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Organizational change and inclusive practices: Promoting access for diverse populations in the Canadian Mental Health Association (Waterloo Region Branch) (Ontario)

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Organizational Change and Inclusive Practices: Promoting Access for Diverse Populations in the Canadian Mental Health Association (Waterloo Region Branch)

By

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Bachelor of Arts (Honours), University of Saskatchewan, 1992

THESIS

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ABSTRACT

This research began a process and generated information that would help guide the Canadian Mental Health Association/ Waterloo Region Branch (CMHA/WRB) in developing services that meet the needs of all residents in the area it serves. This project was comprised of two phases. The phases were conceptualized as being intervention cycles consisting of information, awareness and action-building components.

The first phase consisted of work done within the agency itself, to help articulate the goals, attitudes, and possible barriers seen by the paid/non-paid staff towards the new multicultural emphasis. This work involved three focus groups with paid and non-paid staff. As well, a demographic profile was created to examine the demographic trends and composition of the Region.

The second phase of the research involved consultation with the specific ethnic communities and other service providers in the community to help understand help-seeking patterns, barriers to service and mental health issues of the multicultural community. This phase consisted of a focus group and a community forum.

Overall, past research in the community (Alcalde, 1992; Kramer, 1991) and the people consulted in this project have identified a variety of issues and barriers facing the multicultural community. These include:

• Outreach. Segments of the community are not aware of CMHA services. A need has been expressed for CMHA services and resources both within this project and others (Alcalde, 1992).

• Language and communication barriers. Language and communication barriers are a primary issue for the multicultural community and need to be addressed if people are to have fair and equitable access to services.

• Need for information. Lack of information on services and mental health education is a significant barrier and mental health issue for the multicultural community.

• Staff training. Cultural sensitivity training can be key in helping make services more accessible. Such training will help staff and volunteers work more effectively with multicultural clients by providing new tools, resources and understanding.

• Networking and partnerships. Networking can help identify community needs and the supports and resources necessary for the agency to address those needs.

Building partnerships is one significant response that can be taken to address the above issues. Connecting with other groups and key people from the multicultural community can provide the guidance and knowledge that the agency needs to address multicultural issues.

Although the information generated in this project is not new, the process of generating this information has lead to increased awareness and action at the community and agency level. This project has acted as an initial bridge between the multicultural community and the agency. Future actions need to build on the "bridging" concept as the agency continues its efforts to become more inclusive.

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PREFACE

Many people are beginning to recognize the subjectivity of social science research. The values, beliefs, and assumptions of social scientists impinge upon scientific inquiry through the formation of the research question, selection of methodology and the interpretation of findings. No longer can we view scientific inquiry as an objective search for truth. Even in the "natural" sciences like physics, the very presence of "neutral observers" has an impact on the systems being studied (Gleick, 1987). As a social researcher I believe it is important to consider my own values and assumptions and how they may affect the work that I do. Ultimately, I am person who entered into a relationship with others in a setting. I am not an unbiased neutral observer. I will influence and affect the setting I am working in, as the people in the setting will influence and affect me. By giving some background about myself and how I perceive the world, others can have a clearer understanding of how this work was generated and of the biases inherent in it. I would like to start by explaining how I came to Community Psychology. The process I took in coming to Laurier explains a lot of my values and assumptions that I hold and that are reflected in this project. Secondly, I would like to touch on how I became involved with the Canadian Mental Health Association Waterloo Region Branch (CMHA/WRB).

Throughout my undergraduate years at the University of Saskatchewan I developed an interest in the disciplines of Anthropology and Psychology. I thought that combining the two areas would be very fruitful. Psychological

theory and thought in my opinion suffers from ethnocentrism. We have much to learn from others that think differently than us. I appreciated Anthropology's attempt to understand how culture affects how we perceive and understand the world. I became deeply fascinated about how other cultures interpreted and treated "mental illness." Upon graduation I became involved with a research project with the Correctional Services of Canada. The project examined the fit between western forensic treatment modalities and Aboriginal offenders.

This work with Aboriginal offenders had a profound impact on me personally and influenced my choice of graduate training. As research populations go, an oppressed minority group in prison has to be one of the most challenging. I am indebted to the people with whom I worked. They helped me understand the power imbalances often found in social research, and the importance of giving instead of always taking. Through this experience I came to believe in action research, the importance of social change, the need for empowerment and the value of diversity. It was this time spent working in culturally different contexts (prisons and aboriginal communities) that I learned more about myself and my own assumptions of the way things are.

I came to Laurier not knowing much about Community Psychology but now think that I found a home. In this program I was able to explore and develop the things that I learned in the prisons. In my training, I appreciated the focus on qualitative methods, the significance of explicating values and

assumptions in our work and the tools needed for social change.

My involvement with CMHA came about through a practicum placement with the agency. When I was initially considering my options for my practicum I wanted to keep with the cultural focus. I had recognized the demographic changes happening within Canada, specifically, that Canada was becoming more culturally diverse. Considering the mental health field, this trend has direct implications for the way mental health services are delivered. My experiences in the prisons helped reinforce my view that the way we treat "mental illness" is not suitable for everyone. Nor do we have a monopoly on the kinds of possible interventions. So when one of my classmates (who at the time was the Assistant Executive Director of CMHA) began describing CMHA's struggle to address cultural diversity within the agency, I was naturally quite interested. I soon learned that cultural diversity was an uncharted issue for CMHA. In order to address the issue, the agency was looking for someone to help champion and define the issues for them. I decided to take up the challenge. As they say, the rest is history.

This thesis is about the efforts of a human service organization trying to better serve a changing and heterogeneous community. The first part of the literature review examines the various issues and concepts relating to cultural diversity and mental health services. Specifically it is important to explore what is meant by various terms and concepts such as culture, race and ethnicity.

After setting the conceptual groundwork, the relationship between culture

and mental health is examined. Knowing how culture affects definitions of illness and mental health will be important for the following section which will examine the implications for western mental health services operating in multicultural contexts.

Using a framework that values human diversity, issues relating to organizational change will be discussed in the two sections entitled "Human Diversity" and "Organizational Change." Finally, at the end of the literature review, the purpose and goals of the research will be outlined within the community context.

REVIEW OF THE LITERATURE

Culture, Race and Ethnicity

Before beginning any discussion on multiculturalism and mental health services, it is important to consider the meaning of various concepts such as culture, race and ethnicity. We often come across these terms in discussions on Native self-government, French sovereignty, and Canadian immigration policy. But what exactly is culture? As well, how does culture relate to other concepts such as race and ethnicity?

Culture

Tylor (1958), an early anthropologist, defines culture as " that complex whole which includes knowledge, belief, art, morals, custom, and any other capabilities and habits carried by man (sic) as a member of society" (p.1). Culture represents the human made parts of environment (Brislin, 1990). But as Tylor indicates, this includes non-material things such as beliefs, values and norms.

Through the process of enculturation, culture is learned consciously and unconsciously by interacting with others (Kottak, 1987). As children we learn to say "thank you" from our parents. On a more subconscious level we learn what is appropriate social distance by observing others. Since culture is learned from others, it naturally follows that culture is shared. Culture is more than the individual. Culture affects us not as individuals per se, but rather as individual group members. It provides a common experience that helps unify

individuals into a group.

Different cultures sometimes seem bizarre and exotic by our standards. On the surface it may appear that the culture is a haphazard collection of beliefs and customs. It is important to recognize, however, that any given culture is an integrated patterned system of customs, institutions, beliefs and values (Kottak, 1987). More importantly, these patterned systems make sense and have meaning for those raised in it.

Culture can be varied. There are many different cultures around the world. However, even within one specific cultural tradition (say North American) we may also find other levels of variation depending on such things as sex, religion, ethnicity, class, and region (Kottak 1987; Kroeber 1963). These "sub-cultures" are nested within the larger cultural context, and would therefore share similarities with it. But in other respects they may differ in terms of specific customs, beliefs, institutions or values.

Culture is an incipient and pervasive force in our lives. It shapes our behaviour and thoughts. It is often not until we are faced with a multicultural situation that we sense the depth of our cultural assumptions. More importantly, cultures are never static but are always changing and adapting.

Race

The concept of culture is often confused with that of race. "People seen as being racially different are assumed to have different cultures and the value judgement attached to the race is transferred to the culture" (Fernando, 1991,

p.10). Race is a concept whereby physical differences (primarily skin colour) are used as basis for categorizing people into groups on supposed shared genetic ancestry. Racial typologies have for the most part been regarded as being invalid by the scientific community (Bolaria & Li, 1985; Fernando, 1991; Fleras, 1992; Phinney, 1996). Even though the categorization of people into races has no scientific validity, such categorization does occur and has a profound impact on the lives of those affected. Grouping people into races and defining certain races as inferior has helped rationalize the practices of exploitation and oppression (Bolaria & Li, 1985; Fernando, 1991; Fleras, 1992).

Ethnicity

Ethnicity in a sense combines elements of race and culture in that it defines both racial and cultural groups (Fernando, 1991). Ethnicity denotes a common shared identity be it through appearance (i.e., race) or social similarity (i.e., culture) or both. The overriding principle in ethnicity is the perception of a common heritage (through culture, race, or place of origin) that defines membership to that group. This sense of shared identity may come from group members themselves or it may be imposed upon individuals by the larger society. Ethnicity is a complex and multidimensional construct (Phinney, 1996). Key aspects of ethnicity that can vary within and across groups are: "cultural norms and values; the strength, salience, and meaning of ethnic identity; and attitudes associated with minority status" (p. 918).

Ethnocentrism, Cultural Relativism and Racism

The three concepts of culture, race, and ethnicity are related in complex ways which probably adds to the confusion as to their meaning and use. Other terms to consider in relation to those mentioned are ethnocentrism, cultural relativism and racism.

Table 1
Race, Culture and Ethnicity[1]

	Characterised By	Determined By	Perceived As
Race	Physical appearance	Genetic ancestry	Permanent (genetic/ biological)
Ethnicity	Sense of belonging Group identity	Social pressures Psychological need	Partially changeable
Culture	Behaviour Norms Attitudes	Upbringing Custom Choice	Changeable (assimilation, acculturation)

Ethnocentrism is the tendency to apply one's own cultural values and beliefs to the people of another culture. All cultures naturally believe that their way is the best, normal, right or moral. When working in a different cultural context it is very important to be aware of ethnocentrism. Given the diversity of cultures around the world there doesn't seem to be one right way of doing

[1]adapted from Fernando 1991

things. Related to ethnocentrism, but in the opposite direction, is cultural relativism. Cultural relativism argues that a particular culture should not be judged by the standards of another. With these two terms exists a paradox that I would at least like to name. On the one hand, I would argue that cultural relativism is needed (that is ethnocentrism is harmful when working in culturally diverse settings). Taken to the extreme, cultural relativism argues against the establishment of universal standards. I would argue that some standards are needed as in the case of human rights and not all that is cultural is necessarily adaptive or healthy.

Racism represents an ideology and a form of behaviour that is based on the belief of the social and biological inferiority of certain groups of people. Racism can occur at different levels (i.e., individual and systemic) and to different degrees (overt and covert) (Ridley, 1989). Although many people would decry racist ideology or behaviour in Canada, racism is more the norm than the exception (Naidoo & Edwards, 1991). The centrality of racism to our culture is linked to our tradition of imperialism and colonialism and its need for a racist ideology to justify the exploitation and oppression of non-European peoples (Fernando, 1991).

Although any group of people may be susceptible to ethnocentrism, racism is associated with dominant, majority groups. Racism is closely linked with power differences between groups and acts as a tool and a rationale to maintain societal inequalities. Racism is not always overt and blatant.

Individuals or organizations may behave in racist ways without intending to do so (Ridley, 1989). Their behaviour may inadvertently support social conditions which deny equal rights and freedoms to some groups of people who are different in ethnicity, culture and or skin colour. When working with diverse populations it is paramount to guard against racism and ethnocentrism.

Inequalities in the provision of services may also occur because of "bureaucratic disentitlement" (Lipsky, 1984; Teram & White, 1993). Bureaucratic disentitlement is a mode of retrenchment that takes place through the obscure and routine actions of public authorities and through their failure to take action (Lipsky, 1984; Teram & White, 1993). The results are developments and the distribution of resources that erode the position of relatively powerless groups in quiet and subtle ways (Lipsky, 1984).

The above discussion considered the pervasiveness of culture in our lives. We are often unaware of the significance culture plays until we are confronted with different ways of behaving. The tendency is not to view other cultures as alternative ways of behaving and perceiving the world but rather to see them as deviant, abnormal, or wrong. Added to this ethnocentrism are socio-political factors relating to power imbalances between diverse groups. Racism can occur at many different levels and in different forms. Racism does not necessarily rise out of bad intentions. The criteria for judging whether an act is racist lies in the consequences of the behaviour, not the cause (Ridley, 1989).

The next section will continue with the concept of culture and explore how other groups of people approach "mental health." Hopefully by exploring the interaction of culture and "mental health" we can have a clearer sense of our own assumptions and biases to the topic.

Culture and Mental Health

All cultures and societies around the world have developed ways of coping with and defining health and illness. Our conception of mental health care is a cultural reflection of our society. The practices and concepts of other societies in return reflect their cultural perspectives. As the cultures of the world are varied and diverse, so are the approaches to health and wellness (Kiev, 1964; Lebra, 1976).

Conceptualization of Mental Health

Health is not necessarily just the converse of illness. What we label as mental health captures different concerns and perspectives such as the absence of incapacitating symptoms, integration of psychological functioning, participation in social life, and feeling of ethical and spiritual well-being (Fernando, 1991). Culture will determine the perception and concern for these different notions of mental health.

Many cultures found in Africa, Asia and pre-Columbian America have less stigma or actively promote inner experiences that are seen as undesirable or abnormal in the West (Fernando, 1991). Similarly, the emphasis on individuality and values of self-protection and assertion in western cultures

would be viewed as unhealthy or abnormal in many non-western cultures.

We must understand the assumptions underlying our notions of mental health, because these are not universal by any stretch of the imagination. Cross-cultural conceptions of mental health are often more than the absence of illness. They may also have components that are very foreign or strange to westerners as Fernando (1991) notes:

> In general, most views of mental health are likely to incorporate a person's sense of fulfilment and identity, not just as an individual but also as a part of a group or society. The "group" or "society," however may be defined as family, immediate or extended, or spread much wider, depending on a person's identity and worldview; it may include a community, a nation, a race or ethnic group, a system of ancestors or god(s), and the extensions of the "self" in time or even in a timeless dimension- to previous births or the totality of life. (p. 77)

Mental Health Care

Indigenous "psychotherapies" represent culture-specific approaches to mental health care that vary greatly in their notions of etiology and practices depending on the specific beliefs and values of that culture. Some practices, such as massaging parts of the body to discover where a ghost spirit has entered (Finnie, 1976), appear very bizarre and nontherapeutic to westerners. The etiology of mental illness may be no less strange as well. Spirit possession, object intrusion, humoural imbalance, and taboo violation may seem like ludicrous concepts to most Westerners. However unusual these concepts and activities appear to us, they make perfect sense to those in that cultural context. The role that indigenous healers take on is often very different

from that of western mental health professionals. Indigenous healers may be shamans, diviners, herbalists, spiritualists and so forth. They may carry a wide range of responsibilities and perform many different religious, political, economic, and medical functions within their communities.

Considering China for a moment, one can see how Chinese notions of health and wellness are influenced by the philosophical and spiritual beliefs of the culture. The notion of balance and harmony found in the concept of yin and yang has influenced Chinese mental health practices (Wu, 1982). There is a close link between mind and body for Chinese people. Disease, be it mental or physical, is the result of imbalance. The cure for any disease entails restoring the previous balance. Although the Chinese may not put as much value on expressing emotions, talking about their mental health problems, their medical systems are not to be seen as deficient of psychotherapeutic components or unable to address mental health needs. Wu (1982) explains:

> Instead of active manipulation of the patient's psyche to let the patient himself (sic) realize the hidden cause of psychological problems, or to gain "insight" as Western psychotherapy attempts to do, the Chinese physician avoids verbal communication with the patient about his (sic) problems and seeks rather to change directly the internal condition of the patient believed to have caused the problem or illness.... the Chinese approach to therapy ... attempts to circumvent this need for the patient's insight and attempts to achieve a "cure" more directly. (pp. 293-294)

Within Chinese medicine, too much of one type of emotion can make someone sick. The cure then would be to induce the opposite emotion to restore balance (Wu, 1982).

