

# **Taking Culture Seriously in Community Mental Health: A community-university research initiative that moves research into action**

*A Reflection Paper for the 2013 IDRC / Coady Canadian Learning Forum*

by Joanna Ochocka, Centre for Community Based Research (CCBR)

## **Summary of Research Project**

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<b>Research Project Title</b>	Taking Culture Seriously in Community Mental Health
<b>Location of research</b>	Toronto and Waterloo Region, Ontario
<b>Dates research conducted</b>	2005-2011
<b>Partner(s)</b>	Joanna Ochocka, Centre for Community Based Research (CCBR); Wilfrid Laurier University, Psychology in conjunction with a number of other researchers and partner organizations (See Appendix 1).
<b>Funder(s)</b>	Social Sciences and Humanities Research Council (SSHRC) and Ontario Trillium Foundation
<b>Research methods used</b>	The methodological framework of this project was Participatory Action Research (PAR). Five research methods were used to gain a wide range of perspectives. <ol style="list-style-type: none"><li>1. International literature review</li><li>2. Key informant interviews (service providers, ethno-linguistic leaders, academics, policy-makers)</li><li>3. Web survey (community mental health agencies across Ontario)</li><li>4. Focus groups (300 members of the 5 selected cultural groups)</li><li>5. Case studies (2 individuals experiencing mental health problems from each of the 5 selected cultural groups and two support people)</li></ol>
<b>E-Links to the report on your project</b>	<a href="http://www.communitybasedresearch.ca/takingcultureseriouslyCURA/">http://www.communitybasedresearch.ca/takingcultureseriouslyCURA/</a> <a href="http://www.communitybasedresearch.ca/Project/view/id/1490.html">http://www.communitybasedresearch.ca/Project/view/id/1490.html</a> See the end of the paper for a list of additional resources.

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## **Purpose**

The purpose of this paper is to explore some of the research excellence criteria that balance both academic excellence and community relevance using the case example of *Taking Culture Seriously in Community Mental Health*, a five-year research project that utilized simultaneous research and knowledge transfer from a participatory action framework. First, the paper describes how the project followed a multiphase, research design that produced knowledge, mobilized knowledge and mobilized communities for transformative change. Second, it reports on three elements of research excellence: involvement of stakeholders, knowledge mobilization and impact on practice. The paper continues with a discussion of the inter-relationship between academic excellence and community relevance in PAR research that addressed pressing social concerns. Finally, it discusses the researchers' roles and the expended functions of research including nurturing engagement.

## **Description of the research project**

*Taking Culture Seriously in Community Mental Health* was a five-year (2005-2011) Community University Research Alliance (CURA). This research initiative brought together over 45 diverse university and community partners in the Toronto and Waterloo regions of Ontario, Canada, including interdisciplinary academics, ethno-cultural community groups, and leading practitioners (from mental health and settlement sectors).

The purpose of this research project was to explore, develop, pilot and evaluate how best to provide community-based mental health services and supports that will be effective for people from culturally diverse backgrounds. This research study was funded by Social Science and Humanities Research Council (SSHRC) and Ontario Trillium Foundation (OTF) and led by the *Centre for Community Based Research* (CCBR), located in Kitchener –Waterloo, Ontario, Canada.

Five ethno-cultural communities were actively involved (Somali, Sikh- Punjabi, Polish, Mandarin, Spanish Latin-American) in both Toronto and Waterloo Regions. The communities were chosen based on demographics across sites (both newer and established communities with sufficient numbers), geographic distribution of world region of origin, differences in migration experiences (immigrants versus refugees, voluntary versus forced migration), and visible minority status. In working with five distinctively different communities, one of the project's explicit goals was to emphasize the transferability of knowledge gained to all of multicultural Canada (see Janzen, Ochocka & CURA partners, 2007).

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## Multiphase research design and methodology

The project was carried out in three phases:

- (1) exploring diverse conceptualizations of mental health problems and practice through primary data collection,
- (2) developing culturally effective practice through collaborative proposal development with partners and community members, and
- (3) evaluating demonstration project development and implementation. Within the first phase, five research methods were used to gain a wide range of perspectives:
  - an review of the international literature;
  - key informant interviews with service providers, ethno-linguistic leaders, academics, policy-makers;
  - web surveys with community mental health agencies across Ontario;
  - focus groups with members of the five selected cultural groups, and
  - ten case studies with individuals experiencing mental health problems from each of the five selected cultural groups and two support people.

