

What we heard

Dialogue with South Asian Canadian community

Surrey, July 17, 2018

On July 17, the Honorable Judy Darcy, British Columbia's Minister of Mental Health and Addictions, convened 16 individuals who are members of and/or work with the South Asian Canadian community across the Lower Mainland.

This dialogue was part of the Ministry's engagement process for developing a strategy for a seamless, coordinated mental health and addiction system that is free of discrimination and stigma, culturally-safe and focused on a path forward. The initial stages of the process include engagement with a broad spectrum of individuals, communities, Indigenous peoples from across the province. In addition, we are encouraging people to share their feedback on mental health and addiction services on the BC Government Engage [website](#). What we learn from this engagement process will help inform the mental health and addictions strategy and be incorporated into a final report.

The Ministry recognizes that B.C.'s mental health and addictions system needs reform in spite of the best efforts of service providers who are working hard every day to serve people's needs. Hosted by the Honourable Minister Darcy and facilitated by Simon Fraser University's Morris J. Wosk Centre for Dialogue, the roundtable provided an opportunity to listen and learn from the experience of people living and working in South Asian Canadian communities in B.C.— so we can build from the strengths and approaches that are successful.

Following opening remarks from Minister Darcy, participants were invited to introduce themselves and to share what brought them to this dialogue. After the opening circle, participants met in small breakout groups supported by a table facilitator to discuss what—based on their experience or observations—has worked or is currently working in the mental health and addictions system, what the key challenges are and what changes would make a difference. To close off the breakout discussion, participants were asked to identify their priorities for action. In a closing circle, participants shared what gives them hope and what more needs to change in the mental health and addictions system.

Participants' experiences and specific suggestions were captured by note-takers and through worksheets.¹ The list below includes changes and improvements identified as priorities in at least two participant worksheets.

The recommended changes that were expressed most frequently centered around committing more resources and expertise to communities where South Asian Canadians live, to ensure the supports and services available match the scale and uniqueness of need. This includes

¹ The testimonies and suggestions recorded in this report do not necessarily reflect the views of the Ministry of Mental Health and Addictions or its staff. Individual statements reproduced in participants' own words are identified as such through quotation marks.

focusing on how to effectively engage with community members to decrease stigma, raise mental health literacy, while encouraging members of the South Asian Canadian community to seek help when needed. Participants raised a point about improving education and training around substance use for the public. At the same time, people working in community-based professions (e.g. doctors, teachers and support staff) also need to have the training and resources to deliver services with competency, cultural-sensitivity and compassion. Particularly for community-based services for the South Asian community, mental health and addictions services will need to embed cultural practices and include South Asian languages. For these recommendations to be implemented properly, participants emphasized the role of government in providing the oversight and support to ensure a high quality of care and collaboration amongst service providers.

The full list of priorities for change includes:

- Increased education, promotion of mental health literacy and awareness of services
- Improved access to a full continuum of low-cost services with particular focus on outreach, prevention, early intervention and supported transitions
- Long-term, sustainable funding model to increase availability and sustainability of services
- Increased focus on substance use services
- Supporting and learning from community champions and grassroots efforts
- Embedding cultural practices and South Asian languages into services
- Affordable, accessible, mandatory mental health training for all B.C. public and private school teachers and other school-based staff
- Improved oversight of, and support for, community-based mental health and addictions services