It is argued that universal commonalities to psychotherapy exist across all cultures (Dow, 1986; Torrey, 1972). As Torrey (1972) puts it:

> Witchdoctors (sic) and psychiatrists perform essentially the same function in their respective cultures. They are both therapists; both treat patients using similar techniques; and both get similar results. Recognition of this should not downgrade psychiatrists; rather it should upgrade witchdoctors (sic). (p.1)

Torrey (1972) also goes on to name four components of all psychotherapies: a shared world view, personal qualities of the therapist, patient expectations, and techniques of therapy.

What appears to be crucial in the healing context is that the patient and client share the same world view (Dow, 1986; Torrey, 1972). First of all, indigenous psychotherapies may appear vastly different and nonsensical to us, but when taken in their proper context they make perfect sense for the people enmeshed in that particular worldview. Secondly, there might not be much difference in psychotherapeutic practices when examined in terms of core principles or universals. There are many roads to mental well-being. Depending on what directions we have received, we may all travel different routes. However, in the end, the destination is the same.

Culture not only defines how we interpret mental health, and what we do to maintain it, but also how we come to experience mental illness (Marsella, 1982; Rack, 1982). Even with disorders that are arguably biologically-based, such as severe depression, the universality of western conceived symptoms is tenuous at best (Rack 1982). It is not simply what is happening to you but

what you make of it. Kleinman (1978) makes an important distinction between illness and disease. Disease is universal and can be identifiable in terms of biological criteria, whereas the subjective experience of disease or illness will vary considerably from culture to culture.

Mental disorders are inextricably linked to the social-cultural milieu in which they are generated. As Marsella (1982) comments:

> No longer can the role of cultural factors in mental disorders be ignored as being unfounded or spurious. It is time for the community of mental health researchers and practitioners around the world to re-examine their assumptions and practices and to introduce cultural factors into their efforts to understand and treat mental disorders. (p.359)

Awareness of cultural differences is not sufficient. In a multicultural society, racism and ethnocentrism are important barriers to overcome (Fernando, 1991). It is important to guard against the imposition of our mental health services on other cultures. Torrey (1972) argues that this cultural imposition is antithetical to mental health and is "psychiatric imperialism." This "psychiatric imperialism" occurs when "the dominant culture disparages and discredits the beliefs and techniques of the other, effectively rendering them useless yet offering nothing to take their place" (p.141).

Culture plays an important role in how people conceptualize, treat and experience mental disorder. Not only is it important to understand the role of culture when working with diverse groups, but it is also important to consider the influences of socio/political factors such as racism. The following section will look more closely at the implications of providing mental health services in a

multicultural society, such as Canada.

Mental Health Care and Culturally Diverse Societies

Service Usage

Given the increasing diversity of our communities (Employment and Immigration Canada, 1990) and the significant role that culture plays in mental health, we need to outline the implications for mental health services. The Canadian system of mental health care can be said to be comprised of two types of services (Health & Welfare Canada, 1988b). The first would consist of formal mandated mental health care such as psychiatric hospitals, private clinics and community clinics. This formal system of care is made up of mental health professionals such as psychiatrists, social workers and psychologists. The second is an informal system consisting of programs and services that are organized for reasons other than mental health but that nonetheless fulfil mental health needs of their clients. This includes doctors, settlement workers, ESL teachers, health nurses and family service counsellors.

If you are racially, ethnically or linguistically different from mainstream Canada you are unlikely to be using the formal system of mental health care (Health & Welfare Canada, 1988b). Barriers exist that prevent minorities from accessing these resources (Health & Welfare Canada, 1988b, Teram & White, 1993). They include fear of stigmatization, language differences, cultural inappropriateness, lack of information and misinformation, inability to pay, racism and bureaucratic disentitlement. Even if people can access the formal

system they often drop out (Sue, 1977).

Other sources of help for racially, culturally and linguistically diverse groups are the aforementioned informal system and indigenous or traditional systems. One option for some ethnic groups is the use of indigenous psychotherapies that have survived immigration or colonization. Not much is known about the activities of healers operating within these traditional paradigms, other than that they continue to operate in the face of western practices and services (Gaw, 1993; Lebra, 1976; Marsella & White, 1982; Ruiz & Langrod, 1976). Issues to consider include the stigma and ignorance these practitioners must face from Western professionals (Gagnon, 1989). Collaboration or at least mutual understanding between western and non-western systems would be of benefit to users, as both systems may be used at the same time by clients (Foster & Anderson, 1978).

At Risk Populations

Being racially, culturally and linguistically different in our society has important implications regarding the resources and services that can be accessed for mental health needs. It is also important to consider if these populations are vulnerable or have needs relating to mental health. One has to question the impact of racism and discrimination on an individual's mental health (Fernando, 1992). Immigrants and refugees face a lot of stress in coming to and in settling in Canada. The stress of migration and poor supports have important effects on mental well-being (Alcalde, 1992; Health & Welfare

Canada, 1988a; 1988b). Other populations that have been identified as at risk for mental disorders are immigrant women and the elderly (Health & Welfare Canada, 1988b). The isolation and lack of social support these groups face coupled with a poor knowledge of English contributes to increased risk for poor mental health for these groups.

Not recognizing and embracing cultural diversity has important implications for the well being of many people in Canadian society. Ignorance or nonacceptance of cultural issues affects the quantity and quality of mental health resources and support. Belonging to a culturally diverse group not only means that you may not have access to culturally appropriate resources and services, but also that you may have additional needs stemming from migration experiences or social conditions in Canada. The next section considers more general issues relating to human diversity and its implications for human service organizations.

Human Diversity

The underlying theme in the previous sections relates to issues of human diversity. Many markers exist, such as culture, ethnicity, sexual orientation, gender, class, age, and race that define groups of people as being different. Throughout history and in every society, people have had to deal with human diversity (Sue, 1994). The resolution of these diversity issues has not been satisfactory as violence, prejudice and discrimination stemming from group differences is still pervasive on a global scale.

Diversity can be very challenging, especially when our own values and beliefs are called into question. In this sense, diversity often acquires negative connotations and may serve as the basis of oppression. The cause of oppression is not necessarily "white middle class males" (i.e., the dominant group), but rather how we think about human beings (Sue, 1994). Diversity needs to be appreciated and nurtured.

Multiple diverging perspectives lead to tension, complexity, and ambiguity. These conditions are typically viewed as being undesirable. However a new field emerging within the natural sciences (the science of complexity or "chaos theory") is challenging this assumption (Gleick, 1987). Diversity is a fact of nature and an integral part of the survival and success of all life forms. Diversity is key for creativity and success in changing environments. Even within business organizations, diversity is viewed as an important factor in success and longevity (Stacey, 1992). Diversity is part of our nature as human beings and needs to be affirmed in positive ways.

The appreciation of human diversity is an acknowledgement of the multiple, socially constructed perspectives of reality (Watts, 1992). A key to recognizing the positive value of diversity is in the phrase "only our similarities are different," as Jones (1994) elaborates:

> To achieve affirmative diversity, we must continually struggle with the dialectic between similarity and difference.... That our similarities are different means that we do the same things differently. We raise children to be bearers of our culture; we seek self esteem and a sense of validation. But we do it in different ecological realities, responding to local, rather than

> universal challenges that lend a distinctiveness to our adaptation and survival. The task of affirmative diversity is to discover the universal without demanding uniformity and to affirm that this difference is positive while acknowledging a potential common sense of humanity. Doing so will avoid the trap of radical cultural relativism and allow for us to widen the envelope of human capacities and potentials without requiring an invidious comparison of difference to dominant cultural norms. (p.43)

Human service organizations need to take into account the role and significance of culture in the work they do. But not only a recognition of culture is needed, a sensitivity to the visible and invisible barriers that prevent certain groups from benefiting from the services offered is also required. Stressing the importance and value of human diversity is an important step in this direction. How to move an organization to be more culturally inclusive is the topic of the next section.

Organizational Change For Diversity

Human service organizations are facing demands and pressures that prohibit them from doing "business as usual." Increasingly complex needs, diminishing resources, cultural diversity, and pressure for employment and service equity, are some of these demands (Gamal, 1995). Addressing systemic barriers and racism is an important activity for human service organizations. In order to effectively reflect and serve the needs of ethno-racial communities, organizations need to engage in a change process that affects all aspects of an organization's policies and practices (Gamal, 1995). Mukherjee (1992) outlines a continuum whereby organizations move from valuing the dominance of one culture with little tolerance of differences ("exclusive club") to

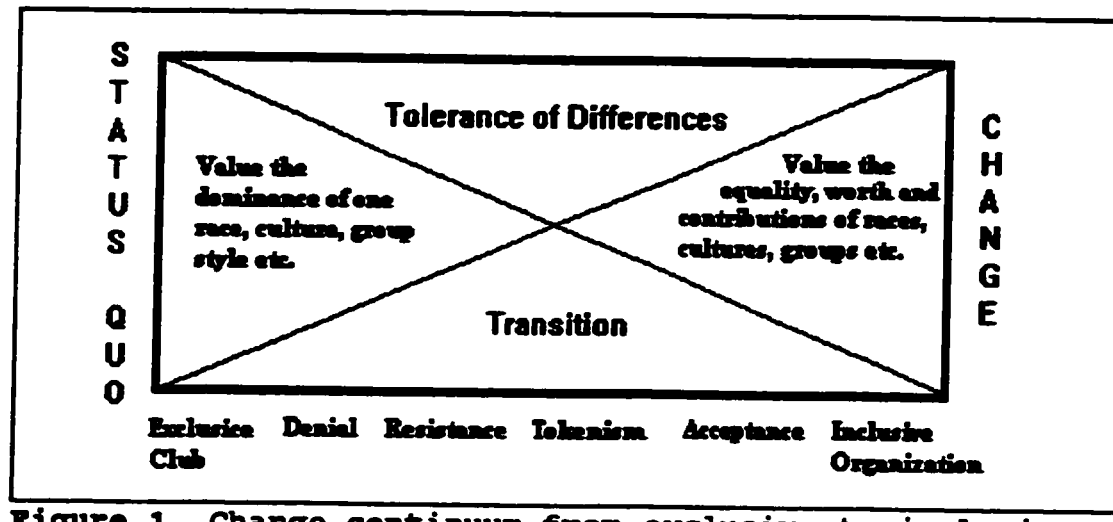

Figure 1. Change continuum from exclusive to inclusive organizations.

the valuing and tolerance of differences ("inclusive organization") (see Figure 1). To help organizations move towards inclusivity the following ideas about organizational change should be incorporated.

Assumptions About Organizational Change

Dimock (1992) lists eight assumptions about changing social systems derived from his practical experiences in working with organizations as a consultant. These assumptions are helpful in understanding successful and unsuccessful change interventions.

a) The social system is the focus of change. It is difficult to change the norms and behaviours of individuals operating in a social system without first changing those of the group.

b) Those people affected by the change should be involved in that change. Involvement and participation in the change process will create a sense of ownership and increases the likelihood of the changes being implemented.

c) Possibilities for change are increased if the group is functioning well. High levels of trust and acceptance among group members, and open

communication are found in well functioning groups.

d) To be successful efforts must have the support of the power people in the system. The change process need not start at the top, it is essential that the people in power support the change.

e) Change in one part of the system will cause stress/strain on other parts requiring changes in them. A social system may be made up of parts but those parts are interrelated and form a whole. If change happens in only part of an organization, the part may be pressured to return to the status quo.

f) Previous interventions in the social systems establishes a pattern of responses for further interventions. Knowing what has happened in the past may provide a context or insight to what is currently happening with the intervention (i.e., resistance, apathy etc.).

g) Resistance to change is normal and helpful. Resistance to change can be helpful as it gives stability and equilibrium. Too little resistance can leave people "blowing in the wind," while too much resistance creates rigidity to adapt to new situations. Either extreme is unhealthy.

h) Change is more easily produced by weakening the forces against than strengthening the forces for. Analyzing the forces for and against change can be useful. Exploring the "worst case scenario" identifies fears and blockages and frees the way to constructive planning.

From their work on implementing primary prevention programs in a school, Peirson and Prilleltensky (1994) came up with three components for successful change strategies. The three components (community ownership, attention to human factors, and proper implementation) must all be present in order to produce the desired changes (see Figure 2).

Like Dimock (1992), stakeholder involvement in the process was seen as important for the successful implementation of the changes. Paying attention to the needs of the stakeholders (attention to human factors), to help them feel comfortable with the new changes, is significant as the changes are dependent

upon the collective and individual responses of the participants. Implementation issues are also important for the change processsuch as evaluation and a long-term view of the change process.

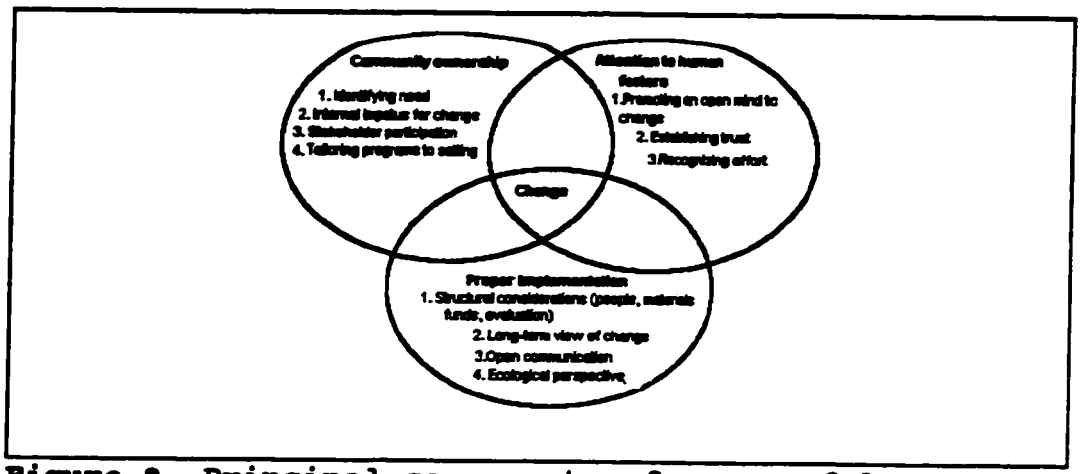

Figure 2. Principal components of successful organizational change.

Change Process

The United Way of Greater Toronto (1991) developed the following phases to implement organizational change in order to dismantle barriers to full participation of ethno-racial groups.

a) Internal assessment. This assessment should look at the recruitment and hiring practices of the organization as well as the level of representation to the target population of the clients, volunteers and staff.

b) Community consultation. Identify the make up or profile of the community and involve key individuals and groups in the change process.

c) Develop change strategies. Based on the findings of phases 1 and 2, action plans and policies are developed that include specific goals, time lines and evaluation strategies.

d) Implementation phase. An internal structure is established to monitor

progress and achievements as the changes are implemented.

If the organizational change process is successful, the following characteristics should be reflected in the organization (Gamal 1995, pp. 5-6):

a) Staff and volunteers reflect the community being served.

b) Programs and services of the organization are accessible to members of diverse ethno-racial groups.

c) Services are sensitive to the needs of diverse ethno-racial communities.

d) Programs seek to promote positive race relations and attitudinal change along with the elimination of systemic barriers.

e) Discriminatory or racist behaviour is not tolerated and a clear process to deal with such behaviour is in place.

f) Communications of the organization present a positive and balanced portrayal of ethno-racial groups.