In total, we gathered data from over 300 individuals. Analysis of this data resulted in the development of a framework for improving mental health services for cultural communities.

In the second project phase, this framework was the basis for development of innovative demonstration project ideas intended to address many of the challenges and issues identified. In total, twelve demonstration project proposals were submitted to funders, with six being successful in securing external funding and currently underway in the Waterloo and Toronto Regions.

The third and final project phase included a second round of data collection, focusing on evaluation of demonstration project planning and implementation. Data collection methods for this evaluation included interviews, focus groups and a tracking tool designed to monitor project activities over time. The *Taking Culture Seriously in Community Mental Health* study used a participatory action research (PAR) approach that sought to meaningfully involve stakeholders throughout the research process, and that placed an emphasis on producing useful results for positive change. PAR can be defined as a “research approach that involves active participation of stakeholders, those whose lives are affected by the issue being studied, in all phases of research for the purpose of producing useful results to make positive changes” (Nelson, Ochocka, Griffin & Lord, 1998, p.12). It also emphasizes the attitudes of researchers, “which in turn determine how, by and for whom research is conducted” (Cornwall & Jewkes, 1995), and specific guidelines for planning and implementing research projects (Minkler & Wallerstein, 2003).



Community researchers from all cultural communities in both sites (10 in total pictured above) were integral to the entire data collection process. Community researchers were also key actors of community engagement, serving as an important link between the research project and the participating community.

Four mechanisms were used to implement the participatory action approach:

1. The Partnership Group that guided the study included representatives from all partner organizations;
2. Local multi-stakeholder steering committees that led the research component within each site (Toronto and Waterloo Region);
3. Researchers from participating ethno- cultural communities who were hired and trained as researcher assistants (“community researchers”); and
4. Ongoing communication and feedback that help to share findings and to plan future activities within and outside the alliance.

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## Relevant Research Excellence Criteria

There are a number of developed criteria that help to assess research projects as being excellent (e.g., Suneeta, Dubey, Rastogi & Vail, 2013). We believe all listed criteria are very important and can be described as criteria of research quality of academia and criteria of research relevance to stakeholders. I will reflect on three of them that were very relevant to the *Taking Culture Seriously in Community Mental Health* project: involvement of stakeholders, knowledge mobilization and impact on practice. We strongly believe that excellent research should aim for all identified criteria balancing both academic excellence and research relevance.

