champion of our partners.”

Collaboration as an outcome (+)

- “It deepened our relationship with the Centre for Community Based Research. Did that relationship improve? Absolutely... In the preparation of the piece we were in constant communication with service-providers, policy-makers and community members... So at the core of this project... there is ongoing communication... there is awareness and there is enthusiasm and all those people investing their time and energy and this is kind of a catalyst... ”
Collaboration as an outcome (-)

“The [organization] was very lost in envisioning how this process of change can happen. We had first hoped [an agency representative] can lead this project, but during the discussion we discovered there was a lack of the vision of how to do that... We expected him at each of these meetings and he was supposed to bring other people, but nobody was there. It was us and the communities talking about this importance of action and linking back to the hospital and we didn’t have the players from [the organization].”

Collaboration as an outcome (-)

“I think the reciprocal collaboration value that is at the heart of our CURA framework never really was lived out. In this project ... [The lack of commitment] made it difficult for the culture of [the organization] to actually want to change and to actually want to connect at a more deep level with communities to help them to change. We picked up that there was a resistance to change and a resistance to really engage with communities... That was really what killed the project... How can we go out to cultural communities when there isn’t that willingness to change internally?”
Thank you!

Hsiao d’Ailly
Chair, Social Development Studies
Renison University College at UW
hdailly@uwaterloo.ca
519.884.4404 ext. 28643

Rich Janzen
Research Director
Center for Community Based Research
rich@communitybasedresearch.ca
519.740.1318 ext. 233