The next section develops and outlines the intended research purpose and research objectives as they apply to the context of an agency operating in the region of Waterloo.

OVERVIEW OF RESEARCH

Purpose

The purpose of this research is to generate information and recommendations that would guide a community mental health agency in developing services that meet the needs of all residents in the area it serves. This needs and resource assessment was conducted in collaboration with the agency and the relevant stakeholders from the community.

In order for this human service organization to develop services that are

appropriate and beneficial for the designated users, a two-phase approach was used. The first phase consisted of work done within the agency itself, to help articulate the goals, attitudes, and possible barriers seen by the paid/nonpaid staff and people supported towards the new multicultural emphasis. The second portion of the research involved consultation with the specific ethnic communities and other service providers in the community to help define an appropriate role for the agency.

In order to make meaningful changes within the organization the support and input of paid/nonpaid staff and people supported is essential. Phase I is like building a basement and foundation for a new house. If done properly, the new house would be solid and stand the test of time. Including the agency stakeholders in the project promotes ownership of any new changes and help insure motivation and commitment to those changes. Things useful to consider include the stakeholders' perceptions of the importance of multiculturalism within the organization, the staff's needs in light of their previous experiences with culturally different clients, and the strengths and resources the organization already possesses that can be used to address multicultural issues. Another question to address would be: who are the different linguistic, cultural and racial groups in the agency's catchment area?

Phase II involves the design and architecture of the new house. Collaborating with the various stakeholders can help the agency build meaningful changes. Ideas about how the organization can improve its

services or what kinds of services it should be providing were gathered from those potentially affected by the new changes.

It is important to know what the mental health issues are for these communities. How is mental illness viewed and conceptualized? What are the barriers in terms of race, language, and culture to the agency's programs and activities? What are the various resources and strengths of these communities?

Besides the communities themselves there exists a wide range of organizations and services that already serve these communities. It is also important to get a sense of what other people are doing to avoid the duplication of services and to explore the possible relationships between organizations to better meet the needs of the people they serve.

Each phase contains an intervention cycle that consists of three

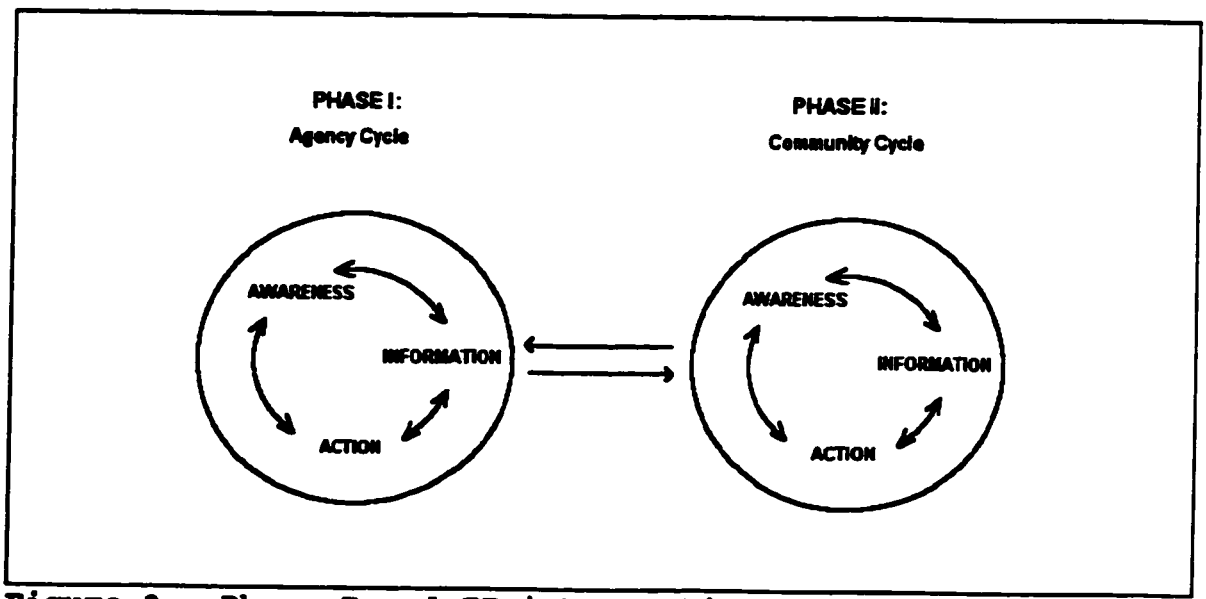

Figure 3. Phase I and II intervention cycles.

components (Figure 3). The focus in this intervention is not only generating information but also in creating processes that build awareness and facilitate action. Phase I begins an agency cycle of generating information, awareness and action. Phase II initiates the same cycle but at a community level.

Goals and Objectives

PHASE I:

1). Generate information by identifying :

- •issues and concerns held by staff, volunteers and consumers that are related to the desired move to a multicultural focus
- •identifying strengths or resources that would help CMHA move in a multicultural direction; and
- •identifying the cultural makeup of the K-W area and the relevant stakeholders in the community

2).Raise awareness by :

- •initiating a research process; and
- • by providing a summary report of the findings

3). Take action by:

- •developing a steering committee to oversee Phase II

PHASE II:

1). Generate information by :

- •assessing the ethnic communities' awareness of CMHA's activities and roles
- •identifying mental health issues and concerns facing the various multicultural communities
- •identifying the roles and concerns of other service providers in

serving the multicultural communities; and

•obtaining input on how CMHA can better serve the multicultural communities

2) Raise awareness by :

•holding a community forum

•providing a final report of the findings and recommendations regarding policy and services.

3). Take action by:

•developing a list of key informants

•holding a community forum

•generating recommendations for policy and future action

Research Setting

The Canadian Mental Health Association/ Waterloo Regional Branch (CMHA/WRB) is a nonprofit organization that attempts to promote the mental health of all people. CMHA/WRB's main focus is to provide support and services to people who experience or encounter mental health issues and to work with the community to ensure that all people are allowed to participate in meaningful activities. The association's activities are varied and occur at several levels. Programs like "Friends," "Community Support Services," and the "Help-Line" offer services and support to individuals. Other activities are more focused on community awareness and involvement. For instance, Community Education Services promotes public awareness and education of mental health issues and developing community relations and social action.

The agency has three areas of operation that are headed by a manager who reports to the Executive director. Operational Support Services handle the administrative aspects of the agency, while Community Services and Support Coordination encompass the service aspects of the organization. The agency has approximately 20 full time-staff and is located in the downtown core of Kitchener. The catchment area for CMHA/WRB is the Waterloo region.

Community Context

The Waterloo region encompasses the cities of Cambridge, Waterloo and Kitchener. The region is located in the southwest corner of Ontario and has an approximate population of 377,000 people.

Within the Kitchener-Waterloo area, two projects have documented the mental health needs and difficulties facing various ethnic communities (Alcalde, 1992; Kramer, 1991). What emerges from this information is that people who are linguistically, culturally, and racially different do not have equal access to mental health services and resources. There is a growing awareness among some service organizations of the need to address these issues. The National Office of CMHA has recognized the need to make the organization, as well as its programs and policies, more reflective of a multicultural Canada (Lieber, 1993). In a similar vein, the Waterloo Regional Branch of the CMHA set as an objective for 1994 the promotion of awareness and understanding of its services and supports by establishing "persons within the Association who are interested in the subjects of cultural diversity and women's issues"; and who

would "research, develop, define and illuminate these topics for the Association (Canadian Mental Health Association, Waterloo Regional Branch, 1994, p. 2)." In order to increase the availability and accessibility of its services, CMHA will actively develop a policy and recommendations regarding issues of cultural diversity relating to all aspects of the Association (1994, p. 13).

Data Collection Strategies

Given that the purpose of the project is to generate suggestions for policy and program development, strategies that provide rich and in-depth information about the various stakeholder groups appear to be the most useful. Two approaches were used, namely, social indicator data and key informant interviews/focus groups.

Social indicator data are important in identifying the number and composition of the various cultural groups. Such information can give a sense of the cultural range of the possible clients that CMHA could be expected to see. Such information is already compiled by different government agencies such as Statistics Canada, Immigration and Employment and Health and Welfare. Non-government agencies will also have valuable information such as immigrant settlement agencies.

Key informant interviews were used as a strategy for data collection for several reasons. The open-ended format of the key informant interviews allows for the collection of rich and in-depth information. As well, such techniques permit the interviewer to understand what is important to the interviewees within

their own context.

PHASE I

In order to meet objectives 1 and 2, three focus groups were held with CMHA stakeholders (Appendix A). Each focus group was an hour to an hour and half in length. An interview guide was used by the facilitator to introduce questions for discussion by the group (Appendix B). The questions were intended to stimulate discussion on several themes relating to barriers and needs of staff and multicultural communities.

One focus group consisted of six participants from "Community Services" and "Children and Youth Services" (three paid staff and three non-paid). The participants were identified and contacted by the program managers. The second group was composed of the four program managers. The final session was attended by seven paid staff of "Community Support Services."

Each focus group was tape recorded with the participants' permission. Transcripts were created from the recordings and served as the raw data for analysis. The data were reviewed and broken down into free standing ideas or concepts. These single ideas were then categorized and used to build logical themes.

A literature review of the available statistical information on the demographics of the K-W area was also conducted to fulfil objective 1.

The focus group data was presented to CMHA as a preliminary report

satisfying objective 2. The presentation served to relay the findings of the research to this point, and was used as an opportunity to identify people willing to sit on a steering committee. Two staff volunteered for the committee and helped recruit two more people from the community, thus meeting objective 3. The next two sections report the findings of the demographic review and agency focus groups.

Diversity and Immigration: Demographic Review

Canada has always been a culturally diverse country. Even before the arrival of Europeans, the Aboriginal peoples who inhabited the land varied extensively in terms of their culture and language. Canada is now composed of First Nations People, the original Charter groups and immigrants from all over the world.

Around 240,000 people a year are currently immigrating to Canada (Citizenship and Immigration Canada, 1994a). This commitment to immigration will continue for the years to come, given the nations declining birth rate, the lack of skilled workers and a continued commitment to humanitarian aims.

Immigration Trends

Immigration will continue to keep Canadian society a diverse one. The traditional sources of immigration have shifted from European countries to other parts of the world such as Asia, Africa and South America (Figure 4).

Current immigration policy allows people into Canada either through a refugee or immigration program. The refugee component of the immigration

plan is based on resettlement and protection goals for people forced to leave their home countries. Other immigration categories, such as the skilled worker, business and family class, are designed to meet Canadian social and economic objectives. Under this plan, 43 percent of immigrants in 1995 will be selected for economic reasons. An estimated 24,000 to 32,000 people will enter Canada under the 1995 refugee plan (Citizenship and Immigration Canada, 1994b).

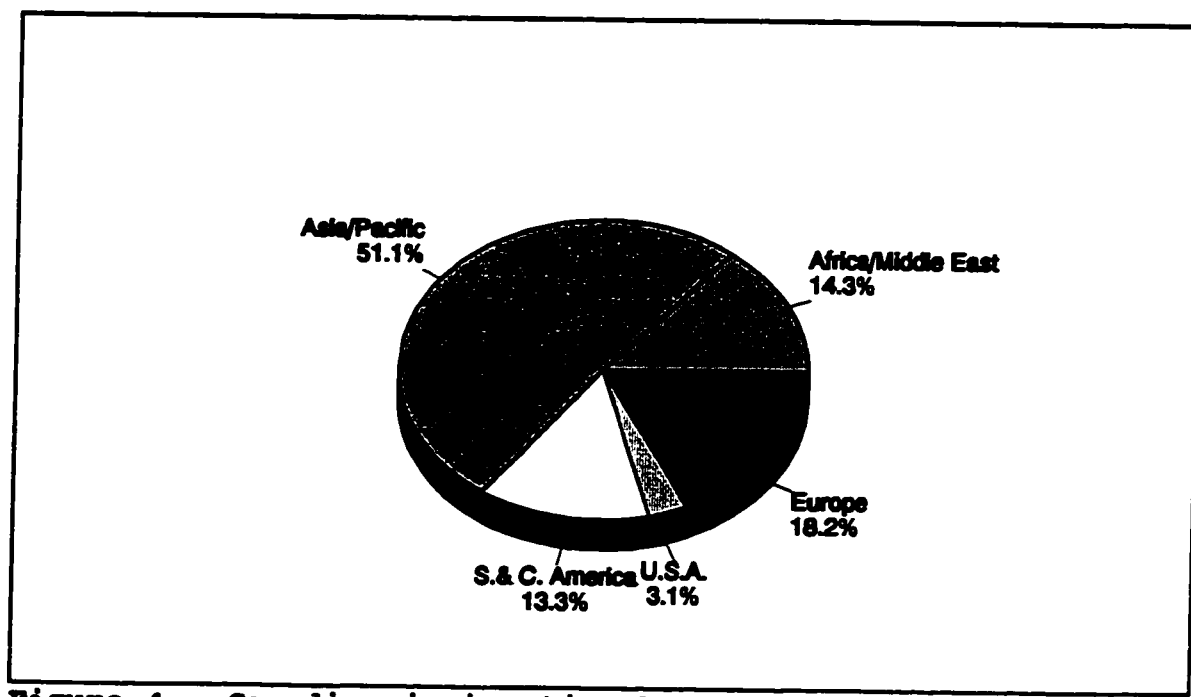

Figure 4. Canadian immigration by source area. (Source: Citizenship & Immigration Canada, 1994a)

The main destinations for immigrants are Quebec, Ontario and British Columbia. Ontario receives 50 per cent of all immigrants. In 1993, 133,000 people settled in Ontario with over half living in the Metro Toronto area. Between 1991 and 1993, 58,443 of 96,621 refugees settled in Ontario.

Kitchener is one of the top 10 cities for resettling refugees. In 1993, 2.2% of all the refugees in Canada came to Kitchener.

Over 80 per cent of newcomers are under the age of 44 (Figure 5). In terms of language ability, a little over half of immigrants have English language skills (Figure 6).

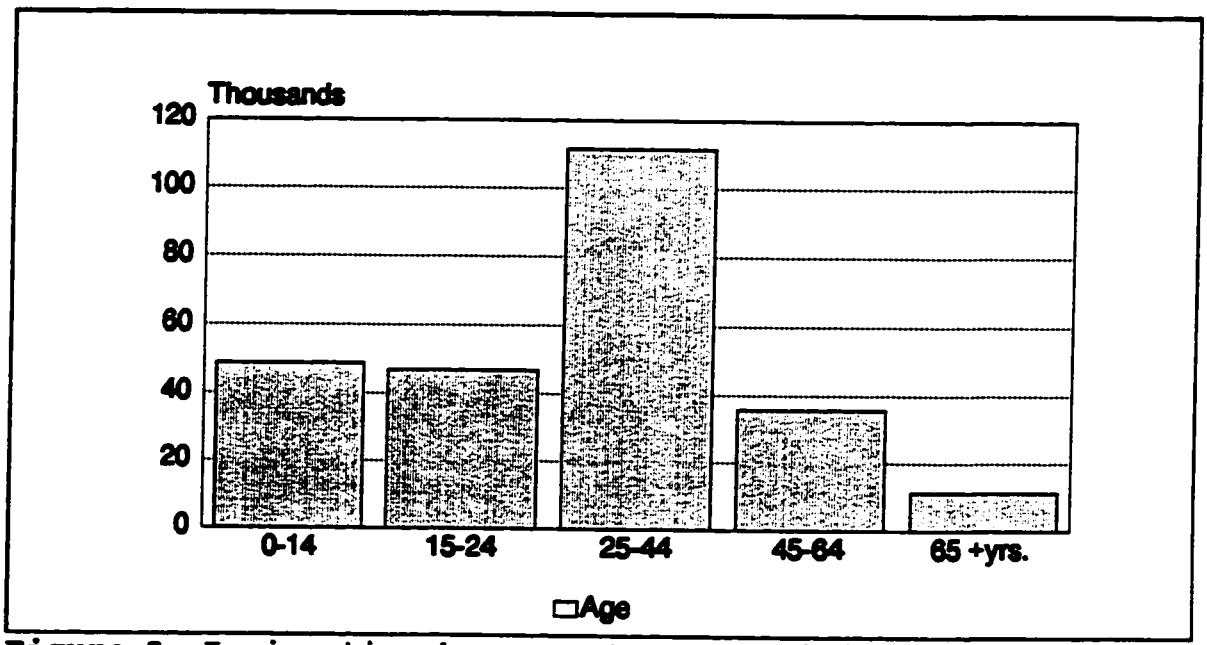

Figure 5. Immigration by age. (Source: Citizenship & Immigration Canada, 1994a)

Waterloo Region Demographic Profile

There are over 377,000 people living in the Waterloo Region (Statistics Canada, 1994). Of those people 21 per cent were born outside of Canada (Figure 7) in areas from all over the world (Figure 8). In 1991, 31% of the Canadian population reported ethnic origins which were neither British nor French, up from 25% in 1986 (Statistics Canada, 1993). For the Kitchener Census Metropolitan Area (CMA), 36.6% of the population reported ethnic

origins other than British, French or Canadian in 1991. Of these 33.4% reported a single origin and 3.98% multiple origins.