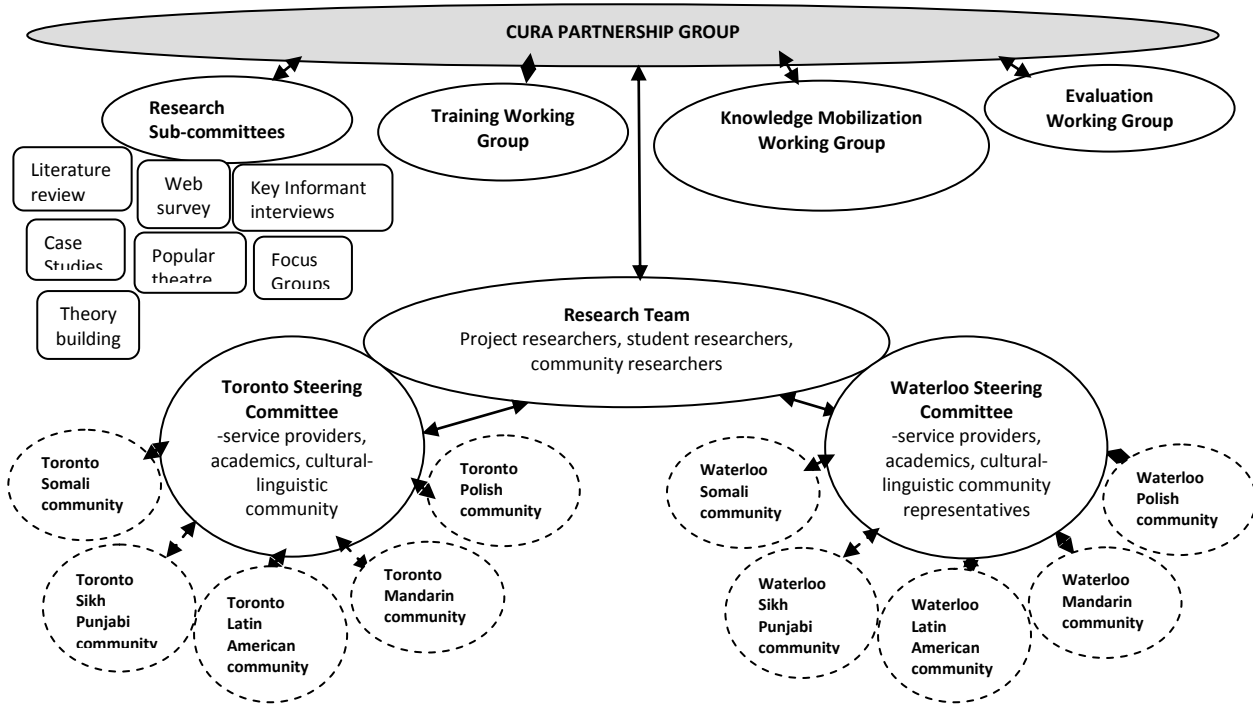
### Stakeholder Participation

Stakeholder participation in this project was a focus from day one. From the inception, we wanted to have a successful process that engaged various stakeholders including cultural linguistic communities, but also mental health practitioners, policy-makers and multidisciplinary academic researchers. We aimed to facilitate a process that was appropriately sensitive to and respectful of cultural differences and issues, and that had a rigorous methodology producing credible recommendations for future actions.

We applied a participatory action research (PAR) approach: an approach that is value-driven and rooted in tradition of democratic pluralism, social change and empowerment (Nelson, Ochocka, Janzen, Trainor & Lauzon, 2004; Ochocka et.al., 2002) and an ideal approach to work collaboratively with many groups of stakeholders. We were committed to break down barriers between researchers and researched, to balance community relevance with academic excellence and to combine knowledge production with action for social change to improve health and human welfare (Ochocka, 2007; Ochocka and Janzen, under review). Five mechanisms were used to implement values of PAR and to engage stakeholders:

- (a) collaborative entry (proposal development, inclusive community selection, collaborative research design, hiring on-site researchers)
- (b) establishment of two steering committees which included representatives from ethno-racial communities and other stakeholder groups to guide all aspects of the study;
- (c) hiring, training and co-researching with ten community researchers who were key ambassadors of the project within participating communities;
- (d) strong knowledge mobilization component that was mobilizing knowledge as the project progressed; and
- (e) 12 demonstration projects developed based on research findings and recommendations (Ochocka, 2007; Ochocka & Janzen, 2006 Ochocka, Moorlag & Janzen, 2010).

**Figure 1: CURA Project Structure**



A lot of work was invested to implement the mechanisms described above, well beyond the effort of typical academic research. Stakeholder participation was an ongoing process of engagement that was constantly evaluated by all involved. It required a commitment to “walk the talk” in implementing the values of PAR and in collective sharing of all the responsibilities and benefits of the research agenda. There were many meetings and a great deal of communication between meetings. Extra effort was taken to ensure that everyone was updated, heard, involved and contributing at the same time that the study was moving ahead according to its’ pre-planned timelines. It required active listening and constant acting to tailor to the needs and expectations of stakeholders.

**Sharing project responsibilities between researchers and participants**

Sharing responsibilities and leadership in this project was facilitated through an inclusive project structure (outlined in Figure 1) and through an intentional and ongoing emphasis on four inter-related components: research, training, knowledge mobilization and evaluation. Involvement of ethno-racial communities happened in all phases of research, including proposal development, research, knowledge mobilization and development of demonstration projects.