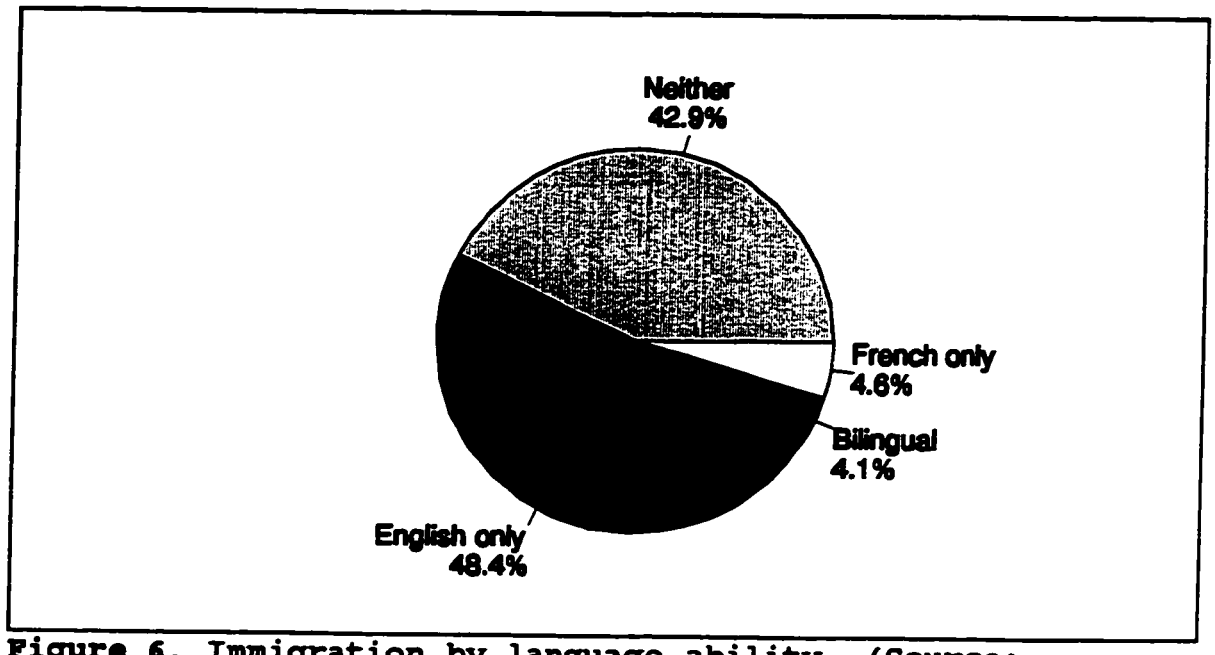

Figure 6. Immigration by language ability. (Source: Citizenship & Immigration Canada, 1994a)

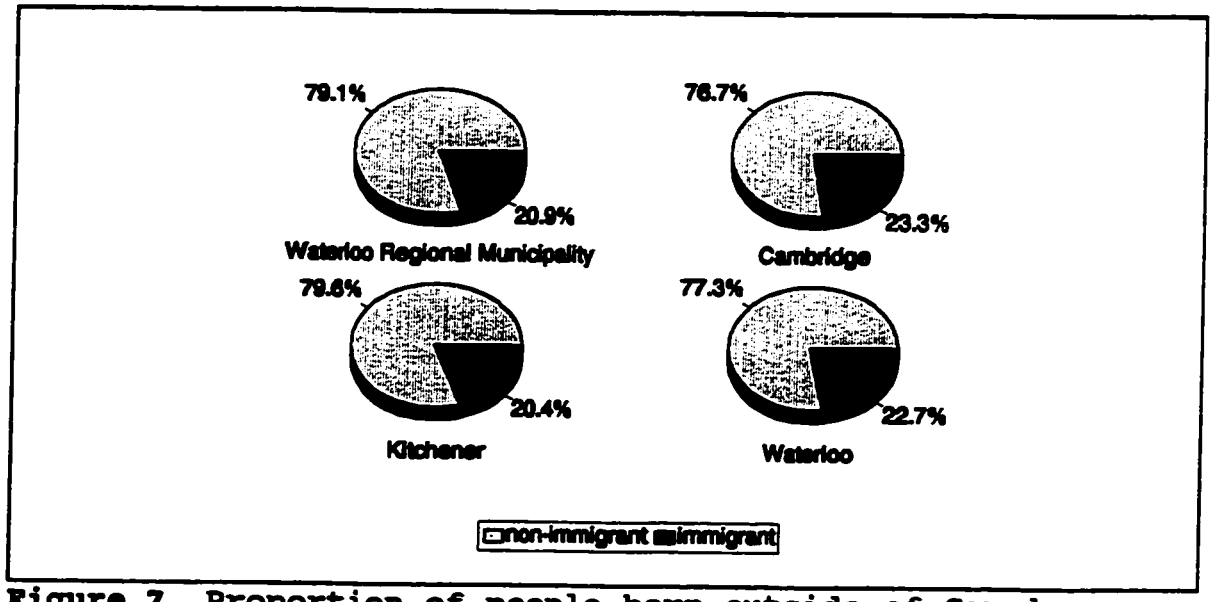

Figure 7. Proportion of people born outside of Canada. (Source: Statistics Canada, 1994)

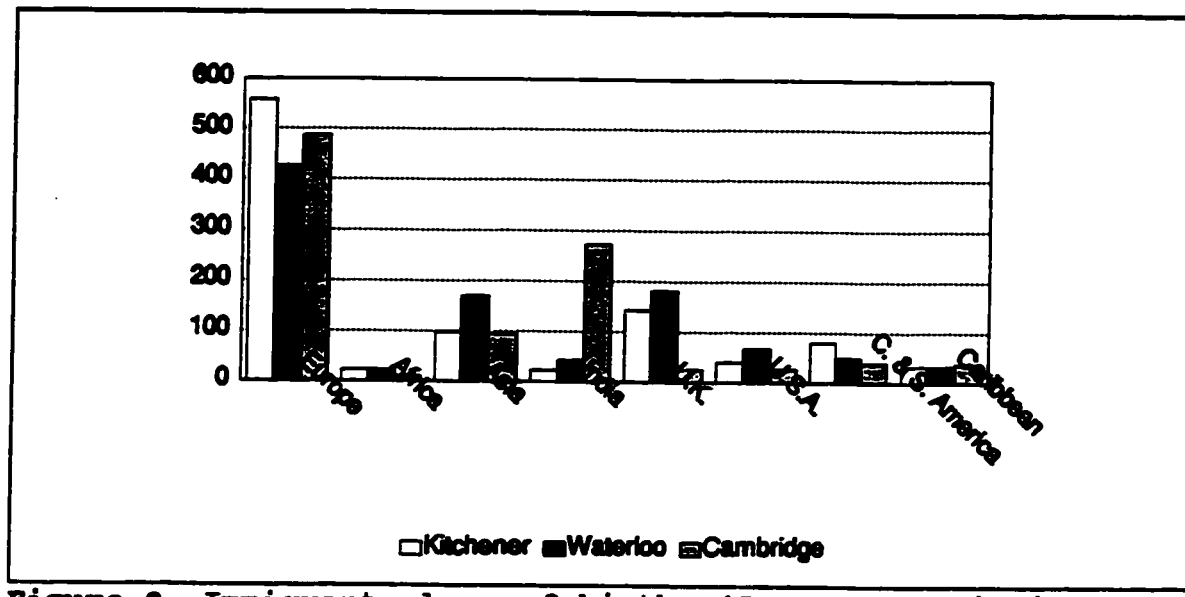

Figure 8. Immigrant place of birth. (Source: Statistics Canada, 1994)

The population of the Waterloo Regional Municipality grew 14.7 % from 1986 to 1991. Some ethnic groups in the Kitchener C.M.A. experienced a dramatic increase in population between 1986 and 1991. Most notable where groups with Eastern European origins (e.g., the Serbian population grew 176%), Asian origins (e.g., the Vietnamese population grew 196%) and Spanish origins (175%) (Table 2.) (Statistics Canada, 1989;1993).

Around 64,000 people (17 %) know how to speak a language other than French or English. Approximately 36,000 people spoke a single language in the home other than the two official languages (Figure 9; Table 3) (Statistics Canada, 1994).

Table 2. Ethnic Origins Showing Single Responses for the Kitchener Census Metropolitan Area, 1986 and 1991 Census[2]

Ethnic Origins for the Kitchener Census Metropolitan Area by Census Year			
Ethnic Origin	1986 Census	1991 Census	% Change
Total Population	311,195	353,110	13
French	7,165	7,310	2
British	92,275	81,845	-11
Western Europe	49,585	48,995	-1
Northern Europe	635	705	11
Eastern Europe	12,085	15,960	32
Southern Europe	19,610	24,185	23
West Asia	495	585	18
South Asia	4,455	5,540	24
South East Asia	4,290	8,365	94
Black	1500	2040	36
Aboriginal	430	600	39

[2](Sources: Statistics Canada, 1989; 1993).

Table 3. Population by Home Language and Census Year, Waterloo Regional Municipality[3]

Home Language		Census Year		% Change 1986-1991
		1986	1991	
Total population[4]		**326,370**	**374,325**	**14.6**
Single responses		**309,555**	**367,890**	**18.8**
	English	284,010	330,030	16.2
	French	1,230	1,510	22.7
Non-official Languages		**25,315**	**36,345**	**43.5**
	Italian	745	730	-2.0
	Chinese	1,165	2,040	75.1
	Portuguese	5,995	6,885	14.8
	German	7,955	--	--
	Greek	635	--	--
	Spanish	--	2,285	--
	Polish	--	3,240	--
	Other Languages	8,810	21,165	140.2
Multiple responses		**16,820**	**6,435**	**-61.7**

[3](Source: Statistics Canada, 1994)

[4]Non-institutional

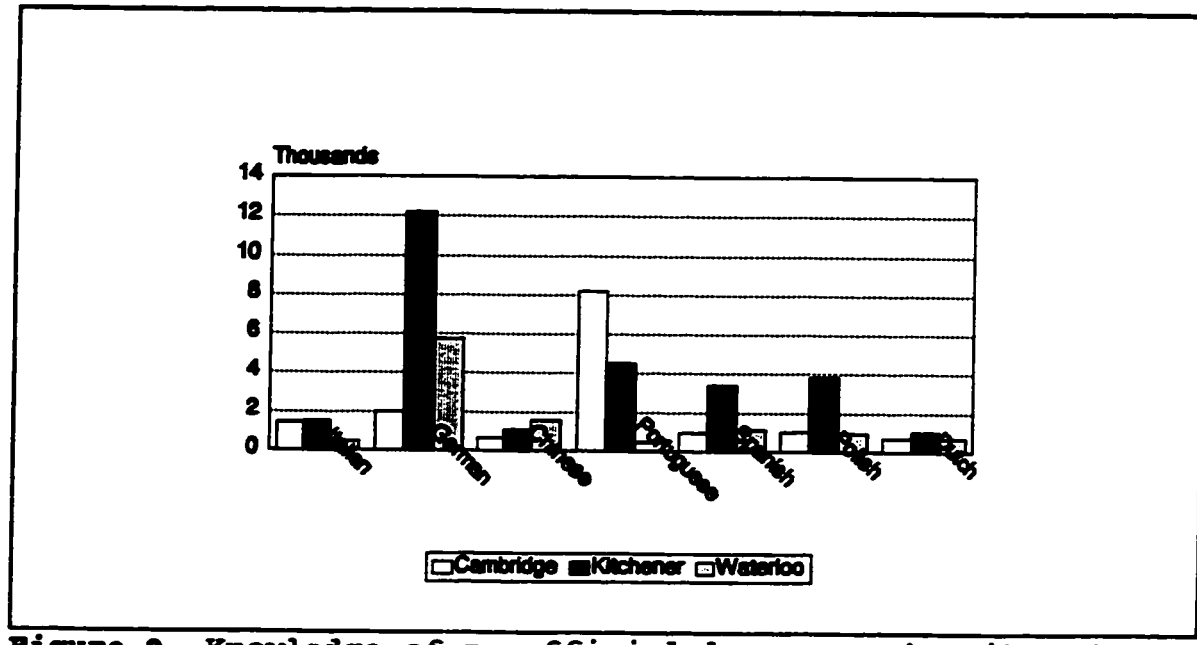

Figure 9. Knowledge of nonofficial languages by city. (Source: Statistics Canada, 1994)

CMHA Focus Group Summary

Three focus groups were held with CMHA/WRB. The discussion in these groups centred on seven themes: *advantages*, *motivation*, *strengths*, *mental health issues*, *fit of services*, *barriers*, and *future directions*. The largest and most complex themes were *fit of services*, *future directions*, and *barriers*. Each theme will be reviewed giving its context and basic ideas, beginning first with some of the smaller ones.

Advantages

Question: "Can you think of any specific advantage of the branch in becoming more multicultural?"

> *"I think for me just personally in terms of multiculturalism - I think this is true of the association in general - is that part of the*

motivation is that we learn a great deal from people who represent or who come from different cultures."

Very little time was spent by the groups talking about the advantages of a more multicultural orientation. Any discussion that did relate to this topic centred on the possibilities for the agency to grow and learn from different cultures around the notion of community and community care.

Motivation

Question: "What would you say motivated the Waterloo Regional Branch to look at multicultural issues?"

"An agency that has a philosophy about equal rights and social justice for all, and all people having an opportunity to participate in their communities, has to mean that for everyone -- or they are lying."

Sub-themes:

1. Outside forces
2. Is there a motivation?
3. Internal forces (i.e., staff needs/desires)
4. Responsibility to the community

The discussion centring on the agency's motivation to look at multicultural issues was more diverse. Several sub-themes representing different ideas of what is motivating the agency emerged. In one group, it was suggested that an emphasis from *outside forces* such as funding agencies might be responsible for some of the motivation. People in two groups light heartedly questioned the existence of any motivation. The needs of staff working with various ethnic groups was brought up as an *internal* motivating force. The majority of participants, however, focused on the agency's *responsibility to the community* as the reason for exploring multicultural issues.

An agency that has as its guiding principles and philosophy of inclusion and social justice has a responsibility to serve the whole community and not just certain segments of it.

Strengths

Question: "Can you think of anything your branch has right now that would also help it become more multicultural? Are there some strengths we can build on?"

> *"I think one of the strengths of the organization as [speaker 2] was saying that it is in the goals of the organization that we serve all of the community. I think that is a definite strength as we have a moral obligation and we have stated it very clearly."*

Sub-themes:

1. The individualization of service
2. Value and moral base of organization
3. Volunteers
4. staff attitudes (flexibility/openness)

The individualization of service. A main focus of the discussion centred on the individualization of service. Having the agency grounded in a value system that emphasizes the individual needs of the people supported is seen as an important strength.