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## **Dissemination of Results: Knowledge Mobilization**

Dissemination of research results was an ongoing process throughout the time of the research project. We did not wait to the end of the study but instead we shared both the research processes and research results in an ongoing way. A strong knowledge transfer component included:

- bi-yearly CURA bulletins (updates on process and outcomes) sent to over 300 researchers, practitioners and policy makers in Ontario;
- two professional theatre productions that translated research findings into an artistic format able to engage diverse audiences;
- the “round-table” workshop for policy makers and senior public servants that allowed for deeper understanding of research findings and for discussion about their implications; ten community forums with various ethno-cultural communities that produced practical ideas to improve mental health practice and to mobilize communities for actions;
- two project conferences (150 people at each) that mobilized knowledge and stakeholders for future actions; and
- ten peer-reviewed journal articles and book chapters and over 40 conference presentations delivered nationally and internationally (all authored collaboratively).

Research dissemination occurred concurrently with the research processes and with new practice development. Using artistic tools, like theatre production, proved to be very effective in

translating research into an emotional/human creation. At the end of the project, there was also a series of workshops organized for mental health service providers across Ontario entitled *Leaders Mobilizing Change* based on one of the demonstration projects. The workshops inspired and equipped service providers in changing their attitudes, skills and behaviours towards people from diverse cultural-linguistic backgrounds. These workshops broadened the network of people influenced by the project.

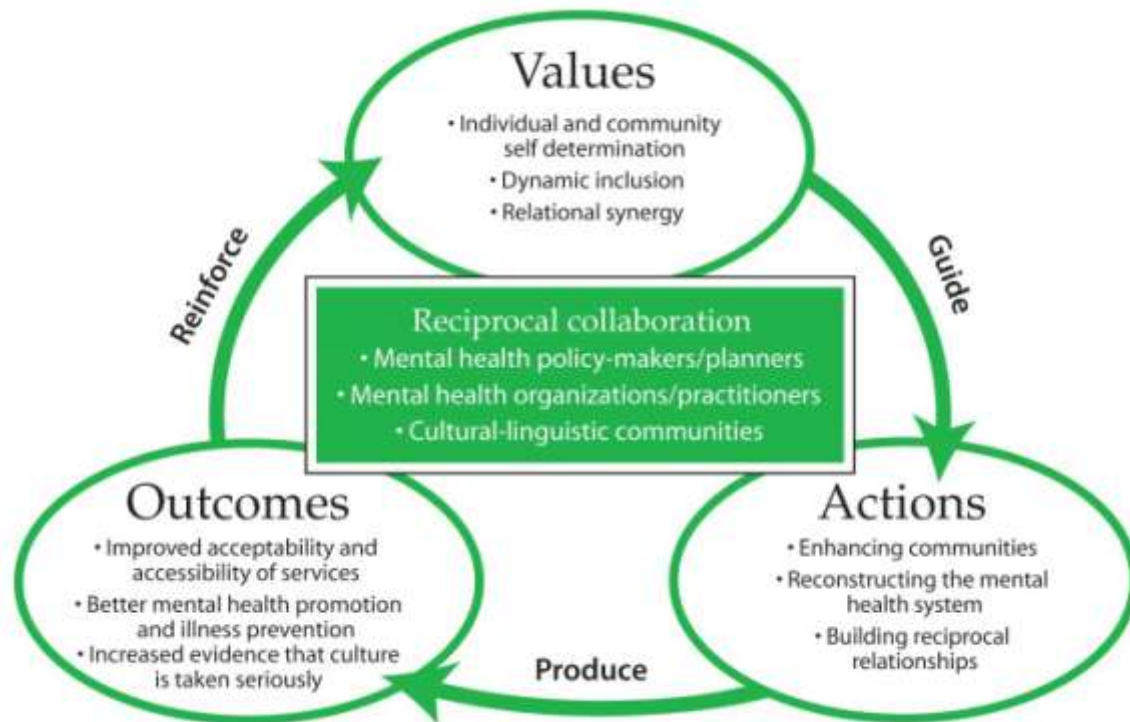
## **Impact on Practice**

Throughout this research project community members, mental health providers, policy makers and academics continued to work together to translate research into practice.

Deeply-ingrained policies cannot be expected to change overnight to make mental health services effective for Canadians of all cultures. However, this CURA study was important in that it did foster a broad, cross-sectoral collaboration of a large number of people in Ontario, without which any relevant changes might not be possible at all.

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## Development of the Framework

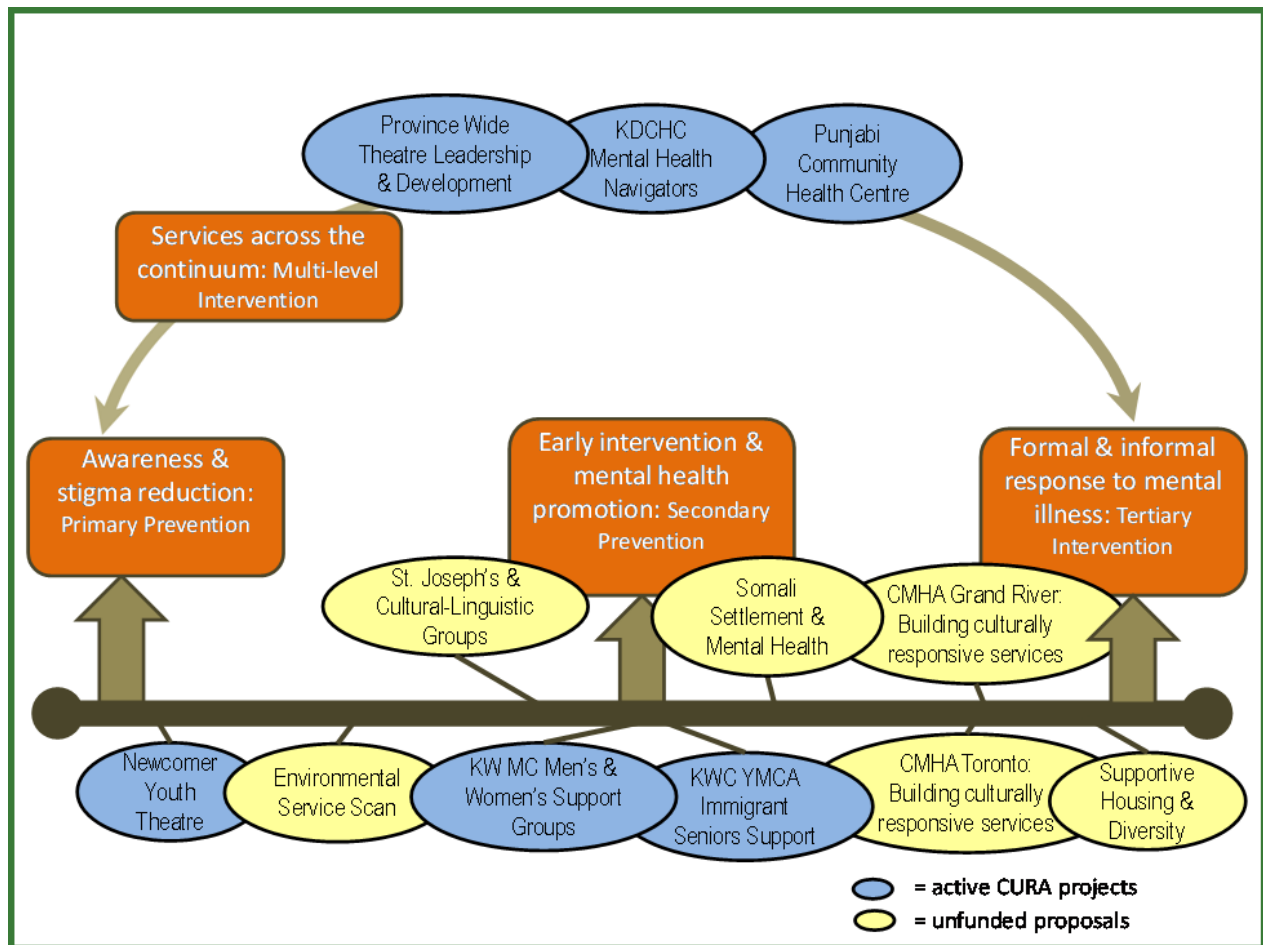


**Figure 2: "Taking Culture Seriously in Community Mental Health" Framework**

The *Taking Culture Seriously in Community Mental Health* study participants affirmed what the earlier literature revealed: the need to develop a conceptual framework that lays out how mental health policy and practice can change to become more responsive to people from diverse cultural-linguistic backgrounds. Through analysis of the primary and secondary data compiled from the study, a new theoretical framework was developed. The framework was principle-driven, action-oriented and able to inspire future innovation ("scaffolding for demonstration projects" was how one partner put it). This theory-building process was highly collaborative and is described in detail in one of the CURA publications (Westhues, Ochocka, Jacobson, Simich, Maiter, Janzen & Fleras, 2008).

After building a theoretical framework and discussing its practical implications at community forums and at first CURA conference, the partners developed demonstration projects. People clustered into sub-groups to develop a series of demonstration project proposals. Each project was a collaborative effort that sought to examine both power and culture in practice, while committing to actions that advance reciprocal relationship building between the mental health system and ethno-cultural communities.





**Figure 3: The 12 CURA Demonstration Projects on the continuum of mental health service delivery Demonstration Project Implementation and Evaluation**

While no one project illustrated the complete emerging theoretical framework, collectively they aspired to promote innovation at multiple levels of intervention. In total, twelve demonstration project proposals emerged through collaborative efforts were submitted to funders. Six were funded and were active beyond the end date of the CURA study. Contained in Figure 3 is a representation of each of the demonstration projects on the continuum of mental health service primary to tertiary intervention.

The *Taking Culture Seriously in Community Mental Health* results indicated the importance of prevention in mental health. Stigma-busting health promotion, early interventions and population specific interventions were strongly suggested. The importance of ongoing learning and exposure to cultural diversity by all players in the mental health system is needed along with sustainable funding for innovative practice and accountability by using PAR evaluation research. The six demonstration projects were evaluated in Phase III of the *Taking Culture Seriously in*

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of them (Punjabi Mental Health Services in Brampton) has received an ongoing funding from the Central-West LHIN (Ministry of Health) and other two are run by the Multicultural Centre in Kitchener-Waterloo.