Value and moral base of organization. Another strength on which to build is the value and moral base of the agency. One of the goals of the agency is to serve the whole community. This clearly stated goal provides a strong moral obligation to address multicultural issues. CMHA is committed to accepting people with mental health issues. The open and flexible approach needed to work with people who have mental health issues should naturally lend itself to working with people from diverse cultural backgrounds.

Volunteers. In one group, the strength and importance of CMHA volunteers was discussed. Volunteers from the multicultural community are a valuable source of information about various groups and may serve as an important link between CMHA and these groups.

Staff attitudes. Following the previous theme of the value and moral base of the agency, several comments in two of the focus groups reflected the belief that staff (paid and non-paid) are open to addressing multicultural issues.

Mental Health Issues Facing Multicultural Communities

Question: "What is your sense of the mental health needs of the different cultural and racial communities in your area?"

> *"I have a sense that a lot of times people's mental health issues are compounded by the fact that they've maybe experienced significant traumas that we're not necessarily aware of, particularly refugees. And a lot of times I'm not sure, you know, how to address that."*

Sub-themes:

1. Migration experiences
2. Host country reception
3. Isolation of immigrant women

Migration experiences. The experiences that "newcomers" to Canada face in leaving their home countries and in arriving to Canada can be an important mental health concern. The stresses associated with acculturation and or the traumas incurred during migration were discussed in two of the focus groups. The increased levels of stress for new Canadians is also compounded by a lack of knowledge of available resources and services upon which to draw upon for support. An additional point was raised on the difficulty of

understanding people's behaviour and concerns without first having knowledge and an appreciation for their migration experiences.

Host country reception. In one group an observation was made that many service providers are unhappy with their jobs and are stretched to their limits. A consequence of these poor working conditions is a low tolerance for diversity. People who are new to Canada or are from a different culture are more likely to feel the frustration and anger of service providers.

Isolation of immigrant women. Concern was voiced for immigrant women in one focus group. Poor English and few connections with people outside of the family help to isolate many immigrant women.

Fit of Services

Question: "How confident do you feel that the people you work with reflect the ethnic composition of the Region?"

Sub-themes:

1. Assumptions of the question
2. Representativeness of people accessing CMHA (general)
3. Representativeness of people accessing CMHA (specific-- Help Line, Community Development Initiatives, Friends, Access Centre)

Assumptions of the question. When asked to comment on the ethnic composition of CMHA clients, many focus group participants challenged the assumptions underlying the question. The reasons why or why not certain groups are using CMHA services is likely complex. A concern was expressed about creating a need for or imposing our types of service on other cultural groups. A group may not use a service because they have no need for that

service or that service might not be appropriate for their specific needs.

> *"So when I hear the question, you know, do we reflect the ethnic composition, for me the question that comes first is there the need? Should we be taking our western mentality of, you know, health services being formally organized, being bureaucratically kind of dictated and government funded and bring that kind of mentality to people whose mentality around community support can be very much different from ours so I find the question very hard to answer."*

Cultural patterns will also dictate how people seek help and services.

> *"For mental health issues in a lot of times for some groups it is not culturally correct to go to other people with those kinds of problems. So they are not going to reach out."*

> *"Portuguese people have a very different mentality in terms of seeking services from professionals and outsiders as they see them and so our role would be very, very much different and so for us it wouldn't be going to Cambridge and saying - hmmm 25% of our lists don't seem to have Portuguese last names."*

Care is needed in interpreting statistics on service usage in order to avoid ill founded assumptions about the need or appropriateness of existing service for different multicultural groups. Time also needs to be taken in defining what is meant by cultural groups. In reviewing user statistics do you look for visual minorities only? And are other groups such as Newfoundlanders who may differ culturally, to be considered as being a cultural minority?

Representativeness of people accessing CMHA (general). In all of the focus groups there was uncertainty about who was accessing CMHA services. Some people stated that they did not know how representative service users were of the region but felt that it was either adequate or inadequate as the following two quotes show.

"I don't know that that's true though. I don't know that there are large populations that aren't using the service."

" We just don't know. . . my impression is there are gaps. For instance, I think there's a fairly large Vietnamese population but I'm not sure that we have that percentage of people that we're serving."

Some people believe that the various cultural and ethnic groups were well represented among people CMHA supports, particularly in Cambridge.

"Coming from the Cambridge area, I guess, there's a couple of, really two large constituent groups. And I would say that they're fairly well represented."

However, not everyone agreed with the above view, as does this speaker discussing the Portuguese population in Cambridge.

"We get several volunteers, but I don't know if we have lots and lots of people supported. I have known one or two in Cambridge but I haven't known if there was hundreds... knowing the size of that community and knowing that we don't really work with a lot of Portuguese people in giving them support."

Other views expressed concern over the absence of certain cultural and ethnic groups using services.

"Speaking for myself, I think I've a fairly broad range of people in different ethnic backgrounds, but I think there's some groups, cultural groups, that are missing, that I don't support. And I don't know if other people do, like I don't have anyone that's of oriental background ..."

Community Development Initiatives (CDI). CMHA has a lot of library and resource materials on a variety of mental health issues. These materials are primarily in English.

"I think one of the things in terms of education and materials we have is all in English -- I think we have one video that is in seven

different languages so the people that use our educational material are primarily english speaking people and so it doesn't reflect any ethnic composition of the region at all. There are some French brochures so we can get some French in."

The need for translated materials has yet to be determined as well.

"Well I don't know if there is other people out there that would use it [translated educational materials] if it was in ... because we have never ever done that discovery... we have never been asked for instance by the multicultural centre to have mental health material translated. We have never pushed that either."

Help Line. The majority of the people using and staffing the Help Line are English speaking. However, for a few callers English is their second language. As well, some of the helpline volunteers speak more than one language.

"I know that on the help line here in Kitchener-- To my knowledge most of the volunteers I have met who are listeners on the line are pretty much english language (speakers) -- there are some who do have a second language. But very few."

Friends. The "Friends" program has seen a shift in the demographic profile of the people involved. A growing number of children using the program are from diverse, cultural, linguistic and religious backgrounds. In response to this trend, the Friends program has tried to recruit volunteers from more diverse backgrounds to provide a better match for the kids. When matches are made, the backgrounds and languages spoken by the volunteers and the children are taken into consideration.

"...a lot of kids come in as ESL kids or they are new to the country. You see a growing number. It is not like that is not like the majority, but I have seen a growing shift in the last five years in terms of that there is more kids that are learning English and

that English is their second language and different cultural backgrounds. They are coming in from Hong Kong or Columbia, El Salvador whatever...."

"In terms of the volunteer composition we are starting to see a broader representation across the community in terms of who is becoming a volunteer. And the kids themselves in the friends program is a very diverse population -- so you know we serve kids in the community of all different ages, shapes, sizes, races, backgrounds --the whole bit. So I think that we are getting better at recruiting volunteers that can match the needs better of the kids that we serve."

Access Centres. The access centres have had, for the most part, limited contact with the multicultural community.

"Up to this point because it is fairly new (the access centres) we haven't had a lot of a variety of cultures that are visible. But do have some people come in (inaudible) ... have had in my experience have had a few Spanish speaking people ..."

Barriers

Question: "What would be the most difficult thing about getting your branch to reflect the cultural and racial diversity of its target population?"

Sub-themes:

1. Complexity
2. Cultural sensitivity
3. Lack of energy/time
4. Communication
5. Service provision issues
6. Stigma
7. Unfamiliarity/ lack of connection

Complexity. There are many different cultural groups living in the Waterloo region. It would be next to impossible to be an "expert" or knowledgable about each group. There are no quick or easy answers when it comes to working with different cultures.

"...maybe at this time we will have to look at individual situations. One by one. Because I guess there is just no way that we can sort of be prepared to handle each and every ethnic group."

"I think it's too simplistic to think that we could go out and learn a few things and then be able to do something that is going to make a difference because it reduces multiculturalism to be something that can be easily understood and easily tackled."

Cultural sensitivity. A lack of cultural awareness or sensitivity was seen by each focus group as one possible barrier in working with multicultural groups. Not understanding potential cultural differences can lead to difficulties in trying to work with someone from a different culture.

"It's not knowing about the culture and how things work, what the system is, that's the barrier."

Lack of energy/time. One significant barrier to providing services cross-culturally is a lack of resources and energy. Extra time and patience are required to bridge cultural differences.

"You have to look at it as a challenge because our jobs are tough anyway as front-line people. And then you add another element, you have to look at it as a challenge and want to invest the extra energy or you do the easy. You know, it's hard when someone comes in and can't speak the language, to invest your energy. So you have to really be dedicated to that initiative."

"People need so much time to get to know someone who speaks the same language as you do, similar culture. It takes double that to get that same rapport with someone who, you know, you're not speaking the same language, to get past that first before you can even . . . Because I think our jobs, when you're talking support, so much of it is based on that, your relationship with that person."

Communication. A major barrier to service provision is poor communication. If language differences exist between the agency and its

various target communities, outreach is very difficult. Several small discussions formed in the focus groups on how to advertise and reach various ethnic communities. Providing services individually with a language barrier is also very challenging.

> *"I think that's really essential, to have someone that understands the culture and can speak the language and understands the system, and can explain things, you know, why this is happening and why it's important for you to do this or the family to do this. When I was working at the hospital, that was the biggest gap when you couldn't communicate to someone what was going on (to) make it less frightening and help them understand what was happening."*

Interpreters offer one solution to language barriers but are not without their own issues. One focus group commented on some of the pitfalls of using interpreters, such as the accuracy of translations, and interpersonal power dynamics.

Translating materials from one language to another is not always a straight forward process as this speaker explains:

> *"...we talked to the multicultural centre (this was a few years ago) the reply was you can interrupt things but if it doesn't make sense to that culture it will make no sense. So we could interrupt something on Schizophrenia but if that culture doesn't view this illness called schizophrenia and doesn't even have a word for it in their language well we could have this grandiose array of material that makes no sense."*

Cultural miscommunication is also an important barrier in direct service work.

> *"And I think there's also . . . there can be cases of misunderstanding or just what we've said, lack of knowledge. I worked with one family where they just said yes to everything.*

And what happened, we found out after a while, was people were thinking they'd agree to a program and then they wouldn't follow through, and they sort of got this label; whereas the fact was in their culture the only polite thing to do was to say yes."

Service provision issues. Another issue that emerged out of one focus group was differing role expectations. In providing direct service, differences may arise as to the expectations surrounding the service provider role. In some cultures helping professionals may be expected to play a strong directive role with their clients. Gender role expectations are another possible barrier that may have to be overcome when working with some cultural groups.

"One of the problems that I've come into just in trying to work with people, and it's actually an advantage I have in that I'm male. And in some communities, if you want to come in and work with a family and play like a leadership role, unless you're male you've got a big problem, because that's not a role that women play in their family or in that culture."

Stigma. Attitudes to mental illness in some cultures make it difficult for people to use and access services. The stigma on mental health issues prevents people from reaching out for help and makes them less likely to accept help.

"The stigma is even greater too, I think, for them than it is for some of the people who access services easier. I think there's a large stigma within the communities too, so it's harder to break out of that. And then sometimes I sense I've gotten in the past is once you go and reach a service, then you're admitting that someone is very ill. Whereas if somehow you don't reach a professional service it doesn't necessarily mean they're really out; it just means that they've got some problems but the family can deal with it."

Unfamiliarity/ lack of connection. A sense of familiarity and connection is

important for some newcomers and ethnic minorities.

> *"I've run into a couple of situations where I've had a real difficulty engaging the person because they don't feel that they can relate to me because I'm not from their culture. And they stated straight out that they much prefer to deal with somebody that was from their cultural background. And I've found it's really difficult in having to work with somebody that doesn't, you know, feel comfortable with you because of that. If I had the knowledge, you know, at least I'd feel I had a better chance of being able to work within the situation."*

> *"And I think even the services that exist within CMHA now may not be the services that new people to Canada would turn to use for that very reason. They may not reach out to someone who they don't even know on the telephone or want their child paired with someone they don't even know."*

Future Directions

A variety of themes emerged out of the group discussions that related to the direction and role that CMHA should take regarding multiculturalism. I have categorized these themes under "future directions." The ideas that emerged vary from concrete actions to more general principles or issues to consider. "Future directions" can be subdivided into three general areas: *guiding principles*, *networking*, and *staff needs*.

Guiding principles. The following ideas and principles were discussed to help inform the agency in addressing the issue of multiculturalism.

a) *"Band wagonism"*. Some people were concerned that the agency not "jump on the band wagon" in addressing multiculturalism. The motivation for moving in this direction should not be based on "political correctness" or pressure from external funding agencies.

b) *Promotion of value base.* It was suggested that the agency promote its value base, as opposed to services, when working with the multicultural community.

> *"I think that if we're going to do promotion it can't be promotion of existing services. I think it has to be promotion of perhaps our value base, of our vision per society or what, like our openness to bring services without necessarily promoting a particular service."*

c) *Attitudes.* Several comments were made about what attitudes are important in the agency's approach to addressing multiculturalism. One individual felt that genuine intentions or good will was important in overcoming language and cultural barriers. Another person mentioned the need to take risks and really work with people.

d) *Flexibility.* Providing services in a cross cultural context calls for flexibility. Current services and programs might not fit the needs of the multicultural community in their current form. Being flexible in the way things are done is an important first step. Adapting more of a facilitative role as opposed to direct service emerged as a suggestion in two focus groups.

> *"We would then though have to adapt our role as far as, just say for example, there was a group from Central America who, you know, were dealing with refugeeism and torture issues. We may not have a really direct role to play with them. We may. We may need to educate ourselves and bring speakers to whatever but our role may be a lot more facilitative in terms of them coming to us and saying, you know, can you offer a space or, you know, how can you help us without us just actually going in and providing services."*

e) *Outreach.* Changing the way CMHA does its outreach is one important consideration in any future steps the agency takes. Suggestions were made to

try and tap into the natural networks within the various multicultural communities, such as churches and community centres.

f) *Individualized approach.* The philosophy of supporting the individual first is seen as a congruent part of any effort in providing services to the multicultural community.

> *"To me, the biggest thing that opened my eyes and my mind was that I keep on remembering that each person is unique to their story. They don't represent a race of people, they represent their story - like its their pilgrimage. And if I meet everybody on that level it would be very hard to have a lot of prejudice."*
>
> *"The philosophy in supporting the individual is kind of first and foremost in our minds. So in our friends program the fact that they are from one background or another doesn't really enter into the picture, until you look at what supports you can provide to that child."*

g) *Nature of the change.* Even though the issues the agency are tackling are complex and sometimes overwhelming, people felt that it is important for the agency to take meaningful action. As well, this action should be more proactive in nature. The agency needs to build an energy or spirit to help maintain the momentum needed for change. This change should be integrated into the everyday belief system of the agency.

> *" Just thinking ... its bringing the spirit, its bringing the energy that we are going to need because it is so complex."*
>
> *"Well its kind like the ideas you are talking about are good. But it doesn't make us a force to move ourselves. Its great if it happens but we don't as an organization build that into everything that we do..."*

Networking. Forming connections with other agencies, individuals and

community groups was identified as an important need in all three focus groups. Networking is seen as being important for *identifying community needs* and for building *resources and supports* for staff and volunteers.

a) *Identifying community needs.* The more contacts that the agency forges in the multicultural community, the more aware it will become of the needs and issues facing that community.

> *"The more we network in the community the more we become aware of needs and if people say to us - can you play a role. And I think that if we're going to become more aware, if we are going to reach out, do outreach or whatever you call it, its not going to come by doing a campaign or whatever. It's going to come through the natural networking we do in the community and we're going to have to learn to be more diverse in our networking - not just through mental health professionals or whatever. But once we do that and once we start - if we start doing that and we have a little bit and so we're starting to become faced with situations."*

b) *Building resources and support.* Networking with other agencies, individuals and communities is an invaluable source of information and support for paid and non-paid staff. This networking needs to occur at an agency and individual staff level.