## **Conclusions**

This complex community-university research initiative demonstrated how community-based research using participatory and action-oriented approaches can stir innovative practice to address gaps and barriers in policy and in practice. This research initiative equipped and inspired people for change due to the collaborative knowledge production and knowledge mobilization efforts. The project aimed for both academic excellence and community relevance (Suneeta et.al., 2013).

## **Challenges**

The complexity of the project, the sensitive nature of the topic (mental health) as well as the range of stakeholders (including various minority groups in Canada) made participation challenging. The time available for various research processes was tight given its complexity and the unpredictability of relationship building in these contexts. People also came to the project with their own needs and expectations to be fulfilled. For example, ethno-cultural communities wanted to have a safe space to talk about problems and to see the new practice emerged; service providers wanted to learn specific knowledge and skills to be able to respond to ethno-cultural communities; academics wanted to develop papers and presentations related to the processes and outcomes of this research project; everyone wanted to see the influence on policies.

The process of facilitating a large number of people (with various needs and expectations and representing specific sub-cultures) towards a common goal of translating research into actions was a challenge. Devoting more time to relationship building with various partners and groups would have been beneficial and cost-effective, but the timeliness of the funding and resources did not allow for that to happen extensively. However, the partnership did not decline; instead, it has grown significantly over time. For example, meetings were well attended throughout the project, including the final conference with over 150 people, and the project evaluation findings showed a high level of satisfaction of all involved (CURA Partners, 2009).

Another challenge was balancing academic excellence and community relevance to ensure that the rigour and standards of research were met, while supporting the voice, choice and engagement of the people involved. A well-organized and clear project structure, multiphase research design, opportunities for partners to play active roles in various parts of the project and

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the commitment to PAR values by all involved were the main facilitating factors of success. The researchers' strong ethics, organizational skills and experience, facilitation skills, and relational and research integrity were the keys to success. The leaders of the project facilitated a good and dynamic process with strong coordination (always being "a step ahead") by listening, communicating and acting and by dealing with problems immediately. This way of project coordination prevented us from facing more difficult challenges.