> *"I think a lot of it is knowing that the resources and the supports and when to go because some of the languages and cultures I deal with or the religions-- I don't have the answers for the volunteers so I need to connect with people. It could be other volunteers or it could be staff. Just somewhere to get some answers to support the volunteers."*

> *" The thing that I use anyway is to try to be more aware of different linkages that are in the community that are culturally sensitive. So I kind of have like my own little map of people that I know fairly well in different agencies, who I can ask to come and assist with various things. And I know that they have a more*

personal approach in, you know, that they know the history, come from the background, know the language, understand some of the dynamics and that kind of stuff. So doing that with people is an immediate response for the families. Because I'm not going to learn five languages in a week -- five years even -- but it also then enriches my understanding because I'm working with these people. So it's kind of . . . well it's necessary in Cambridge actually."

Stronger ties with the Multicultural Centre were called for. Other groups that were suggested to network with included church groups and multicultural associations. It was also suggested that work be done to educate language interpreters about CMHA and the role of the support coordinators.

Staff needs. Several needs were identified as being important for paid and non-paid staff in their work with culturally diverse clients. Access to *cross-cultural support and resources* was one expressed need, particulary for volunteers in the "Friends" program who are working with an increasedly culturally diverse population. The focus group with the support coordinators talked about having *translated materials*. They felt that fact sheets on medication and disorders would assist them in their work with the people they support and their families. An accurate cultural profile of the Waterloo region was one other thing that was thought to be useful. The final need that was raised regards *cultural sensitivity training*.

There was some discussion in the groups on the need for awareness and sensitivity to cultural issues. Suggestions were made to undergo similar sensitization exercises that were done around literacy. These exercises might help paid and non-paid staff think about the barriers and experiences of ethnic

minorities.

> *"I sometimes think though that if we don't have some basis of ways of educating yourself to even think about what the differences might be then we're going to be at a complete loss as to how to respond."*

Phase I Summary

Phase I took the perspective of the people directly involved with the agency. The primary component of Phase I was three focus groups with CMHA paid and non-paid staff. A solid foundation was laid by beginning with CMHA stakeholders. The process of holding focus groups helped generate awareness and interest in multicultural issues. This was exhibited by staff involvement and agency support in the planning of the forum in Phase II. Informational goals of phase I were to identify any issues or concerns held by staff and the strengths and resources held by the agency.

Several issues and concerns were generated during the focus groups. One was that the agency's actions be well thought out and based on need. The discussion around the fit of services talked about not making assumptions on why or why not people were using services. This is related to the issue raised on "bandwagonism," that is the agency should not base its actions out of "political correctness." Another concern raised was that the agency take meaningful action to address multicultural issues. Various staff needs in working with culturally diverse clients were also raised.

In terms of resources and strengths to build on, several were mentioned. The value and moral base of the agency naturally lends itself to looking at

cultural diversity issues and was viewed as an important strength to build on. The individualized approach taken to providing services was also seen as being important in that it allowed for flexibility. Other strengths mentioned include the volunteer base of the agency as well as the openness of paid and non-paid staff to multicultural issues.

The participants in the focus groups identified many mental health issues and barriers facing the multicultural community. Given that these same points were raised during the community consultation, it seems that the agency is fairly aware of needs and issues facing the multicultural community. This level of awareness is in contrast to an assessment done by the national body of CMHA, where those participants knew little of the needs or issues of the multicultural community (Lieber, 1993).

A final aspect of Phase I was the demographic profile of the Waterloo Region. The profile identifies various demographic trends and groups living in the area. What this profile helps highlight is that the region is quite diverse in its cultural makeup and will continue to be so in the future.

PHASE II

The community component of the information, awareness and action cycle was initiated with a focus group and a community forum. The focus group was held with volunteers from a local multicultural health project who were visiting the agency as part of another program. The forum was suggested and planned by the steering committee as one means of fulfilling the Phase II

objectives. It is described in detail in the last section following the findings of the Community Health Helpers orientation.

Community Health Helpers Orientation

The Multicultural Health Coalition-Waterloo Region sponsored a health promotion project to increase the multicultural community's access to health services. Selected health services were visited by five members from different ethno-cultural communities. These health helpers were educated about the services and how to access them. The health helper visits provided an opportunity for agency staff to learn about the health needs of different ethno-cultural groups and for the helpers themselves to take the service information back to their respective communities.

CMHA/WRB was one of the participating agencies in the Multicultural Health Promotion Project. In February 1996, four health from the Kurdish, Somali, and Bosnian communities spent an afternoon touring the CMHA offices. CMHA staff presented information on the different services the agency offers. The health helpers asked questions and made comments about the services. Field notes were taken during the visit.

After the CMHA orientation the health helpers were approached about doing a focus group. The focus group was intended to gather information on the conception of mental health, help-seeking behaviours, and the mental health needs and resources for the multicultural community. The health helpers agreed to meet for 45 minutes following their next orientation at another

agency. A general interview guide was used to generate discussion during the session (Appendix C). The focus group was tape recorded and transcribed with the participant's permission. The transcripts were broken down into freestanding ideas or units. These units were then sorted and reorganized into themes. The following is a summary of the main themes that emerged from the analysis and the field notes. Discussion during the orientation and the focus group touched on issues of familiarity with volunteerism, contextual factors affecting mental health, help seeking behaviors, awareness of services and outreach.

Familiarity with Volunteerism

A question was raised on how comfortable people from the various multicultural groups might be with the volunteers working with their children in the Friends program. One health helper noted that if someone has a personal problem it is a very private matter. If the problem is serious enough he/she would work with a professional. Initial contact with a volunteer is likely to generate questions such as "who is this person?" and "why do they want to work with my child?" Newcomers need time to understand and get used to this type of helping.

Contextual Factors Affecting Mental Health

In considering the mental health issues facing the multicultural community, the focus group participants mentioned several contextual factors that are important to consider: a person's age, length of time in Canada,

reasons for immigration, social support/isolation, and employment. Understanding these factors can give some insight into the potential issues facing this person.

Age. People of different ages have different concerns and life experiences. Adults may have concerns regarding finances and employment that will impact on their stress level and well-being. Youth, on the other hand, will have other concerns relating to adolescence. Pressure by parents to have their children maintain their culture was identified as one mental health issue facing the multicultural community. This inter-generational gap can be very stressful for both newcomer children and their parents. One of the health helpers felt that newcomer parents need to be educated about what is acceptable and normal behaviour for children within Canadian society.

Length of time in Canada. For immigrants, the issues they face will change over time. The reality of a newcomer is different from someone who has been here for 20 years. One participant talked about the process of adaptation that newcomers undergo. The experience of adjusting to the realities of starting over was not unlike a roller coaster ride for this individual.

> *"Like I look at it like as a roller-coaster. Like people when they come ... you have too many hope and too many things in front of you. So you are very high, you are on the top. Then when you face the reality, really, like when you face the reality so you come down. And then that's when it hits most of the people, not just right away when they come. After that, after a few years when you see you can't reach any of those goals that you have . . . "*

Issues can arise for people who are settled and well established.

"And I've heard a lot of people who came here from Yugoslavia, like 23 years ago, you know, in the beginning they have their own standards, strong family life, everything, you know. And eventually in 10, 15, 20 years, ... they changed. And some they had good businesses, they have houses, they have cars, but their family is falling apart, their lives falling apart. They cannot communicate to each other, you know, and it's really amazing."

Reason for immigrating. People who are forced to leave their homes often undergo experiences that can have a direct impact on mental well-being such as trauma, hunger, and refugee camps. The mental health concerns that these people have will likely be different from people who chose to immigrate.

During the focus group several factors were identified that would help people cope with stress and foster mental well-being. Other factors were viewed as being stressful and compromised people's well-being. Protective factors identified were social support and employment. Risk factors were financial troubles and isolation.

Social support/isolation. In some communities networks of families and friends provide a strong and rich resource for support. The presence of this support can be an important protective factor for mental health.

"So usually in my community,[Somali] *our social community, children are in the family and everybody they are living together so they don't much get depressed, unless that person is unemployed or serious problem which is causing that depression. They are not like isolated people which can't talk* (to others)*... and ... don't get help immediately."*

Not everyone will have the resources of extended family and friends to draw upon. This may leave people more vulnerable through weakened coping strategies.

"Usually the people of our community (Kurdish) *feel they are alone, very alone. Okay, my spouse is with me. But sometime I don't like talk about something with you. This is our culture, you know. And she too, and this is the problem, you know. When I was in my country, if I had this situation, I was talking with my sister or my brother or my very close friend, you know. But here I can't."*

Employment. Another factor identified as being important for mental well being is employment. Having a good job can relieve a lot of stress and pressure for newcomers. Financial worries can be very stressful and play a negative role in mental well-being.

"... for example, a lot of bills coming to your house at the end of each month and I say, oh, if I pay this bill what about my insurance; if I pay the insurance bill, what about, for example, my hydro, what about other things? And this makes me heart sick and I feeling a lot of pressure. And in this time I feel I am not safe man. I have the big problem mental health, you know.

Help-Seeking Behaviours

Group participants were asked how people in their communities respond to mental health issues and concerns. All of the health helpers commented that help-seeking patterns were mitigated by the severity of the individual's behaviour. Issues that are viewed as being minor are often dealt with privately or within existing social support networks, such as family and friends.

"I think mental health in my community [Somali], for example, the community has got a different way of dealing with mental health. But in my culture it depends upon how serious the person is. For example, if the person is damaging himself or damaging the property or damaging anybody, then they would be taken immediately to the hospital for . . . mental hospital or they would take them to a mental doctor or anyone who can take care of him. But if it is a lesser problem like and not so much minor, then the family deals with it in many ways."

One participant noted the significant use of familiar supports in the Kurdish community:

> *"We depend on our family or friend because like our nature are more socialized... we have a nature of socializing with our neighbour, with our community. So we don't need like a professional to see us in a depression or a loneliness ... or stress because we have that member to support us."*

In some cultures the relationship between the mind and body is linked very closely. In such cases family physicians may be viewed as an appropriate resource in addition to family and friends.

> *"Sometimes, I don't know, like through my experience, like too many people like connect the mental to the physical problem with mental problem. So like they usually go to their family doctor for a mental problem too or they seek help from a friend or from a family member to solve that problem, rather than seeking the psychiatrist or counselling or going to any mental health association. If it's not a serious case, like if it's a minor thing, I think that's how in my culture [Kurdish] people take it."*

Formal mental health services and resources might only be sought after in serious cases when the need is great. This usage pattern may in part be due to poor awareness of available services and resources.

> *"I believe they have some big problem they would look for it. But if they have some things they can manage, they wouldn't even think because they wouldn't know where to go."*

Awareness of Services

Attitudes toward mental health (i.e., stigma) and patterns of help-seeking behaviour may account for why some groups are less apt to use mental health services. However, poor awareness of available resources is another factor.

> *"... the resources are very limited in different languages and it's not easy for the different ethnic background to get hold of those*

information; and on the other hand, like it's still their belief that people can handle that problem in the family, so they don't need to go out of the family to handle a minor problem."

For many newcomers they do not have the opportunity to discover what mental health services are available in the community.

"The problem with us, with the immigrant when they come to this country, we don't get any information voluntarily. We have to be in need and desperate for some information and we will find some information. There is nobody to give us any information voluntarily. Like I have to have some need for a mental health association or one of my children or myself or one member of my family, then I have to go look for that resource or there is nobody to give me those resource voluntarily. So that's the main problem. Because sometime when you are in need, you can't think clear, so you don't have many options. But if you are established and you get the information, you can use those information more wisely."

"I believe the test for Bosnian community, maybe just take time to be familiar that this agency exists. This is first. Because I'm here one year and still, if I didn't have this opportunity to go through this program, orientation program, I wouldn't know a lot of things that existed in this city. So, you know, this is reality. A lot of people doesn't know that this agency exists."

Appropriate outreach is needed to help inform newcomers of the resources available and the ways to access those resources. It is likely that more people would access the agency if they new about it as this individual comments:

"...when I go to ...(CMHA) *and we have got a discussion, I have seen there a lot of things that the community can make use of it. So if you advertise this on the multicultural community or the health coalition program, a lot of people will make use of it."*

Several suggestions were given on the issue of outreach which composes the next section.

Outreach

An important issue for CMHA staff was out reach. What do staff need to know when working with people from the multicultural community? Are the services we offer useful, respectful and needed? Do we market these services and if, so, how? The health helpers offered the following considerations in doing outreach.

Be proactive. The agency needs to be proactive in reaching out to the multicultural community. A variety of services such as the Multicultural Centre and English as a Second language classes are potential ways of reaching the multicultural community.

Language and cultural interpreters. The helpers recommended that the agency needs cultural and language interpreters. There are resources in the community that can help with these services, such as Community Health Helpers and the Multicultural Centre.

Translated materials. The importance of having translated materials was also stressed by the health helpers. Language barriers prevent people from being aware of services, resources and issues. A commitment to translation does not necessarily mean translating all existing materials. What is immediately important is the knowledge that the agency exists and can help people.

Intra-group differences. Using the word "community" to describe some groups can be misleading. Religious and political differences may lead to

tension and factions within a group. Sensitivity to intra-group differences is needed if you are going to work with or reach out to a particular community. For instance, members from smaller groups may feel more comfortable meeting in groups that are culturally mixed. The small size of their community or even group factions within the community, may make it unsafe to discuss sensitive issues or to even meet.

To reach Arabic speaking groups an offer was made to create pamphlets and mail them to individual households.

> *"Maybe next month I ask you to help me make one brochure or one pamphlet, very small. If you get sad, if you have problem, if you're thinking about your families, if you are worry too much about your kids' future and something, you know, you can have talk to these others, you know. I hope we can do this and divide it between the persons within the communities, different communities. I need this and I feel we need this sometime."*

Information could also be disseminated through places where the multicultural community is already connected such as government services, the multicultural centre, and ESL classes.

Community Forum

At the end of Phase I, a steering committee was formed with two CMHA staff, a service provider from another mental health agency, and a volunteer with the local Multicultural Health Project. The committee reviewed the project and findings of Phase I and were asked for input on how to proceed with Phase II. The committee suggested holding a community forum whereby members from the multicultural community could be brought together to discuss issues

relating to the provision of mental health services in a culturally diverse setting.

Forum Purpose and Objectives

The purpose of the forum was to build a partnership with the multicultural community to foster understanding and awareness between the agency and the community.

Through the forum CMHA/WRB sought to:

- **promote awareness and understanding of services and supports provided by CMHA/WRB.**
- **increase accessibility and availability of services of CMHA/WRB by identifying barriers to service.**
- **promote awareness and understanding of the needs and resources of the Multicultural Community.**
- **"map out" help seeking patterns in the multicultural community.**
- **initiate a joint planning process between the multicultural community and CMHA/ WRB by identifying future directions.**

Forum Participants

In order to connect with the multicultural community, organizations and individuals considered to be "gate keepers" were contacted. Community leaders, religious leaders, ethnic associations and service providers are natural points of contact for gaining access into the various multicultural communities (Figure 10). Approximately 155 letters and flyers were mailed to human service agencies, ethnic associations, and religious organizations in the Waterloo region (Appendix D).

Forum Structure

The half-day forum had two main sessions and was structured for 20-30 participants. The first session served as an introduction to the day and to the agency. An hour presentation was given on the services and philosophy of the association. It was hoped that this session would define and contextualize the agency's perspective on mental health and promote awareness of the agency's

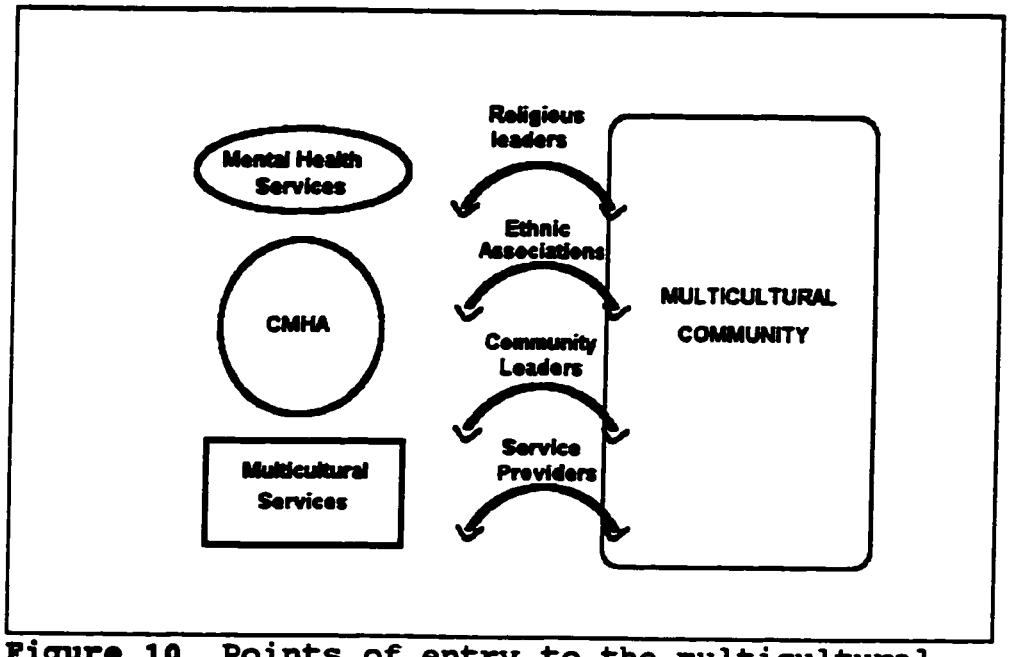

Figure 10. Points of entry to the multicultural community.

services and resources, thus fulfilling the promotion objective of the forum. One of the agency's managers gave the presentation to the forum participants.

The second portion of the forum consisted of small discussion groups and a large group plenary. Forum participants were divided into four groups. Each group received a scenario describing a person or persons from the multicultural community who would be considered either a newcomer, a not so

newcomer, second generation, or elderly (Appendix E). The scenarios were constructed around potential mental health issues. The stories were incorporated into the day as a way of identifying needs and resources of the multicultural community along with barriers to service. The stories were also used to get a sense of where people go when they have mental health needs -- that is their help-seeking behaviour. The groups were facilitated by volunteers. Each group's discussion was recorded on flip-charts. The following questions were used to stimulate discussion in the groups:

a) What mental health concerns are present in this story?

b) What resources or supports may have the people in this story already accessed?

c) What are the options and resources available to the persons in this story?

d) Are there any other issues or concerns facing the people in this story?

After discussing the scenarios the group reconvened to report back and discuss future actions. It was hoped that by bringing people together who are interested in the issues, energy would be created to continue working on any identified needs.

Forum Results

The forum was attended by 24 participants from a variety of different backgrounds and perspectives. The following agencies and organizations were in attendance:

Interfaith Pastoral Counselling Centre
Waterloo Regional Homes for Mental Health
Lutheran Refugee Committee

Multicultural Health Project
K-W Multicultural Centre
Community Health Department
Conestoga College Community Nursing Program
Hazelglen Outreach Program
Mennonite Coalition for Refugee Support
Cambridge Multicultural Centre
Focus for Ethnic Women
Community Psychology Program, WLU
K-W Counselling Service
YMCA
English in the Working Environment
K-W English School

In terms of the ethno-cultural makeup of the participants, the Spanish speaking community was the most represented. The eight individuals who completed an evaluation form listed their cultural background as being: Latin American, Spanish, Afro-Caribbean/Canadian, Polish and Canadian.

Feedback and Evaluation Form

Participants were asked to complete an evaluation form at the end of the day before leaving (Appendix F). Nine forms were completed and handed in. Respondents were asked how useful the forum was. The responses ranged from "somewhat useful" (four people) to "very useful" (five people), with no one indicating that the forum was "not useful."

Forum Outcomes

The information that came out of the forum was essentially a repetition of what emerged from the Health Helpers and CMHA focus groups. Barriers and needs identified in the forum were not new to the discussions of CMHA stakeholders and the Health Helpers. Once again cultural and language

barriers, outreach issues, lack of information and a need for partnerships were the main discussion topics. A more detailed summary of the forum results can be found in Appendix G.

One significant outcome of the forum was the dialogue that occurred between the agency's Executive Director and forum participants. The discussion focused on ways of collaborating and was marked by a strong desire to take action.

Phase II Summary

The second portion of the research involved community consultation. This took the form of a focus group and a community forum. The informational goals of Phase II were to:

- assess the ethnic communities' awareness of CMHA's activities and roles;
- to identify and illuminate mental health issues and concerns facing the various multicultural communities;
- to identify the roles and concerns of other service providers in serving the multicultural communities; and
- to obtain input on how CMHA can better serve the multicultural communities.

Awareness of CMHA. It would appear that the multicultural community is not aware of CMHA or its services. Comments from the health helpers indicate that a lack of information about services is a problem for newcomers. A lack of awareness of CMHA was also identified in the community forum as a major barrier for the multicultural community. Other sources have identified this issue for mental health services in general (Health & Welfare Canada, 1988b) ,

and for CMHA specifically (Alcalde, 1992; Lieber 1993). An earlier needs assessment project with the Vietnamese, Hispanic, and Polish Communities found that 75% of the respondents did not know of or were not sure when to use CMHA's services.

> First, most people did not know when to use the various mental health services. The Canadian Mental Health Association and the concept of a crisis line , mental health counsellor, or emergency shelters are not known to the people who participated in the study and hence we can conclude, are probably not used. Second, the agencies or shelters that are not known to participants are also those agencies or services which probably do not exist in many other countries. That is, services, such as family doctors, dentists, hospital emergency rooms were more familiar to participants than the Public Health Unit or the Canadian Mental Health Association. Thus, while we have some unique services in this country it appears that they are not being accessed by immigrants. (Alcalde, p.13, 1992)

Mental health issues. A variety of mental health issues were identified in the community consultations. These issues centred around different themes such as service provision, pre/post migration issues, adaptation issues, isolation issues, and language/communication issues. These mental health concerns are not new to the literature and have been documented elsewhere (Alcalde, 1992; Health & Welfare Canada, 1988a; 1988b). They were also highlighted in the CMHA focus groups.

Concerns of other service providers. A variety of social services exist in the Waterloo Region that work or are trying to work with the multicultural community. The forum attracted people from many different perspectives, some of whom represented other agencies and organizations. A major theme

to come out of the forum was the need and desire to work together to address the issues and gaps in service. The need for partnerships is illustrated by an anecdotal story gathered from a service provider of a local multicultural centre. One of the clients of this centre had developed some significant mental health issues. When the client turned to the agency for assistance, the organization was at a loss with how to work with this individual. A partnership between this agency and CMHA could be very beneficial to both organizations, in that the knowledge and skills in working with other cultures could be an important resource for CMHA while knowledge around mental health issues would be helpful for the multicultural centre.

Ways CMHA can better serve the community. Several suggestions were made by the Community Health Helpers on how the agency can connect with the multicultural community. These were: be proactive, utilize language and cultural interpreters, be sensitive to intra-group dynamics, and translate written materials. Different resources and agencies within the community can help CMHA in these activities.

DISCUSSION

Using an ecological analogy, human service agencies can be viewed as originating and functioning within a specific environmental context. This context is defined by current political, social, economic and cultural realities. To remain healthy and adaptive, agencies must adapt to environmental change. The work undertaken in this project marks the efforts of an agency to adapt to the

changing realities of the population it serves. This project lays the ground work needed for CMHA/WRB to begin addressing issues surrounding the provision of services to a culturally diverse population.

Overall, past research in the community (Alcalde, 1992; Kramer, 1991) and the people consulted in this project have identified a variety of issues and barriers facing the multicultural community. These include:

- Outreach. Segments of the community are not aware of CMHA services. A need has been expressed for CMHA services and resources both within this project and others (Alcalde, 1992).

- Language and communication barriers. Language and communication barriers are a primary issue for the multicultural community and need to be addressed if people are to have fair and equitable access to services.

- Need for information. Lack of information on services and mental health education is a significant barrier and mental health issue for the multicultural community.

- Staff training. Cultural sensitivity training can be key in helping make services more accessible. Such training will help staff and volunteers work more effectively with multicultural clients by provided new tools, resources and understanding.

- Networking and partnerships. Networking can help identify community needs and the supports and resources necessary for the agency to address those needs.

It appears that everyone seems to be saying the same thing.

One way to conceptualize the situation is in the form of a communication gap. Human service organizations need to be connected with the people with whom they work. Without some form of communication and connection between the agency and the community there can be no awareness of needs, issues, barriers along with the potential resources to overcome them. When an

agency is operating in a multicultural setting the connection and communication needed are often hindered by cultural differences.

CMHA is interested and concerned about cultural issues. The dilemma for the agency is not necessarily knowing what to do or where to begin. The gap that exists between the multicultural community and CMHA prevents meaningful dialogue between the two. The question that arises is how do we fill this gap? Building partnerships is one significant response that could be taken.

Building Partnerships

Connecting with other groups and key people from the multicultural community can provide the guidance and knowledge that the agency needs to address multicultural issues. It will also help promote awareness of the agency in the community.

Organizations and people exist that have connected with the multicultural community. These people have been referred to in the literature as "cultural brokers" (Lefley & Bestman, 1991), "gatekeepers" (Emlet & Hall, 1991), "bridgers" (Teram & White, 1993) and "bridging leaders" (Derksen & Nelson, 1995). These "bridgers" can play an interpretive, collaborative and bridging role with CMHA. Emlet and Hall (1991) in their work with seniors used bridgers as an effective means of case finding and outreach. Forming partnerships with people who are already working with or connected to the multicultural community is one way to bridge the gap that exists between CMHA and the multicultural community. Initially these bridgers can help establish the dialogue

needed to begin filling in the gap. Partnerships with other organizations and groups will help pool resources, build on existing strengths of the community and lead to a more coordinated and efficient use of services.

One of the main outcomes of this project is not necessarily the information it has generated. Although this information is useful and important, a key aspect of the project are the processes that have been initiated around increasing awareness and action. In a lot of ways this work has been bridge building (Figure 11). By its very nature it has tried to span the cultural gap. My involvement with CMHA has helped mobilize energy

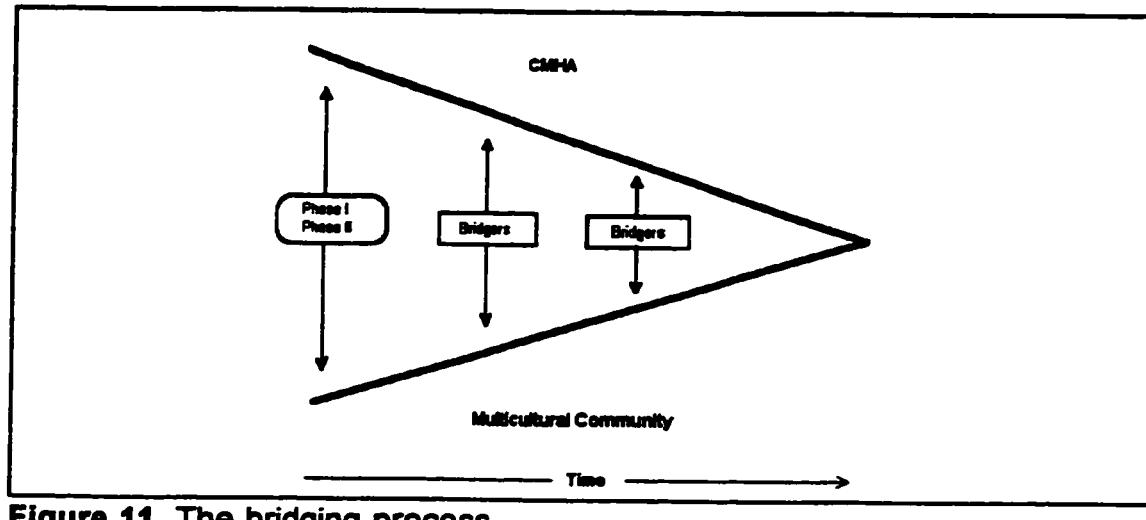

Figure 11. The bridging process.

and resources to address cultural issues. In a sense I acted as a bridge to help the agency become more connected to the issues. As the work progressed the community forum became a key bridging activity. The forum brought people from the community together with CMHA to begin looking at service provision issues.

This initial coming together has resulted in further plans to partner with a community group working with survivors of torture. Thus some initial bridging has begun. Hopefully CMHA will continue to build partnerships and connections with other groups and agencies. These bridgers can help facilitate the work needed to narrow the gap. Eventually over time as the agency becomes more connected the gap will narrow and the role of the bridgers will no longer be required.

Returning to the intervention cycles of Figure 3, another way to conceptualize the situation is the movement of the two cycles towards one another. The work of this project has initiated the two processes and begun moving them together. A Phase III could be the eventual overlap of the community and agency cycle of information, awareness and action. Creating a situation where the two cycles overlapped would indicate little distinction of the information, awareness and action occurring in the agency and the community.

Multicultural Organizational Change

When trying to move an organization to be more inclusive of the multicultural community there is no "cookie-- cutter" answer (Lieber, 1993; Radyo, 1992). Each organization must determine the appropriate process for itself. A common ingredient in that process is assessing need and developing community participation (Lieber, 1992; Stevens, 1993; Thomas, 1987; United Way of Greater Toronto, 1991). The United Way of Greater Toronto (1991) also give two other aspects that are important in the change process--

developing change strategies and implementation.

This project represents a beginning of a process, or to use an analogy: the opening of a door. Its scope was to assess need and to start community consultation, important first steps in promoting change. The way the project unfolded in terms of timelines and activities was important for building awareness of multicultural issues and support to address those issues. As the agency takes ownership of the work (i.e., it is internally driven), it will develop the commitment needed to undertake the rest of the change process. If CMHA is to have the capacity to serve and to be reflective of the whole community, it will need to examine and possibly revise the organization's mission and policy statements; personnel policy and practices; board, staff, and volunteer training; agency-wide program development; internal and external communications; and many aspects of day-to-day operations (Stevens, 1993).

The approach used in this project has emphasized process. A strictly outcome focused intervention might focus strictly on measurable outcomes such as increasing the number of culturally diverse board members. Representative board membership is a valid marker of a cultural inclusive organization but having it as a goal without attention to "process" can lead to "peg filling" or the meeting of quotas for its own sake. Working with people in partnerships and forming closer ties with the multicultural community is one process that will naturally lead to increased board membership as an example. Although such a process is lengthy and requires commitment it is a more natural one.

LESSONS LEARNED

The process of completing this thesis has been a rich and invaluable learning experience for myself personally and professionally. I believe that some of the lessons I learned are applicable to the organizational level. Generally speaking, three things that I have come to appreciate are that there is no magical solution; it is important to be connected; and that value-based work is often difficult and challenging.

Searching For The Magical Solution

For any given problem there are many possible solutions. One of the things that I have learned is to stop looking for the "correct" solution. The recognition that for any problem there is always a range of potential solutions, "the universe of alternatives" (Levine & Perkins, 1987), is a key concept for any intervention. The environmental factors and conditions in each setting make generalizations difficult. What is more important than finding the "correct answer" is the process taken and the ability to learn from that process. Many times in this project I have stopped and asked myself "Are we going about this in the 'right' way?" For instance, in the initial planning of the community forum we hoped to do some extensive "one on one" networking with the multicultural community. In some ways, I felt odd because we were planning an event without first seeing if there was support and interest for such an event -- something that has been identified as being important (Stevens, 1993). The breadth and depth of networking initially envisioned did not occur as time ran

out. In the end the forum was a success even though the preparation before hand was not "text book."