## **Lessons Learned**

Community based research is about engagement. We found, that effective community engagement seems to be directly linked to deeper values and assumptions about research. Engagement is more likely to happen when community members see that professional researchers view the research project as a strategic social movement—in our case a movement with political goals of facilitating socio-political awareness and systemic change by reducing stigma and discrimination. Having this kind of intellectual safe place where people can gather, learn from each other, and create social change helped make the *Taking Culture Seriously in Community Mental Health* project appealing to the ethno-cultural community members.

Another lesson was the critical role of researchers as "research instruments". This ambitious research initiative would not have been successful without competent and committed researchers. The community researchers hired in this project were selected by their respective communities based on their abilities to mobilize communities for actions. All of them were trusted by community members as leaders before the inception of the project. For most of them it was their first experience of employment in Canada and it proved to be meaningful and built social capital. Their research skills were a secondary consideration in the selection criteria. However, the project provided them with extensive research training and ongoing support both individually and as a group. As such, they became skilled "project ambassadors" who were able to mobilize their communities for both research and action.

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## Further Reflections on Research Excellence

In my mind, excellent research should be both academically outstanding and community relevant. It should maximize the social action potential by developing and linking communities of research and communities of practice. The facilitating factors are:

- (1) research being seen as the active service of a broader social movement;
- (2) research as pursuing three functions of research – knowledge production, knowledge mobilization, community mobilization; and
- (3) research as nurturing engagement.

Excellent research needs to adapt non-traditional researcher roles and relationships by moving beyond the traditional external/expert researcher to the facilitator who is aware of power dynamics in research relationships and who adopts new roles of animator, facilitator, educator and participatory researcher (Stoecker, 2013) So, the researcher roles as well as the functions of research expand to include nurturing engagement.

The common understanding of “Research Excellence” is important to all of us. After the session in Antigonish, I have realized that many of us conduct excellent research both internationally and nationally. Four clear domains have emerged for me:

- 1) community relevance that refers to the practical significance of the research to communities,
- 2) equitable participation that emphasizes that community members and researchers equitable share control of the research agenda,
- 3) action and influence that focus on positive social change, and
- 4) research design that is comprehensive and responsive to the purpose of the research and that is implemented with quality and rigour.

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Developing theory from complexity: Reflections on a collaborative mixed method participatory action research study. *Qualitative Health Research*, 18(5) 701-717

## **Additional Resources on the Project**

CURA Brief Notes 2005-2009 - December 4, 2009. Waterloo, ON ([link](#))  
CURA Conference Proceedings - December 7, 2006. Waterloo, ON. ([link](#))

### **CURA News**

[July 2009](#) [February 2009](#) [September 2008](#) [January 2008](#) [May 2007](#) [May 2006](#) [November 2005](#)  
[May 2005](#)

### **CURA Findings**

[July 2009](#) [September 2008](#) [January 2008](#) [May 2007](#) [November 2006](#) [May 2006](#) [November 2005](#)  
[May 2005](#)

## **List of Researchers and Community Partners**

### **Principal Investigator**

Joanna Ochocka, Centre for Community Based Research (CCBR); Wilfrid Laurier University, Psychology

### **Co-investigators**

- Rich Janzen, Centre for Community Based Research (CCBR)
- Anne Westhues, Wilfrid Laurier University, Social Work
- Geoffrey Nelson, Wilfrid Laurier University, Psychology
- Laura Simich, Centre for Addiction and Mental Health (CAMH),
- Culture, Community and Health Studies/University of Toronto, Psychiatry
- Nora Jacobson, Centre for Addiction and Mental Health (CAMH), Health Systems Research and Consulting Unit/University of Toronto, Psychiatry
- Sarah Maiter, York University, Social Work
- Andrew Taylor, Centre for Community Based Research (CCBR)