Modelling The Change Process

Although I would argue against a right and wrong way of doing things I believe that we can still use models or guidelines to inform our work. The details of any given intervention might be different from another but specific themes or factors can cut across. Peirson and Prilleltensky's (1994) model for understanding school change is useful in considering this project. They postulate that factors under the following categories are important for understanding successful organizational changes: (a) community ownership, (b) attention to human factors, and (c) proper implementation.

One way to build ownership is to involve the people affected by the change in the change process (Dimock, 1992). Phase I of this project began with the agency stakeholders. It was after these initial focus groups that enough interest was generated to create a steering committee to oversee and plan Phase II. The findings of this project were also taken back to the agency where an internal committee reviewed them to recommend the next steps. By involving the agency in this work and having them generate their own recommendations is one way of building ownership. This ownership helps ensure that the continuation of the change process is not contingent upon my presence and involvement.

Peirson and Prilleltensky (1994) talk about attending to the needs of the

stakeholders to help them feel more comfortable with the program/change. This "attention to human factors" was also an important consideration in this work. CMHA is an agency that is undergoing a considerable amount of change. In recent years, the organization has actively sought to become a value-based agency. These changes to the philosophy and outlook of the agency have also been accompanied by changes in the physical location and structure of the organization. At times I have felt that if I pushed too hard with agency staff they would be overwhelmed and react negatively. The fact that this project has unfolded slowly over a period of two years has been a positive factor given the current stress levels of the agency. This slow pace of the project has helped the agency gain trust with myself and the research.

The last category to consider in the Peirson and Prilleltensky model is "proper implementation." Implementation issues can play a key role in the success of a change effort. This project marks the beginning of a change process for CMHA. That process will grow and evolve and occur incrementally over time. It is therefore important to adopt a long-term perspective on the change process. Support from the top can be significant factor in the success of change efforts (Dimock, 1991; United Way of Greater Toronto, 1991). From the beginning, this project has received the support of the Executive Director. This support has been as invaluable asset in my efforts to work with the agency.

Learning From Experience

The other aspect of "no correct way of doing things" regards the fear of not getting it "right." It was not until near the end of the project that I realized that it is okay to make mistakes and not have things "perfect." If I knew how to do things perfectly (if that is at all possible) I would not be in school doing a thesis. Mistakes are an important component of the learning process both as individuals and organizations. As Kofman and Senge (1993, p. 9) write, " to learn, we need to acknowledge that there is something we don't know and to perform activities that we're not good at." Learning in a sense occurs between a fear and a need.

> On the one hand, we feel the need to change if we are to accomplish our goals. On the other hand, we feel the anxiety of facing the unknown and unfamiliar. (p.19)

An overemphasis on competition makes us afraid of looking foolish or ignorant. With the thesis I faced the need of completing it along with the fear of not being able to do it. Such is the case with CMHA or any other organization facing a new situation. What is required is the fostering of an environment that facilitates learning. Watkins and Marsick (1992) describe a learning organization as :

> ...one that has embedded a continuous learning process and has an enhanced capacity to change or transform. This means that learning is a continuous, strategically- used process-integrated with, and running parallel to, work, -- that yields changes in perceptions, thinking, behaviours, attitudes, values, beliefs, mental models, systems, strategies, policies and procedures. Learning is sought by individuals and shared among employees at various levels, functions, or units. (p. 128)

In order to be effective learning organizations, five main skills are needed :

"systemic problem solving, experimentation with new approaches, learning from their own experience and past history, learning from experiences and best practices of others, and transferring knowledge quickly and efficiently throughout the organization"(Garvin, 1993, p. 81). Acquiring the characteristics of a learning organization would help CMHA not only deal with the changing demographics of the Region but also with any other changes it might have to make in other areas.

Importance Of Connection

I have learned that in my role as a consultant and change agent with CMHA I needed to maintain a close connection with the agency. The times I struggled the most with this project were the times that I felt distant and disconnected from the agency. Maintaining a close contact with CMHA kept me motivated and energized with the project. Working with agency staff and "hanging" around the agency helped keep me informed of events within the agency and provided additional sources of information related to the project. At an agency level, being connected to the people you serve would also help create energy and motivation to work on identified issues.

Value Based Work

Both the Community Psychology program and CMHA try to operate and promote a certain value base in the work they do. Subscribing to a set of values and trying to live by them is an ongoing and difficult challenge. The issues that make this difficult stem from the process of translating abstract

ideas into concrete and practical behaviours, and in trying to negotiate with competing contexts and value systems. Care needs to be taken in how we evaluate the success of living up to our ideals. Value based work is not an end but a process. There is no magical place where the people we work with are completely "empowered" or our work totally "collaborative." Rather I believe that our values act as reference point to guide our work as opposed to end state. Conceptualizing our values as being like the North Star, we do not actually travel to the North star but use it to help steer our course. Our values can be a reference point for how far we have come and for how far we have yet to travel.

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Appendix A-- CMHA Focus Group Schedule

Group 1 (4-6 participants)

Directors
Program Mangers

Group 2 (10 participants)

Community Services (1) - program staff
program volunteers
program clients

Group 3 (6-8 participants)

Community Support Services -program staff
program clients

Children and Youth Services - program staff
program volunteers
program clients

Appendix B-- CMHA Key Informant Questions Guide[5]

How confident do you feel that the people in your work with reflect the ethnic composition of Kitchener-Waterloo?

What is your sense of the mental health needs of the different cultural and racial communities in your area?

Can you think of any specific advantage of the branch in becoming more multicultural?

What would you say motivated the Waterloo Regional Branch to look at multicultural issues?

What would be the most difficult thing about getting your branch to reflect the cultural and racial diversity of its target population?

Can you think of anything your branch has right now that would also help it become more multicultural? Are there some strengths we can build on?

---

[5] Adapted from Lieber (1993).

Appendix C-- Community Key Informant Interview Question Guide

How do people in your community view and understand mental well- being?

How do people in your community seek help when they are faced with stress and mental health issues?

What are the immediate support needs within your community?

Are you aware of the Canadian Mental Health Association? Do you know what they do? Do you think other people in your community know who they are?

What suggestions would you offer to CMHA to better meet the needs of your community? What structures could CMHA help you to develop in your own community?

If you wanted to use any of the CMHA services what barriers would stop you?

What are the possibilities for partnerships between CMHA and multicultural agencies to better meet the mental health needs of diverse cultural groups?

Appendix D-- Forum Invitation Letter

November 6, 1996

You Are Invited...

"Reaffirming Community" is a half-day community forum on mental health and cultural diversity, that is being organized by The Canadian Mental Health Association, Waterloo Regional Branch. Through this forum, we are seeking to:

*Increase accessibility and availability of mental health services by identifying barriers.
*Promote awareness and understanding of the needs and resources of a culturally diverse community.
*To further develop communication, planning and partnership between CMHA and the multicultural community.

The forum will take place on Wednesday November 27, 1996 at our office at 67 King St. E. in Kitchener (corner of King and Benton).

Enclosed is a flyer that we would ask you to post, or pass on to other members of your organization that may be interested in attending this forum. Space is limited, so please call 744-4806 ext. 329 no later than Monday November 18, 1996 to register.

A networking table will also be available, so be sure to bring any of your information along to share with others. (Any information you have in various languages would also be helpful.) This will be an excellent opportunity for local agencies and services to network with each other.

Paid parking is available behind our building (enter off Charles St.), or in the Market Square Parking Garage. If you have any further questions, or to register, please call our information line at 744-4806 ext. 329.

Sincerely,

James Taylor
CMHA-Waterloo Regional Branch
Multicultural Steering Committee

Appendix E-- Forum Scenarios

SCENARIO #1

A 35 year-old man immigrated to Canada two years ago and is presently living in Kitchener. He is staying with his older brother in a one-bedroom apartment; sleeping on the sofa-bed. Recently, he has been heard laughing and yelling to himself in the apartment. The neighbours have complained to the landlord. He has not wanted to talk to a doctor because he feels that the medical profession want to use him for secret research. His brother is working two jobs in order to send money home to their family and is not able to spend very much time with him. He is able to speak basic English but is not able to articulate his feelings well.

SCENARIO #2

Sara has been in Canada for five years. She came as a refugee from a war-torn country and is alone except for a young child. Sara is in her mid-30's and has six year-old daughter who has just started grade 1. Sara, who does not speak English, has finally decided to attend ESL classes, since her daughter is no longer at home during the day.

Recently, Sara had begun to experience nightmares and has been reacting to loud noises. Her level of trust is extremely low. Her daughter has been noticing that her mother is reacting differently and is upset by this. Her daughter is not paying attention at school and has a few friends, since she wants to spend all her spare time with her mother.

SCENARIO #3

A family is living in a suburb of Waterloo. They immigrated to Canada over twenty years ago. Both children were born in Canada; the son is 18 years-old and the daughter is 16 years-old. Recently, the son's academic grades have been a little lower and his parents have been worried about him. He has also started driving and they are concerned that he is out drinking with his friends. Due to the focus on their son, they have not noticed that their daughter is sleeping all the time and eating less. She has not told them that she has been feeling depressed and suicidal. Her friends are aware that there may be a problem but have no connection with her parents.

SCENARIO #4

Naomi is a women in her seventies who has been in Canada for 2 years. She is presently living in Cambridge for the last ten years. Naomi does not speak English. Her family are extremely busy and away from the home for most of the day. Naomi therefore, spends a great deal of time walking around their

neighbourhood. They have tried to link her to a seniors' recreation centre but Naomi found it difficult to interact with others there due to language difficulties and unfamiliarity with most of the activities (i.e. Bingo). The remainder of her time is spent inside the house, doing housework. She is lonely, isolated and misses her home country.

Appendix F-- Feedback amd Evaluation Form

Reaffirming Community
Feedback amd Evaluation Form

What organization or group (if any) do you belong to?

_____

How would you describe your cultural background?

_____

How useful was the forum?

___ not useful ___ somewhat useful ___ very useful

Were you aware of CMHA services before you came today?

Yes _____ No _____

How much did you learn about CMHA today?

nothing a little bit quite a bit a lot

What are the top three barriers to use of CMHA services by people from culturally diverse communities?

1.

2.

3.

How useful was today in learning about concerns, needs and resources of the multicultural community?

not at all a little bit somewhat a lot

Comments:

What do you feel are the top three mental health concerns facing culturally diverse communities?

1.

2.

3.

What three things can be done to bridge mental health services and culturally diverse communities?

1.

2.

3.

Additional Comments or feedback:

Appendix G-- Reaffiming Community Forum

Information from the forum was compiled on the evaluation forms, the small group discussions and the large group discussion. This information will be related back to the five original goals of the forum.

Goal #1-- Promote awareness and understanding of services and supports provided by CMHA/WRB.

On the evaluation form, respondents were asked if they were aware of CMHA services before attending and if they learned anything about CMHA during the day. Only one person out of the eight respondents was not aware of CMHA before the forum. Two people who indicated an awareness of CMHA commented that this was only to a limited degree.

Everyone indicated that they learned something about CMHA with three people saying "a little bit", four people "quite a bit", and two with "a lot."

Goal #2-- Increase accessibility and availability of services of CMHA/WRB by identifying barriers to service.

The following barriers were identified during the forum:

- cultural and language barriers
- lack of awareness of CMHA services and how to access them
- stigma and shame surrounding mental health issues
- definition and interpretation of mental illness (i.e., spirit possession)
- poor understanding of mental health issues (lack of mental health education)
- CMHA is not offering the services the multicultural community needs in the way the community needs them (i.e., dealing with collective trauma)

- cultural narrowness or poor cultural awareness (a need for cross-cultural training)

- institutional nature of support -- are people most likely to look to this form of support before they are in severe crisis?

Goal #3-- Promote awareness and understanding of the needs and resources of the Multicultural Community.

Forum participants were asked on the feedback form how useful the day was on learning about concerns, needs, and resources of the multicultural community. On a four-point scale ranging from "not at all" to "a lot", one person indicated "a little bit," four people said "somewhat," and three said "a lot." The following needs were identified during the forum:

Service provision:

- lack of awareness of the resources available in the community.

- not enough educational programs designated for ethnocultural groups

- finding culturally compatible and competent practitioners/help and culturally relevant therapies

- more integrated/ coordinated programs

- poor accessibility due to language, cultural and class barriers-- must have easy access

Pre/post migration issues:

- dealing with stress issues related to trauma of refugee experiences

- culture shock

- grief issues (multiple loss syndrome: family, homes, language, class, status, identity, faith etc...)

- difficulties with family reunification which impacts mental health

situation and supports available to individuals in dealing with issues.

Adaptation issues:

- family stresses and inter-generational problems

Isolation issues:

- isolation/depression (particularly for women)
- loneliness (for the elderly)

Language/communication issues:

- frustration at inability to communicate with others

Goal #4-- "Map out" help-seeking patterns in the multicultural community.

If certain groups do not appear to be represented in the people the agency serves an interesting question would be where are these people going? Forum participants suggested that people from the multicultural community are likely to reach out and access two systems -- natural supports and familiar services.

Natural supports:

- extended family and friends
- faith leaders/ cultural community leaders

Familiar services:

- Multicultural Centre
- ESL classes
- family physicians
- government agencies (i.e., immigration, employment etc.)

It was also suggested that each situation is different. Some people may be unable to tap into their natural supports because of feeling shame and guilt. As well, many issues affect an individual's mental health but solutions to these issues can come from a variety of sources such as mental health services, educational and vocational upgrading and/or social support. The resources which are appropriate depends on the person's context.

Goal #5-- Initiate a joint planning process between the multicultural community and CMHA/WRB by identifying future directions.

The most significant aspect of the day was the dialogue between the Executive Director of CMHA and other forum participants during the group discussion. The following are the main points touched on during that discussion:

• Need for partnerships. A strong theme woven throughout the discussion was the need for meaningful partnerships.

• Language barriers. Language was identified a key barrier in service provision and needs to be addressed.

• Self assessment. Access to service is an important issue. However, before considering this issue it is important to consider what constitutes a service, and how relevant is it to the multicultural community? We must understand and acknowledge our limits and realize our strengths.

• Agency needs. CMHA is interested in building partnerships. The agency has a desire to change and would find it helpful if others "reach in" to guide that change. A helpful strategy would be to examine its services one at a time, perhaps beginning with the Distress Centre.

• Future action. Several people expressed an interest in carrying on the process started with the forum. A few suggestions were made on possible next steps:

- have a group (similar to this one) look at the Distress Centre and figure

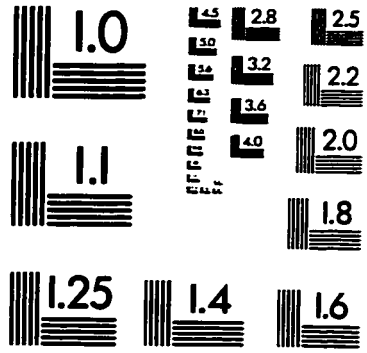
out how to make it more accessible

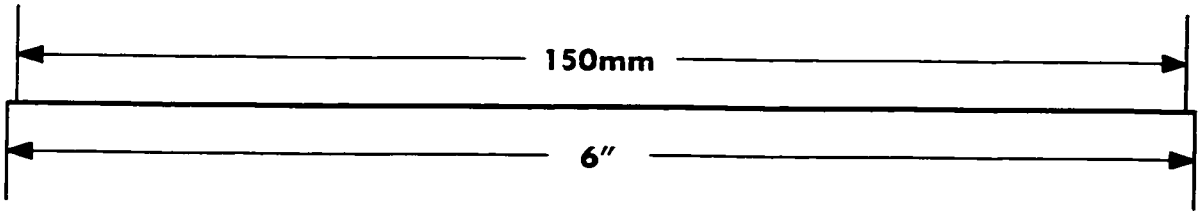
- identify one or two people from different language groups and do some special training

- pool the best resources from each agency and get on board with CMHA

• Forum limitations. Activities like this forum seem to attract the same people. Are we missing other communities because of this kind of format?

IMAGE EVALUATION TEST TARGET (QA-3)





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