### **Waterloo Steering Committee**

- Abdulkadir Egal, Somali Community representative
- Alida Abbott, Kitchener Downtown Community Health Centre
- Augie Fleras, University of Waterloo, Sociology
- Brigitte Huber, K-W Counselling Services
- Cindy Hare, K-W Counselling Services
- Debbie Wang, Mandarin Community representative
- Don Roth, Canadian Mental Health Association, Grand River Branch
- Dr. Parkash Ahuja, Punjabi Community representative
- Gebre Berihun, Kitchener Downtown Community Health Centre
- Heidi Ingold, Cambridge K-W YMCA Cross Cultural & Community Services
- Hsiao D'Ailly, Mandarin Community representative
- Lilianna Sosnowski, Polish Community representative
- Lucia Harrison, K-W Multicultural Centre
- Maria Alvarez, Spanish Community representative
- Rahma Elmi, Cambridge K-W YMCA Cross Cultural & Community Services
- Tanya Darisi, Centre for Community Based Research
- Tara Smith, Cambridge K-W YMCA Cross Cultural & Community Services

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### **Toronto Steering Committee**

- Alejandra Priego, Spanish Community representative
- Aseefa Sarang, Across Boundaries
- Baldev Mutta, Punjabi Community representative
- David Kelly, Ontario Federation of Mental Health and Addictions Programs
- Debbie Douglas, Ontario Council of Agencies Serving Refugees (OCASI)
- Deqa Farah, Community Resource Connections of Toronto
- Elizabeth Gajewski, Polish Community representative
- Janet Priston, Canadian Mental Health Association of Toronto
- Osman Ali, Somali Canadian Association of Etobicoke
- Raymond Cheng & Deb Sherman, Ontario Peer Development Initiative (OPDI)
- Rick Edwards, St. Joseph's Health Centre
- Zeinab Abdulle, Somali Community representative

### **Project Coordinators**

- Sarah Marsh, 2007-2011
- Julie Wise, 2005-2007

### **Community Researchers / Facilitators**

- Ana Luz Martinez, Waterloo Latin-American community
- Halima Abdilkadir, Waterloo Somali community
- Harjit Singh Bains, Waterloo Punjabi community
- Helen Song, Waterloo Mandarin community
- Karolina Korsak, Waterloo Polish community
- Angela Gao, Toronto Mandarin community
- Hanna Mlodzianowska, Toronto Polish community
- Irene Altimira, Toronto Latin American community
- Jatinder Saggu, Toronto Punjabi community
- Mohamed Haji-Nur, Toronto Somali community

### **Students**

- Jill Grant, Wilfrid Laurier University
- Marcie McKay, Wilfrid Laurier University
- Rachel Fayer, Wilfrid Laurier University
- Elin Moorlag, University of Waterloo
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- Brian Sandbeck, Wilfrid Laurier University
- Adele Gawley, University of Waterloo
- Lawrence Martis, Wilfrid Laurier University
- Jenni Jenkins, Wilfrid Laurier University
- Shannon Cushing, Wilfrid Laurier University
- Laroux Peoples, Ryerson University
- Sherry McGee, Wilfrid Laurier University
- Karolina Korsak, University of Waterloo
- Alexis Buettgen, Wilfrid Laurier University
- Ravi Gokani, Wilfrid Laurier University
- Angela Hammond, Wilfrid Laurier University

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**Community and Cultural-Linguistic Organizations**

- Asian Initiative in Mental Health, Toronto Western Hospital
- Cambridge Memorial Hospital
- Canadian Polish Congress
- Mosaic Family Counselling Centre
- Central Ontario Chinese Cultural Centre
- Chinese-Canadian Women's Federation
- Chinese Professional Association of Canada's Technology Triangle
- Chinese Student Association
- Grand River Hospital
- Golden Triangle Sikh Association
- House of Friendship
- Kitchener-Waterloo Chinese Alliance Church
- Kitchener-Waterloo Taiwanese-Canadian Association
- KW Counselling Services
- Network of Latin American community Members
- Network of Polish-speaking service Providers
- Network of Spanish-speaking service providers
- Polycultural Immigrant and Community Services
- Punjabi Community Health Services
- Region of Waterloo Public Health
- Somali-Canadian Association of Etobicoke
- Somali Canadian Association of Waterloo Region
- Waterloo Region Self-Help Alliance
- West Toronto Chinese Community Network
- Waterloo Regional Homes
- Women's Health Centre, St. Joseph's Health Centre.